Jiu-Jitsu, Surgery & Survival: How to Train Hard, Avoid Injuries & Stay on the Mats Transcript

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Introduction and guest background

This is Dr. Jiu Jitsu, your go-to podcast for combat sports, military performance, injury prevention, and treatment. Now here's your badass host, Dr Megan Menez.

Bow to your sensei. I'm here with Dr Pomerance Lucius. He is a black belt in Jujitsu and orthopedic surgeon like myself. So we both enjoy hurting ourselves and then going to work and treating people that hurt themselves.

He's also certified in lifestyle medicine. We're gonna talk about a little bit as the interview goes. he is a hand surgeon specializing in the upper extremity.

And we're going talk a bit about why doctors get pulled into orthopedics in particular or why doctor get put into jujitsu in particularly, why other doctors of surgeons, everybody gets pulled in to this sport when it's so injury prone.

So thanks for coming on. Thanks for having me. They were great. Yeah. Okay. So why don't you talk a little bit about what pulled you into orthopedics and what pulls you to combat sports?

Sure. You know, the parallel tracks and you know in the world of orthopaedic surgery, it's a lot of the jocks. The people who end up going to medicine but played sports growing up, that tends to be the trend towards orthupaedics surgery.

Now it is definitely that kid growing out, playing sports. You know, I never had the catastrophic injury, which is usually the catalyst of when some kid has a surgery and they learn about orthopedic surgery, and then that's what they do.

I didn't have that. But I think that is kind of part of what pulled me into it. Sports medicine, maybe, that kind intrigued me. It was funny as I was going through medical school, it took me a while to decide that I actually wanted to do medical, but decided I thought I would do emergency medicine.

sure of it. And everyone's like, no, you're going to be an orthopedic surgeon. I'm like I don't even know what that is. You're not going fit me into that peg or that hole.

Like I've not, I dunno what is, not gonna be a surgeon, they're assholes. Then I did my first rotation of orthopaedic surgery and realized, yeah. And yes, and putting things together with your hands.

You got tools, you got drills, You've got hammers, screws, the ability to give someone the chance to go back to the things they really like doing. Me being an athlete, seeing other people wanting to do things like that and I can do that for them, that's awesome.

Yeah. It's funny you say that about like emergency medicine and not wanting to go into orthopedics. I did the same thing. Because it's a competitive field and it is a lot of years and then you're a surgeon and now it still a lots of hours and its grind.

It's not easy. There's lot's of work and responsibility that goes along with it. But there's so few things in medicine where you get the chance to do something and see pretty immediate results.

I'm sure the little lady with the broken hip, you fix it, they're walking the next day. That is incredible. And there's those opportunities that you get in orthopedic surgery that really isn't anywhere else.

Life and death is not a big thing in Orthopedics Surgery. Function and all that kind of stuff and so you're not having to deal with the sickest of the sic and dealing with those things Which is also nice depending on which one you go into like your hand and I'm a sports surgeon So we have a little bit it is a bit stress too because it's trauma I always joke trauma like you can't really make them worse right people come in they've been run over by a train or in the army something's blown up or they'd been shot and you like, okay, I I can most likely make you better.

But in sports in hand, they were already at a very top level a lot of times, you know, if you're doing hand for combat and you have to get them back there.

So it's pretty stressful. Sure, sure. It's definitely stressful and I think a a of us are maybe not perfectionists, but we expect a l of ourselves. And we except to be able to ge patients to a ver high level and when that doesn't happen, it' hard.

that weighs on, I think, all of us. And so, yeah, those trauma situations where like, you know, like I didn't shoot the guy in the arm, but I'm going to put it back together.

Why orthopedics and combat sports drew him in

Yeah, there's a little less stress. But at the same time, if you want to do as good a job as you can. Then there is the training athlete who, performing at an incredibly high level, tears their ACL.

The special forces soldier The government has put a lot of money and time and investment in getting them to be elite and you got to get them back out there.

And so there's that stress. They're young and they were already at a very high level or like a multi-leg. That's one of the worst to me because the percentage of return is so low, especially back to that level.

I mean, so many injuries are, it's not perfect. Like 70%, 80% return. If you're in that other like quarter for quarter, it's really hard to see. It is, and yeah, there is a failure rate.

You could be the best surgeon in the world. No, It's not 100%. You're gonna have failure rates and it hard. All right. So why combat sports when you're a doctor and protecting your hands?

Right. Combat sports is kind of interesting. Being into sports growing up, I was a very late bloomer. We were kind talking about this a little bit. I had some athletic ability.

