The Real Reason Jiu Jitsu Injuries Go Undiagnosed Transcript

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Podcast intro and guest introduction

Do you train combat sports? Have you ever been injured? Dr. Megan Jimenez is an army orthopedic sports surgeon and jujitsu black belt. This is Dr Jujitsu, your go-to podcast for combat, sports, military performance, injury prevention, and treatment.

New episodes drop the first Friday of each month. Hi, everyone. I'm here with Dr. Steven Mora, a good friend of mine. We're going to be talking all things combat injuries today, jiu-jitsu, karate, martial arts, mixed martial art, anything you can think of.

And we have a great person to do it. He is a sports fellowship trained surgeon, and he has been treating martial athletes, combat athletes for over a decade.

So we get to get some good insight today. Thanks for being here. No, thank you, Dr. Jujitsu. I'm really happy to be here. Thank you so much for the invitation.

Of course. And we met about a year ago at this conference. We're actually in Las Vegas right now at the UFC Smith and Nephew Conference, and that is how we meet, which is one of the beauties of this Conference.

More than just the education, it's a small faculty. There's about 29, I think, of us. and we get to all meet. we have to share expertise. What do you think about the course and the mission and what are your takeaways?

What's great about the Smith and Nephew UFC collaboration is that Smith & Nephewe is presenting innovation that can help fighters return to the octagon faster and better and more efficiently and we're able to take that information and transfer it over to our weekend warriors are athletes.

But what's especially nice is that since the UFC and MMA is one of the fastest growing sports in the world, it's nice to introduce physicians who don't have the understanding of this sport, they don t have experience treating these patients, but soon they will.

So it s actually really nice that this collaboration exists.

UFC-Smith & Nephew conference and combat sports care

Yeah, I agree with you. I actually, during one of my talks today, am talking about insurance and how our athletes tend to not have insurance, right? It's a very difficult thing, it's expensive, and money is a big thing for our athlete.

And I talk about hey, who in the audience actually trains, right? Who in audience treats these patients, and then who trains? And I bet you, I'm gonna ask that question today, the hands are gonna go down pretty significantly for who train.

And that's the biggest thing, would be reaching out to the surgeons who do train, there's a couple of us in here in that audience and faculty that are black belts.

So we see, we're in it, where we know what's going on in a mat. We know behind closed doors a lot, because they're our friends. It's very cool dynamic to have.

All right, so let's go right into kind of combat injuries. You have coined this term cauliflower ear, but for the elbow. So cauliflower elbow, can you talk about that?

When do you see it? You're treating a lot of it and it seems, it's scary to me, right? Going into the elbow like that to

just take out some arthritis.

Talk about it a little bit. Sure. The way this happened or the way it evolved is through my exposure to mixed martial artists. I practice in Southern California.

It's a hub for MMA. So I was exposed to a lot of fighters that came in with elbow injuries and I started to see a pattern. And the pattern was this. A lot patients will present with an elbow pain that has been or was treated as either arthritis or tennis elbow.

So, they were presenting with these diagnoses given elsewhere and after I started to look at the x-rays and started understand their pain better, I realized that they had a pattern and this is the pattern.

They had loss of extension, loss deflection, painful catching of the elbow that became swollen and progressed over time. X-Rays look like arthritis and often times they would have an MRI that showed tendonitis.

So that wasn't the problem. The problem actually was what was going on inside the joint. And coincidentally, all the patients or the majority of the ones that I first operated on had cauliflower ears.

Why? Because of a time that they'd been practicing the sport. So it seemed like the elbow problem was related to a duration of participation in NNA. So which of our athletes are you, what's the typical person that should be on the lookout for this, right?

Is it our 40-year-old dad who just started who's like, oh, my elbow hurts, probably not. Which of these athletes and when should they be alarmed that this could be happening to them?

What kind of injuries are they sustaining? That's a great question. It's, um, it's the high level, high-level athlete, the one that is training hard, training often and injuring their elbow.

So it is the athlete that's exposed to armbars, kimuras or Americanas or whatever.

Cauliflower elbow: symptoms, causes, and who gets it

And the ones that are really just getting banged up usually, so it was usually not your weekend warrior dad that used to do CrossFit and not do it anyway.

And the way you know that you have a problem is the first thing that happens is you lose motion. So this is full extension and they start to have flexion problems.

Or they can't extend anymore and then they cannot touch their shoulder like this. They can get their fingers to their shoulders when they bend and can straighten that away.

And it's more over time, right? It's not going to be like the one arm bar injury. That's probably a different issue. But multiple arm bars, multiple, just striking for years, that's when it develops, It could even be one arm bar.