But as people started growing in high school and I was way smaller than people, it just got really hard. Couldn't play football. I getting smashed. Soccer, I, you know, people were just faster, stronger than me.

But, and there was wrestling with weight classes. Like, oh, okay. Even then I didn't fit the lowest weight class in High School until I as a junior, really.

Okay. Uh, was really small. Didn't have to cut weight until junior year. Like 105, the lowest? Yeah, 103. And then at the end of the season, there'd be an allowance for a couple pounds by the year.

But yeah, 103, 105. I broke 100 pounds as a sophomore, standing on the scale. Oh, yeah. Through a party. Because I was eating a banana, still wearing my warm-ups, and I'd broke triple digits.

If I could see triple-digits on a scale, that was a landmark for me. Yeah. Weight classes and so wrestling. and i was okay at it. i enjoyed it there was something fun about trying to beat somebody.

And it wasn't out of violence. It wasn' a, you know, wanting to hurt someone at all. it was just this, I think, a primal satisfaction of figuring out where you are in this hierarchy of athletics that is very direct.

There's no hiding. You and another person, there's not balls, There is no other equipment. Just you and other

person and the best person wins. and there is just something that I liked about it Then the next leap for me was being very fortunate.

Growing up in Santa Cruz, high-level Brazilian Jiu-Jitsu black belt from Brazil, Claudio França ends up at Santa Cruz. My wrestling coach, Garth Taylor, starts doing it.

And towards the end of high school, he's like, hey, man, you should try out Jujitsu. Okay, let's try it out. That turned into me doing Jui-jitsu, and at the time then, in the early 2000s, The Venn diagram of Jiu-Jitsu guys and MMA guys was a lot of overlap.

Did MMA? Start making friends with the guys who were doing MMA and they're like, hey, we'll get you in a fight. Okay, I'll do that. Sure. Try it out. And I guess a common theme through all of this was just wanting to see if I had it.

There's a lotta people, oh, well, you know, if. I wanted to if see I could. Well, I did it and maybe I wasn't the best in the world, but I didn't I was out there I tested myself.

I trained hard I've learned more about myself along the way and my limitations my strengths and In all in all it was a rewarding experience I'm very glad I Did combat sports along with while doing all this and you were fighting during residency I I?

did my second and last MMA fight as a resident. So how was that? How was the dynamic with your attendings with co-residents? Yeah, it was, you know, so the world of orthopedics, one of the reasons why I knew it for me was a lot of other doctors, if you're on a rotation on pediatrics or something, the attending would be horrified to hear that I was fighting people.

Whereas in orthopedics, they'd be like, oh, okay, just be careful your hands, you know, that kind of thing. And it's like all right, I vibe well with these people and I kind joke that, got into residency because I did this sort of stuff.

Uh, the chief resident at the time had me and one of the other medical students on, on the sub internship. I have a wrestling match on- Oh my God. On the front line of, uh, medical school, um, cafeteria.

That's probably illegal now. Uh probably, probably it was even back then probably not the correct thing to do, but in 2007, you know, But I got the better of them and I Got decent board scores and I got a spot in residency.

And so people kind of knew that that was a thing I did. They weren't surprised. But again, it was like, hey, be careful with your hands. As long as you're doing what we expect you to do during residency, like hey do it.

I always wanted to get a third fight in, but I couldn't. The combination of residency, the hours were just getting to be crazy. I was cutting weight and just the stress of everything.

got an infection, staph infection on my face, ended up hospitalized. And what was interesting is my white count when they measure my labs, usually young, healthy person would be high, elevated when you've got infection.

I was low and so they were at cancer or whatever, but it's like, no. So your immune system just… So I just, yeah, between not eating, not sleeping and training a lot.

Yeah, essentially working two jobs. Pretty much. Like two full-time jobs, if not more than full time in residence. I was working out certainly twice a day and working up more that I'm sleeping.

And when you're young, you think you can handle it, but… You know, the crazy part is you probably can. But then you kind of pay for it as the time goes on, I think.

To a point. You find your limitations. During residency, there's the work hours stuff. Limit you to 80 hours a week, whatever it is these days. As a resident, they should limit to us.

And there should be some sort of limit, I guess. You could easily abuse these young doctors. but you also need to find out what you can do. And when you're out in the real world, and geez, you are going to be in even more adverse conditions at times, sleep deprived, overworked, tired.

You got to know that you do it. That you still do what need you to do and during residence you've got a safety net, usually, hopefully. But you got be able to things when your tired and not at your best.

Alright, let's switch gears a little bit to what you do as a surgeon. What kinds of hand injuries, upper extremity injuries are you mostly seeing in combat athletes?

Combat athletes with hand and wrist injuries. I mean, metacarpal fractures. You know, the boxer's fracture is by far kind of the most common thing. Fortunately, most of those don't require surgery.

But sometimes people… break more than one bone or they break into place where, okay, you know, that's not ideal. And often, the guys in the middle of a fight will break their hand and they keep punching with that hand.

What might not have been that bad of fracture turns into an open fracture or rotates it or displaces it. So metacarpal fractures are definitely probably the most common thing.

Jujitsu, hard on the fingers, and especially in the gi. And so fingers getting twisted and sometimes it's just a bad sprain. But you get the phalangeal fracture.

Sometimes it rotates all the way down into the metocarpals. Like the little bones, the finger bones. The little fingerbones that you could swallow them if you needed to.

Yeah, they're the tiny fingerones.

Training through residency and fighting as a doctor

It's pretty amazing what our hands can do. But the forces that they see when we're punching and grabbing and throwing people can exceed what they can handle sometimes.

I've seen you wear these little gloves. Yeah. And they kind of make you look like, I don't know, like Star Trek? Yeah, it depends on the generation of the person.

So the Spock hand, buddy taping. So just taping, like putting two pieces of tape, always when you train? Always. Always buddy tape my fingers, just it keeps any one finger from being isolated.

So do you tape underneath those gloves? One or the other? This is just a convenience. That is nice. You just put them on and off. Just slide them, throw them in the wash and they hold up pretty good.

I've been probably doing that for seven, eight years even. Has it caught on at all? Does everybody just make fun of you? No. There's people kind of like, oh, I don't know about that.

And then they hurt their finger. They're like oh. Okay. You could wear them after an injury, but it's best to wear before. Yep. Then just as a hand surgeon I'm just hyper aware of.

Like dislocating a finger or spraining something. I've seen people at my gyms buddy tape the wrong fingers together right so they like sprain their middle finger and they put it to their ring but then you're exposing your your index and your small is that have you seen anything you find i mean the gloves that i get the these graps gloves they um do have a variation that will put the middle to the ring.

But it kind of depends on what ligament was sprained and it kinda depends. On what you are doing but yeah the just the metal to ring leaves the small and the index finger out flying around and yeah without a buddy without For me, prevention, I want them to have buddies.

Very cool. What's the coolest injury you've ever treated? Combat athlete or not? I guess you probably know when we get into injuries. You've had those cases that just go great.

Like, oh, nailed that. That bone came together perfectly. Can you even see the fracture line? It's just beautiful. Those are great, but you kind of forget about them or they blur together and you remember they're either the ones that had a big or interesting story around it or didn't go well.

So I mean, I guess the the one's that stick in my mind the most are, just the traumas, you know, the story behind it. And it's not necessarily combat sports, real world combat, knife fights and stuff like that.

Horrible stories of that kind sink in and the story behind it, and you do what you can to put them together. But yeah, it's kind of a bummer that the good cases, the ones that go really well, just kind like, yeah.

All right, that's how it supposed to go. And you don't remember it. It's the majority of them. Yeah, yeah. So it's unfortunately rare when one really sticks out.

But at the same time, it'd be nice to reward ourselves with the ones that we did good, you know. I don't know, that's just the nature of, I guess, who we are.

You're going to remember the bad more than you remember good. What's, so what's best one you've ever done? Recency bias, the guy who in a fight breaks two metacarpals.

And you know, it's pretty bad. Definitely needs surgery. He's a boxer and he wants to get back into things he's got, he would like to fight in the next two months.

You're like, all right, okay. Is that reasonable? I think it is reasonable. Okay. By using the technique of putting these, now these screws, these nails down the center of the bones, It's very quick surgery too.

Yeah. six different screws for each metacarpal, and that just takes extra time. And you can do it through these little tiny incisions over the knuckles.

The whole case takes a half hour, both bones fixed. You don't even have to put them in a cast afterwards, you let them move right away. I recently saw him back at six weeks, fractures are healed, he's moving pretty well.

It's like, all right, two weeks to feel like your hand's strong. If you want to try to fight, I'm okay with it. And so, yeah, that's… So he started punching.