Okay. You know, like we saw Tony Ferguson back in 2020. He had a very deep armbar that he survived, right? He didn't tap. Yeah. And over time, and I'm not sure if it was the arm-bar or what it exactly, but he's only had one armbar.

But he only got an arambar once. Yeah, and so it wasn't acute that it developed. It was three years later, four years, later is when he started having the lap, the flexion loss, a decreased motion.

Not that we are promoting surviving through arm bars, right? I tell my athletes to tap so that you can survive to fight again. I would say tap early because you can have irreversible damage and that could be the index and then over time without you knowing the damage that occurred at the arm bar because your brave and courageous will now affect you three, four, five years later significantly.

And that's more the arthritis issue. I see a lot of… elbow injuries in my practice because of the combatives. And for the soldiers, jujitsu athletes, I treat just eating armbars, right?

And it's usually UCL injuries. So when some of my partners are like, why are you seeing so many UCl injuries? Because I treated juju athletes who eat arambars.

Right? So I always tell my patients and my, well, my people at the gym when I teach, please don't eat that. Like just, especially if you're at a gym and it is just an ego thing because UCI injuries and then long-term potentially some Yeah, long-term degeneration and the thing about the cauliflower elbow that's different from the arthritis seen in laborers, you know, maybe carpenters is that it usually occurs in a non-dominant hand maybe from striking and blocking and they're very young.

So I think that is another reason why it's important to protect your elbow because you don't want to have arthritis when you're 35. Yeah, you're seeing them in their 30s and 40s versus like a 70 year old with 35. Yeah.

The average age is at the time of operation is about 34. Because they've been starting when they were teenagers and yeah, just taking the bruit of it.

Okay. Awesome. Thank you so much. And the next thing was pectares is another thing that you love, right? Are these kind of your two, I don't know if you loved them, but you talk a lot about them.

Right. It's the elbow and the peck. Well, I talk about the pec because a lot of the patients that I see with pec tears, they had pec tear years ago, and they went to see an orthopedic surgeon that felt that the pec tear was either partial or too old to operate on.

So a partial tear is a bad tear. A partial tears of being a little pregnant, it's a significant situation that's going to lead to atrophy, deformity, or weakness over time.

But it might not be as noticeable, right? Not initially. It kind of starts to creep in and you start to notice that little chest wall. Yeah, so the thing to tell your viewers is, when you get a pec tear, it's very obvious you have a pec tear.

Happens in MMA when I'm not sure what the position is. You got the athlete over here and they're trying to bring him in. I don't know what to do. Our buddy Lucius had it.

Well, his arm was just outstretched and he made a forceful movement with the pec on full stretch. Yeah, pectoral stretch, that's just how it happens. And what will happen is you'll have swelling immediately after the incident, and the chest won't look that bad because of the swelling.

But after about three months, you will start to notice the concavity. That means a deficiency of your armpit area. Like a little pothole almost. And it depends on how ripped you are.

If you're very ripped with low body fat, you gonna see it right away. You know, if you have more body, fat you won't see that well, but you'll see at the muscles creep down.

And by the time you realize that the muscle is creeped down, it's three months. So then you go see the orthopedic surgeon and they'll say, sorry, can I exit?

You should have been here, four weeks beforehand. I discovered this pattern and I felt bad because these patients were were experiencing significant emotional problems because most people that do bench press or train, they are into their body aesthetics and into the fitness.

And because they're into fitness, where that comes appearance. You know, if you're ripped, you get ripped because you are in to fitness so these people are significantly emotionally impacted by this.

So I was really into helping people, providing hope and I trained at USC where we did a lot of various types of

complex surgeries. and I figured out how to put it together even a 20 year old tear I'm able to actually make it better not perfect but make a lot better.

I actually had a patient like this from deployment. One of my buddies got sent home early and they texted me so and so they tore their pec. I was like, all right, send them home.

And it was very subtle. You know how the nipple usually moves kind of towards the center of the chest when they flex if there's a pec tear? This was so subtle and I kind looked at it like huh.

Pectoral tears, delayed treatment, and reconstruction

It had been two weeks or three weeks once he got back from overseas and it got to him. And it was very hard to find because we talk about the two heads of the pack, right?

It's not just one muscle to tendon belly. It is two that come off of different areas, the collarbone and then the middle of chest, sternum. And one tears preferentially, and so when that one tear, I think it's a lot harder to fight and to fix just that head versus when the whole thing pops off.