Did he go fight? I will hear soon. OK, so that was recent. Nice. Yeah, I hope it all went well. But when would you let them start striking again? Usually, if it's not a rush, ideally at six weeks, OK with doing light pad work.

You know, the speed bag, maybe working with their trainer, doing like pads kind of at the two month mark, we can start doing something heavier as long as there's no pain.

And then where there's unpredictable things with sparring and stuff like that, I try to get them to go full go at 12 weeks. So this was quick. Obviously, it can be accelerated.

And the bones can probably handle it at eight weeks, certainly. I think it's safe. But they may not have their strength or full range of motion yet, depending on how the rebab's going.

With that way of fixing it, you can get the moving right away and get that much further down the road faster. Cool. Quicker than a lot of the surgeries I do.

ACLs and things. Well, yeah, the ACL. You can't speed it. Cannot rush biology, as they say. And turning this tendon into a ligament and all the stuff that goes along with that just takes the body time.

Yeah. It can be frustrating for the patient and the surgeon before you're like, Yeah, I know you feel good. but we're not ready yet. Yep. What is the worst injury that you've had?

That I've personally had, well, my pec tour. Yeah. And that was almost a year and a half ago. 25 years of combat sports between wrestling and jiu-jitsu and MMA.

There was definitely some scrapes and nicks and maybe I'd partially torn my ACL at some point, but I got back to things. But this was the first time I had to go under the knife myself.

And it was just a freak accident, you know, I'm rolling with a guy that we'd rolled together a bunch and he was very good. And we were going after it and didn't want him to get behind me.

Cow catcher kind of armed behind and pow, eccentrically loaded my pack and went. So you were kind like a turtle type position and you was trying to spin?

Yeah, it more of a scramble. Yeah. He had gone for a guillotine and I spun out of it. And the way I was spinning out of it, he was going to try to get behind me.

And so I got my arm out, and he moving fast. Just the pull. So big pop. Yep, it popped. He stopped right away because he heard it, and I stopped because I felt it.

And being a surgeon that fixes this problem, you kind of know right way. Like, oh, that's what that feels like. Did it hurt a lot? There wasn't a whole lot of pain.

It was something like, ow, okay. But then you start getting this cramping sensation.

Common hand and wrist injuries in combat athletes

You're like oh no. Then you try to flex, it's just not working right. Yeah. And it wasn't, it was more of like the pride or the ego and all that kind of stuff and knowing that there's going to be a rehab process and you just don't want to do that.

As a surgeon, you go through everything, right? As soon as it happens, yeah. You go to the whole process in your head. I know you've been through it yourself with surgeries and yeah, just kind know immediately, oh, well, this is what this means.

I'm out for a little bit. I am out a while and it's frustrating. And what was particularly frustrating at that time is just Jiu-Jitsu had become in hindsight outsized in importance in life.

Um, I was training a lot and, you know, just a of stuff going on in my life, but I doing a a jiu jitsu. Feeling good with my Jui-jitsu and I even thinking about competing again.

and not dealing with a lot of other things that I should have been dealing in life. And so when my peck went is immediately having to then encounter all of those things, that i had been neglecting, which was also probably good in hindsight, but at the same time made it that much worse.

It seems like injuries come when you need a break from something. That's what I've noticed. It's like, oh, you needed to take a brick. You needed just to let your body heal a little bit.

There is something you've said about recovery. And I mean, we tell our patients you got to rest. you gotta give yourself time to recover. As surgeons, we're taught if you stop moving, you're going to die.

You're a shark. If you go, go you, and we just embrace that in everything. Yeah, it's a lesson you wish you didn't have to go through a big setback to learn it, but Was there a lot of regret when it happened?

Like, oh, I shouldn't have trained today. Oh, i was tired. Yeah, there's those thoughts that have crossed your mind. And because I was thinking about competing again, and I started to lift weights, you know, debating which weight class I'm going to be in.

I try to bulk up a little bit to fit the weight a bit better. So I don't usually lift heavy before Jiu Jitsu. And this time I had done some heavy deadlifts and like, oh, maybe I was neuromuscularly fatigued and my body didn't respond the way it usually would have.

And you think about all these things. My training partner who did it to me, of course, he's got regrets. Could I have done something different? And the person who paired us up, because it wasn't the plan to go hard at that moment, but the guy paired up and he said, I shouldn't have That's how injuries are, man.

Every injury I've had, it's like regret, immediate. And I have had injuries from not tapping, so that's a much deeper type of regret because it is really my fault, right?

And so when those happen, and you have to learn that way, like an ACL tear and then you're almost a year out of the sport because you had to a lesson if you didn't tap.

The not-tapping is a thing, but it it interesting. You're in the thick of it. you know the technique, you are technically in trouble. But you're in competition.

You don't want to lose. Adrenaline. Yeah. With foot locks, especially, you know, that's always the danger is you just don´t feel until it's too late.

It's a lesson I'm sure we both wish we didn't have to learn, but… A lot of people do, right? I treated somebody for a UCL, like the Tommy John elbow procedure recently, and he's the special forces guy.

And I said, how'd you do it? And he said let me guess. You trained your jitsu, don't you? He's like arm bar and competition. Yep. I've had like three of them ever since and they're all in the military and just nobody wants to tap.

One of my financial advisors, Rotator cuff tear. He's like 60 or 50 years old. And he's, like, I was showing my kids I could be tough in like a Naga. I didn't tap, his arms were behind his back.

Rotater cuffed tear, never went back to jiu-jitsu. Yeah, that's where it's a bummer if you never get back, but it is funny, you know, this inherent thing.

When I talked about kind of the primal satisfaction I'm getting from wrestling, And there is something, I think, in all of us where a 50-year-old accountant is willing to get hurt over a $10 medal.

And you're paying. You're paid to participate in that tournament, and you might get this medal that is not worth as much as you spent to register. But there's just something in us, think.

Combat sports is an outlet for that. And you think about like, oh man, if I hadn't been doing jujitsu, I wouldn't have torn my pack or maybe my knee wouldn' hurt.

But at the same time, think of all the stuff that I have done and I've learned about myself and the people I met and just who I am is because I done these things.

And it's worth it. It's totally worth. So that pecter, all right, bummer. Lessons learned. But I'm back into it, I learned I could come back from it you know.

That was an obstacle I had never had to overcome before. I never have to come from a surgery. Well I bet you also treat patients differently now for that injury in particular.

Yes. I have so much respect for the people who can come back and reach the level they were at before and

continue doing it because it is really hard to do the rehab and comeback.

And then, I mean, my injury is not nearly an ACL. Those are- I'm mean peck's tough too. You know, you know I recently turned my biceps and I had surgery for that, but it's been smooth.

Like the surgery barely hurt. I kind of wish it hurt because now I am like, Yeah, because I'm like, it doesn't really hurt. Let's go Peloton like a maniac.

And then I try to lift heavy on the other side. When you lift on left, the right side starts contracting. I was like oh, you got to settle it down. But now I see my patients who had the procedure I had, which is putting the biceps back to the bone, and they're crying.

Like I have one of my army guys come in. That was two days out of surgery seeing patients. He was three weeks out, he's like doc, that hurts. So I literally looked at him and I said grow a pair.

While I have that much more respect for the people who get through it and return to all the things that are before, I now have a harder time on those patients that don't make the recovery that you would expect.

And I guess, you know, could I have done something different about their surgery? But at the same time, it's a surgery you do perhaps hundreds of times.

You know how people are supposed to go and they don't, this particular patient doesn't do it. Why? And why? So yeah, I didn't use pain medic, Tylenol and naproxen.

Fixing fractures and return-to-fight timelines

If it wasn't Thanksgiving right after my surgery, I would have been back to work like two days later. And then these people who have a surgery that's really not that big of a deal and it's still three months later and they don't want to go back.

It's like, well, this isn't on me. This is you. and that's that much harder for me too. I'll tell you the shoulder versus knee thing everybody's asking me like how does it compare to an ACL and granted it wasn't a rotator cuff which rotater cuffs when I see my patients it looks miserable like people get stiff it seems very painful this is nothing near that but I don't wish an acl like on my worst enemy not that I think I have enemies but yeah it the recovery for a knee surgery is more mentally draining than physical.

And the amount of recovery, like a rehab you have to put into it, it's like, a daily thing. You're on crutches and you're swelling. The shoulder doesn't swell as much.

We were saying you could still walk around and do everything, but the knee is a different beast. Getting the motion back in that thing and just the mental aspect is The hardest part, like you're crying, you are depressed because you aren't doing what you want to do and you know it's another year, right?

Yeah, no, the mental side, and kind of certainly as orthopedic surgeons, we put things back together and go. Go do rehab. All that matters is PT. Yeah.

Do the PT, but there is a huge mental component to it. And you can probably sense that patient comes in before surgery and they're just so anxious. you kind of already know like oh man they're gonna need a lot of hand holding therapy is gonna have to work that much harder just to get them to start moving you know this is going to be a longer road for them whereas you combat sports athlete who's motivated.