Well, it's a matter of just being able to find it, making sure your exposure is the right exposure to reach it. I think a lot of orthopedic surgeons use our traditional exposure, and exposure means an incision.

So the incission is a little bit more lateral than it should be, because if you're looking for a tear that's into the chest, an axillary incisions is So you just get a little more towards the armpit almost.

We go into the arm pit. So I think that this experience with chest, I call it chest restoration because you're basically restoring the axilla and the shape of the chest.

It's had an impact on people. And it's really nice to be able to fix people that come from all over the United States, usually Florida, because it is sunny.

They're always in the bathing suit. The sunny people don't want to have a concavity in their chest And I'm publishing right now some information on the emotional effects of pectares.

A lot of orthopedic surgeons don't have that understanding how impactful it can be. And that's what I was going to ask you, too. You know, we're not plastic surgeons, right?

So a lot times I'll be like, well, you tore your biceps here like I did that last year. I looked at myself and I said, I'm not going to have that much change in strength or what I do, but do I want a Popeye deformity, right?

And that's real. But a lot of times I see patients and I am like, it's just a deformities, do i want that? Right? So it is real, what do you think about strength wise if they have a partial tear and maybe it doesn't look great, Do you feel like they still have good strength?

Or what are they complaining to you about in addition to what it looks like? Well, there's science that's already looked at this. They've looked up patients that have had repairs versus those that don't have repairs.

People that do have a repairs are not as strong. Now you might get some one athlete out there that might say, I'm pretty close to 100% or that person might be, but most people are enough.

And the only thing to remember is this, and I think it's important for your viewers to know this A partial tear is a significant tear. There are two heads, and when you tear one head, they call it a partial-tear.

But that one-head is 70% of your power. It's the whole sternal side. The bigger muscle. And just because they use the word partial, you have to be really careful.

If the MRI report says partial… Go see an orthopedic surgeon that treats these because partial tear is a significant tear and it should be fixed in an active person.

And you know what? Most people are active, they get pec tears. So for the most part, almost 100% of them should get repaired. Have you ever seen a female get a pec tear?

One I have, but it was because of reconstructive surgery for her breast cancer. Isn't that interesting? And the pec was damaged during the procedure. Just the one.

Yeah. Usually it's men. And what are you doing for these guys that come in like 20 years later? Well, I do a procedure using a cadaver tissue. So the cadavers tissue bridges a defect, but it, it it more than that.

It's not just bridging the defect. There's actually bringing the peck all the way up. I call it a, a pec lift, just like a face lift a pec lift. You have to bring it up and release all this scar tissue safely and then reattach it to the arm and, um, And what's a cadaver?

What does that mean? A cadavers tissue is tissue that's been donated by people when they donate their bodies to science. And it goes through processing, so it's very safe.

The tissue I use is an Achilles. So why the Achille? Because it is very broad and very stout. Yeah. Great. That's why it a great tendon to use for that procedure.

Yeah, awesome. Okay, so moving on from the peck stuff. You recently had surgery. Can you tell us about kind of your history of you knee as much as you want to tell about and what you've been posting about it on social media?

Tell us your journey now as a patient instead of a doctor. Yeah, thank you for following the journey. I think a lot of people are really interested in it.

So when I was very young, I visiting South America, Peru, and I run over by a bus. It led to significant damage of both of my knees. And this is as a youngster, as five-year-old.

But the index injury led life-long problems. That required a lots of different surgeries of the right knee. and i was able to cope with it for a long time.

Just like a lotta fighters, we're able cope the injuries. We can work around it if we really wanna do something. And I did. But it was last year that I finally couldn't manage with it anymore.

My leg was deformed, it shortened, and it angulated. It was a very bad situation. So I think it's an important message for viewers. If you have a complex problem, see a surgeon that deals with complex problems.

So sometimes you do have to go to a university setting like I did, I went to USC. I got numerous opinions but then I felt that going to university settings with somebody that does complex problems.

So complex problem, see a surgeon that deals with complex uh problems And I ended up getting a knee replacement. It's been nine weeks now. And my knee is functioning absolutely great.

Things are really well. But I also want to emphasize that not everyone heals really fast. I think this is an important message for viewers. If you're going to have surgery, treat it like you are going into the world's judo tournament.

You've got to prepare. Your body is going go into a fight. So the recovery begins six months before, or three months, before surgery. As soon as you know you need surgery, you have to really work on your health and optimize it as much as possible.

And that's what I was able to do. So I'm really fortunate that everything went really well. Yeah. What was the hardest thing for you after surgery? Or what has been so few?