And you might go, okay, look, you're going to have to take it easy. You cannot do certain things for however long you are going say. It's interesting how you have factor these things in and it's the mentality, the mental side of these patients that you really have I've noticed a lot of the younger females, like maybe high school volleyball, high-school basketball, and males too.

These young kids, they really struggle. A lot them mentally because all their friends are doing things and hanging out and then they're so nervous about re-injury.

And I think everyone's nervous re injury, maybe not some of combat athletes they are like. Let's go." I talked to Paige Yvette a little earlier today, and she's on the podcast too, she was just like, I was committed to get back at six months.

She's like I went on Google and I saw people getting back in six month and how's that work out? She was like yeah, there's no way. There's just not. And she had really good coaches like J-Flo telling her you're not allowed here until nine months and time In my opinion, and I think a lot of PTs have said, the time is a soft, soft recommendation, right?

After a surgery, I say the earliest is nine months, but really, at any sale, you're a year, like maybe nine month you are back to doing things, You should not be competing at nine months, right?

Very rare situations. Very, very rare, exceptionally rare. Yeah. Even to return to professional sports a year, being 100% out of year is extremely hard to do.

And unfortunately, there's stuff out there on the internet that perhaps convinces people that it can happen sooner. That's a battle to fight too. Because some people do go back and get lucky.

Right. Yeah. So of course there's like that one outlier, right? Yeah, the one Outlier who you for who knows what reason did extremely well. You know, maybe it's their genes.

Maybe they just got lucky. maybe there is something else going on. My favorite is smoking like when people smoke and they're like, yeah, my grandma smoked till she was 90. Like she lived forever.

I was like. That is the Outlyer guys. It's clear that smoking is not good for you. it shortens your life. So yeah, and just the information that's out there, there's so much information out that.

And we have to embrace that that is how people are going to get their information. You know, the respect for experts perhaps being diminished, perhaps.

People are going to get their, they're going get information. They're gonna do their own research and that's fine. But having to balance kind of what the expectations are because they are doing that and what you know is the truth.

Personal injuries, rehab, and the mental side of recovery

And it's a new dynamic of having to balance those things. And that's also kind of why I started this podcast, right? I was an orthopedic surgeon and I trained Jiu-Jitsu.

I'm having you here, orthopaedic surgeons, train Jui-jitsu, and it such a different thing to have a doctor who's in the sport, knows what you want to get back to.

We kind know what can get you back too. So I think it is a really cool dynamic. Like if I did gymnastics, I'd be like… I'm going to find a surgeon that does gymnastics, right?

Yeah. Because then as you're recovering, what can I do? Right. Right? Like my patients are like, What can i do, I am like all right, you had an ACL, let's not do like reverse delahiva right now, maybe not delohiva.

Maybe we start on top, Let's Not Wrestle. And maybe another orthopedist surgeon would be like you can go light, but everybody knows what that means in the jujitsu gym.

You have that partner where you start light and everybody escalates and all of a sudden you are having a full on

match and everyone is bleeding. Yeah, yeah.

Forms like this and like your YouTube channel is awesome because it just breaks things down nicely the cut to the bone so you can break things out nicely and You just give it like a doctor but also like an athlete and it's it awesome and I think it helps athletes get information Yes simple being able to understand the forces that are going to be going through their body and you know that So many people get turned off by their surgeon when the surgeon tells them well just don't do that anymore I think I posted something about that recently.

That's not an option for these people. For whatever reason, and it kind of happened with me, jiu-jitsu becomes really important for various reasons. It's this outlet of energy.

This pursuit of mastery. Being around friends. Its exercise. The community by itself. Social interaction. All these things that it becomes for you. And then just to tell someone, no, you shouldn't do that anymore.

I've had a lot that will come to me like that, other sports too. They're like, my doctor told me I shouldn't do this. And I was like well, do you want to do that?

I think I'm only told one person and it wasn't even me that told them that they couldn't. Do football anymore. It was because they had like congenital.

So like they were from birth narrowing of their cervical spine. Like their spinal cord, you know, I am not a spine surgeon, but their final cord was narrowed and I caught it because we were having numbness tingling and they thought it was just constant stingers.

Right. I ordered all the imaging and just looked at it and my heart sank. This is a 17-year-old kid that loves football. I had to be like, listen, I'm going to have you talk to the neurosurgeon about it.

That was the only person I think I've ever told so far. Along the discussion of life and limb, paralysis is no joke. Correct. Yeah. You know, that is certainly a time where you might have to talk with someone.

Otherwise, there's ways around things, right? The 80-year-old runner that wants to keep running, but their knees are killing them and they're like, maybe you should stop doing that.

You stop that and you die. Is that how I look at it? I'd rather you have that than be obese with a heart attack, and we can help you with the knee pain and get you doing what makes you happy.

Right. Yes. And that's the cool thing about orthopedics is we really do have the chance. It's that much better if we understand what the patient is going through and their mindset and how important certain things are to them.

Then the community, you know, we were kind of friends on Instagram, but now we've gotten to know each other and it's kind Because we're at that awesome course, the UFC Sports Medicine course.

Combat Sports medicine course and like-minded surgeons kind of talking about how to treat these athletes because they are unique. Awesome. Well, let me let's close out with one more question.

What tip can you give to athletes? Actually two questions. What tips can give athletes maybe younger that are competing that want to have a long career versus just going hard in the paint and getting injured and then being like 25 and not being able to go at the capacity they want you for longer?

And then the second question would be what would you tell like The 35 45 like even like the 40s. I would say 40 year old athlete that still wants to get in there But isn't like myself right I get In there and I'm nervous because I keep getting injured and it's like how do we prevent that?

Yeah, so starting with the young person learning to rest and recover and Being tough and fighting through an injury is not always the best thing. And if your goal is longevity, then you've got to give your body a chance.

It's funny, we see these 20-year-olds, they're so strong and so muscular, so athletic, but then they go out and party and they are not getting sleep and not get great nutrition.

But they can make up for it because they were 20. We talked about that. I was like, yeah, when I, I wish I did what I do now. But it does add up. And, you know, at that, that that's combat sports medicine thing.

That was the question I asked Chuck Liddell is kind of like what could 50 year old Chuck tell the 20 year-old Chuck was, like I learned how to recover.

What is recovery to you? What are the big things? Big things. Being into lifestyle medicine. Oh, that's what I meant to ask about that. We'll do another podcast.

So I think sleep is crucial and surgeons are bad at it because we train to think that sleep as a weakness and I can get by with four hours of sleep, whatever.

That's fine. Sometimes you had to, right? Or sometimes you get woken up by an attending yelling at you. Why'd you do this yesterday? You know? It's part of the job, but at the same time, you think like, well, this is what I do.

And so even when I can sleep more, I'm still going to just do the four hours. I want to go out and party tonight, even though I don't work. Because I am not working, go party and still get that four-hours and I'll be good to.

But sleep is so crucial to everything. Our brain, learning, our body is recovering, so sleep. What is it, like seven to nine hours? For the adult, for the average adult.

Yes, seven to nine hours. And it was a battle for me on my own to figure out how to get to seven hours hard. It's really hard and it's taken some changes in what I do.

Especially when you train at night, because I train that night early for work. Your sympathetic system is that much more revved up and is much harder to settle down.

Then maybe you sit in front of the TV and then you got that stimulation going. Soon it's 11, but you got to get up at five and well, six hours, whatever.

I can live on six hour. So yes, learning how to prioritize sleep and optimizing that crucial. And then nutrition. When you're young, you think you can eat anything and often you cannot eat, anything, and still look good, feel good.

but it does add up. And we know the people who are in their twenties getting type two diabetes. What used to be old person fat disease is becoming a youth disease.

Um, and that adds up quickly over time and can be devastating to recovery and all the other organ systems of survival. Uh, so nutrition, I'm not going to get into what diet is best.

That's just, I think that's so dependent on the person. I don't think there's one. There is no one diet. And I totally agree with that. Understanding your body and knowing what.

When I go to restaurants, I'm like no broccoli, no cauliflower, and no mushrooms. If it looks like it's trying to hurt me and it is a vegetable, then they laugh and say, stay away.

But it' s knowing your own body, knowing how you're going to feel when you eat something. You know, there are some diets out there that The all meat diets, I can say with confidence, are probably not the healthiest diet.

But I have no problem with someone wanting to get their protein from meats. It's an efficient source of protein, and protein is crucial for rebuilding the tissues that have broken down from hard workouts.

It's funny you talk about the meat thing.

Longevity tips for young and older athletes

I know I was supposed to end the podcast but the meet thing so I have to get my functional medicine doctor on here at one point because we went full carnivore for a little short term and I really did learn about anti-inflammatory effects of it and it like cured all my gut issues but it was temporary and its not really sustainable but my body was operating on fats.