It's really only two months. Right? The hardest thing was, I think, the same sentiment that high-level athletes have. They want to get back on the mat.

Surgery? I want get to the UR. I wanted to go back to UAR, but my body told me that I couldn't do it before four weeks. Okay. Before four week. How much rehab were you doing?

Well, I understand rehab really well. So I did see a number of physical therapists beforehand. Now I understanding rehab, but most people don't. Patients dont understand the priorities of recovery.

Certain surgeries require certain priorities, including like with knee replacement, ACL surgery, meniscus tears, knee extension is number one. If you don´t want a limp, your knee has to be straight.

That's what I tell my athletes. I say, when I see you at your two-week follow-up, your only goal is to get it straight right now. Right. Or I don't care about anything else.

You're going to walk. Don't worry. And you know that. Get that straight. Then straight's not straight, right? No. It's negative. Straight's no straight?

It is hyperextension. That is normal. Equal to the opposite side. So yes, I did.

Personal knee surgery and recovery lessons

A team of physical therapists wanted to take care of me as an orthopedic surgeon. They wanted me to whip into shape and tell you to behave. Yeah, I love when I've known a couple of orthopedic surgeons who post about their recoveries as patients, right?

And I have had three orthopaedic surgeries, and every time I'm posting, this is my two week, my four week. So that people know I am going through it too.

And then when try to run too early, for example. Shit at the fan. I ran to, or not too early, I run at three months, but I was trying to go too far, right?

So three month is kind of what we tell people. But now I've learned it's really not three-months. It's one is your leg, a good percentage of the other leg strong, about 68%. You know, it might not be three weeks.

And you want to get out there and you're like, my doctor said three, months it says three. Months, But sometimes it just not. You need the right team to slow you down.

Did your arm heal well? Yeah, because last time I had the biceps repair up top, I was actually very impressed with the recovery. I posted about it. You know, nobody else noticed.

It looks great. But when I'm doing bicep curls in the dim. Thank you. Well, Dr. Min was the surgeon who did it for me. He's one of my partners. Um, he retired recently from the military, but oh, phenomenal surgeon.

I've learned so much from him. And, um, I was like, you're the only one I want to do my surgery. So he did and it was amazing. Such an easy recovery. Actually went back to work three days later.

Went to the operating room. Didn't operate, but I had residents. And, you know, my patients knew. I said, I have residents that can do this. A good chief resident about to graduate.

Where's your incision at? So he did it very far in the armpit. Oh, OK. Really nice. More so because of my tattoos. OK, really. But I do have the little pokes from the portals, you know?

It's a little tricky working in an armpits when you're going in that direction. It is. When you go in. I learned a lot, too, because now my athletes with big tattoos, if there's an area where maybe the tattoo isn't as complex and I think I

can do a good surgery, a great surgery.

Then I'll be like, ok, we can avoid it. Nice. If I'm not going to do the same surgery, then I go through it and I tell my patients, we're going through.

So how do you balance being involved in performance athletes, performance care, and then protecting your health? Being very active with this knee and also just protecting yourself.

Well, I think it's important that we take care of our health, especially into our 40s and 50s. We have a lot more of a cushion when we're younger. we can deal with certain injuries easier.

At least we recover. You may not realize that there will be a late effect, but we recovered faster. So the important thing, as I enter my 50s and 60s, or as enter between 60's, I knew that I had to stay healthier, meaning stay lean, stay strong, and stay flexible.

Because if I want to be able to help people into my late 60 in early 70s which a lot of orthopedic surgeons will, they will. I know that guy well. I'm planning on my beach retirement.

Oh, really? I am trying to open a gym someday and get out the beach. That's a great idea. But proud of you. yeah well you know and even if i don't operate into my 70s yeah i want to be able to carry things i mean i'm going to able carry heavy things uh go up and down stairs a lot of problem and hold out for me to use hold up by having to using a walker until i am in my 80s or 90s and the only way you can do that is you start in your 40s, and you do it with good health and working out.

You have to work out, you have lift, walk. Because if you want to lift something in your 80s, then you better keep lifting it now. What is the craziest injury you've seen in a combat athlete?

The good news about Comet athletes is they're not being run over by cars. They're getting kicked in the leg or their arm is getting dislocated or they are getting a humerus fracture.

When you see these injuries, like a humor fracture when someone is getting some sort of submission maneuver, there's a gross feeling that you experience because of the snap and the pop.

So those are all pretty bad. Humor fractures are kind of bad to see. But they're not that bad. I mean, you can fix them with a plate. Elbow dislocations, they are terrible looking.