And I was strong. I would sleep in like nine hours. Okay. And i was just but i's also tired because my body was learning to adapt with different fuel.

and then when i said i went back to like adding carbs and and uh like honey and fruit then i felt like i i feel really good again. Yeah. Um but I felt great once my bodies switched over but that's a whole other conversation.

It's super interesting like all these things. Interesting how I mean, when you're paying attention, diet clearly influences how we feel and should not neglect it.

So yeah, I would say the biggest things about recovery are sleep, rest, and nutrition, that unfortunately when your young, you neglect. And then to talk about the older person, maybe they got a job now and they've got family, but they want to get into it, Maybe their kids started doing jiu-jitsu and their looking across.

Maybe I'll do the adult class while my kids doing the kids class. Just to clarify, 40 is not old. It's just that in jujitsu where you're really like putting a lot of strain on your body.

It is not super young anymore. No, it's definitely not. Definitely not I hope to be doing ju jitsu because of longevity when I'm 70 or 80 if I make it that long.

I said I want to die in my gi with a belt on. with those goals of doing this for four more decades. I think the biggest thing along with learning how to rest and eat right, hopefully you've learned that as you got older, but not having an ego.

And that's the lesson I'm really, well, I guess I could say I've learnt it a little bit more recently, you're going against the 20-year-old who's got you in a Kimura, tap.

You don't need to tear your rotator cuff. you don' t need that $10 metal. No one's going to care. But you got to work, you gotta pick up your kids, and no one cares if you tap, especially in practice, because that's when everyone's trying to get better anyways.

It's a hard one. I'm learning it still because you talk about it and you're like, yeah, I don't have an ego. And then you get in the situation, the adrenaline's going and it's kid and their parents are watching and your coach is yelling at you.

It's true. In those situations, it can be hard. It sounds ridiculous when I say it, but that's all the stuff that is happening. All those things, all those influences, and you want to do your best, you don't want give up.

Giving up is the worst thing. But if you're an accountant without a rotator cuff, You know, that's also a huge bummer. And if you're competing, if your competing in your chariot because you had too much of an ego to tap during training.

Oh gosh. Yeah. Right. You're missing out on competition because your had to big of ego in competition or in practices. I mean, competition is bad too.

There's way more adrenaline in that situation. Yeah, so ego is the enemy as they say as far as longevity is concerned. And I think a lot of us as we transition from our younger competitive days to wanting to keep it in our lives, especially when we've got our jobs as surgeons is swallowing that ego and tapping a little bit more often and realizing, yeah, you got limitations and giving your body a chance to rest.

And you can do it. I plan on doing it for a long time. And I mean, I've also learned that the awareness before is important. So when I tore my ACL not tapping, like, oh my gosh, didn't even feel that.

Because I was like, I'm going to win. Actually, one of my friends, Lauren Sears, taught me that. She's like I go into these matches and I think, listen, I want to train tomorrow or the next day or whatever.

And so I need to be aware of these positions and know when I needed to tap. Since that injury I've created that more awareness of like even if it's a weird position that it's not really a hold or it is not a submission and I feel uncomfortable.

I tap and my partner is like, what? My arm was just not in a place I wanted it to be in. That awareness. One of the skills you can get from jujitsu, body awareness and that kind of stuff, learning how you move and how we feel.

is crucial and also not only being aware, but being able to act on it. Correct. Yep. So like telling yourself beforehand, like before competition, I'm like, listen, i have to talk with myself.

If you're in a compromising position, you need to tap. And no, that's not the, probably people say, oh, That's terrible. You're going in ready to lose.

Like, no I am going and ready if I need too and they get the better of me and then they win. It's a game of chess, right? That is a checkmate. Then let's call it, instead of letting it go to the end where they tip the king and I get injured again.

Well, thanks for coming. Thanks for being on my podcast and welcoming me again. Yeah, for sure. Where can people find you? Well I practice here in San Diego, beautiful San Diego.

You can make a vacation out of your visiting me. Hopefully you're not really hurt, but I can help you if you are. And then Cut to the Bone, the YouTube channel combining combat sports and orthopedic surgery.

And then, you know, the social media, LinkedIn and Instagram and all that kind of stuff I'm trying to put out there that hopefully educate. And I don't think there's two of you, Lucius Pomeranz.

Lucious Pumeranz, I am probably the only person with that name. I think so. Yeah. All right. Well, thanks again. Thank you. An ironic media production.

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