So I'm going to say that, when I see my patients get elbow dislocation, it's ugly, but they were very fixable as well.

Common combat sports injuries and future research

Tibia fractures from checking kicks, They look ugly when they happen. They are kind of terrible aswell. Uh, but in terms of bad injuries, I mean, bad, injuries are really those that occur to the eye or the brain.

You know, those are, that those were bad. Neurological injuries. Oh, a jaw fracture, loose teeth. But fortunately, you know I don't really see those. Yeah, I mean, we're here at a combat sports conference.

So we have neurologists here that are teaching us so much about concussions and promise you don't really see a concussion, right? Unless you're really looking for it.

You might not see brain damage because people try to hide it maybe. And it's so important for your longevity with all the stuff they're coming out. Well, they've been coming up with NFL athletes and the dementia occurring.

Yeah. At least in the UFC, the protector fighters, They all get in suspension. They'll get an automatic suspension whenever there's any signs of neurological trauma.

But amateurs don't and you know, they don' have a medical director overseeing their care. So I think the people that really are high risk are your weekend warrior amateurs because they might be getting their bell rung and then they think that they're fine the next week.

Those are the ones that need to be really careful. Awesome. Okay, well just kind of wrapping up. How do you see this field evolving over the next 10 to 20 years, just taking care of combat athletes?

Anything cool that you might see coming in the future? I think what's coming in the future is having an understanding of the unique injuries that occur in MMA.

Those injuries associated with submission type of maneuvers. So understanding the pathology and the best treatment algorithms is what is coming, just like with baseball pitchers.

and understanding their elbow injuries and shoulder injuries. You know we've been tested a lot on the throwing athlete, right? It comes up in the boards all the time.

Internal impingement and, you know, the Tommy John injuries or surgeries of the elbow associated with pitchers. But not in MMA. I mean, we don't have, other than me calling this elbow condition the cauliflower elbow of mixed martial arts, we don't have a solid understanding of the injury and the best way to treat it or prevent it.

So, I think that in the next 10 years, because of emergence of exposure of MMA-related injuries, physicians like myself and others that are into applying scientific rigor to treatment, that's what's going to change and maybe we can we can address things like prevention, preventing degeneration.

I think that's what's going to happen, actually. Yep, I've been trying to focus some work on that, too, just looking in the literature. And there's not a lot.

It's very difficult to find any kind of systematic reviews. Forget about randomized controls or anything like that. You're really just trying pick apart data.

Me and a couple of my friends came out with a paper about heel hook injuries, right? Because I sustained an ACL tear to heel-hook injuries and then I got really into it and getting myself more educated.

And so we have just been trying to find whatever we can about injuries. We looked at IBJJF, one of the big jiu-jitsu organizations, what happened when they started incorporating heel hooks into their matches because they used to be illegal.

Other organizations like ADCC allow heel-hooks. So we're looking at the data to see, are there more knee injuries? And then the other problem is the athletes don't Don't tell you, right?

I think a lot of jujitsu athletes have ACL tears just from the chronic. I've talked to Heather about it, one of the BT here at the PI. Just after a chronic, even kicks or just maybe eating a little bit of a heel hook as this person rolls small pops here and there.

That might not be a big explosive ACL injury, but over time you get that wear, that attrition. Yeah, I think we'll have a better understanding so that we can be less reactive and more proactive based on science.

Yeah. Well, thanks for being here. I know it was a little bit of a shorter interview, but I had a couple of things I really wanted to talk about, like the pact, the elbow, things that are very unique to your practice that you've done a lot on.

So I know the athletes really appreciate having you to help. And I appreciate you too, because when I get some of these pecs, I call you. I'm like, hey, help me with this, Because I think this guy needs this.

You've been awesome. Thank you so much. You're welcome Megan.

Closing thoughts and where to find Dr. Mora

It's really nice to be able to collaborate with people that have similar interests actually. So I'm really happy to here and hopefully your viewers learn something about prevention and being careful with their bodies because they only have one.

Yep. And I really appreciate you allowing me to do this. Oh yeah. Thanks for being here. Where can people find you? Oh, they can find me on Instagram.

I think that's the best way. Steve Mora MD. On Instagram it's SteveMoraMD. You are in Indigo. If people want to come see you, what's your practice? Uh, it's my practice called restore the pedics.

It's actually in the city of orange, just north of San Diego. Um, but the best way to do it is really just reach out to me on Instagram and I'll set you up for a consultation.

Awesome. Well, thanks so much. Appreciate it. Thank you very much