



THE COMEBACK

Injuries happen to all of us, but that doesn't mean you're bound to belay slavery. Majka Burhardt details a path to recovery from six common maladies.

VIPERS LOOK A LOT LIKE STICKS. That's a thought you never want to cross your mind when climbing. But 20 feet off the ground, with a broken puzzle of loose rock below me and a deadly Armenian viper slithering out of a perfect finger jam above me, it was the first thing that popped into my head. *A moving stick*, I thought. *Cool*. And then reality hit in the form of beady snake eyes and a flicking tongue: *Don't get bit, and don't fall on the sketchy gear in the poor rock*. Then came the mental clincher: *Don't get any more injured than you already are, idiot*.

Six months before landing in Armenia, I'd reefed a ligament in my index finger. My doctor eventually mandated 21 days in a brace. On day 22, I stepped onto the tarmac in Yerevan. I hadn't climbed at all in six weeks, or very hard or even that well in five months. Putting up a first ascent seemed like a perfectly logical plan, until I was actually climbing. Our first day out, my good friend and climbing partner Kate Rutherford elegantly danced the rope up a 5.10 corner. She made it look good and easy—her specialty. I got a third of the way up and made it look hard and awkward, or like I was trying to climb without using my left hand—because I was. I began to wonder if climbing in Armenia was really a good idea. Or climbing at all. Armenian vipers kill several local farmers every year. But I was less scared of the viper than I was of my own injured body and my inability to trust it completely in situations where I needed to.

I've been climbing full-time for 17 years—if you don't subtract the time I've lost to my dozen injuries and recoveries. I've recently coined a term for that time during recovery when you're still vulnerable: Twinkie climbing. In your peak physical condition, think of your body as a watertight vessel—you can contract every muscle and move as a unit up rock or ice. When you're injured, the vessel's integrity is compromised, and you are missing some fundamental contraction and cohesiveness in your body from either the actual injury or the mental fear and anxiety around that injury. Put another way, when you're injured, you're a Twinkie, and all you have to protect your core is soft, yellow cake.

Life would be great if we bounced back quickly to 100 percent after recovery. But the reality is that once you get back on the vertical horse, you are still in recovery. Comeback climbing takes patience and acceptance of your vulnerability. It takes stepping back to the grades you began at and working your way back up. Early on in my climbing career, I used to fight it. I'd be determined to get back to whatever was my hardest grade, and I'd end up a scared and leaking Twinkie. These days, I try to embrace the comeback and revisit moderate climbs. Turns out it's wicked fun to not be scared when you're climbing. It also lets you climb harder sooner. I'm not saying I always get it right. Sometimes it takes a poisonous snake to remind me I'm trying to come back the wrong way. Here's a cheat sheet I've assembled from my eternal comeback career to help you on your next round.*

***Some guiding thoughts:** (1) This advice is meant to supplement that of your medical professional. But you already knew that. (2) Comeback climbing is best done on top rope. (3) For best results, do some cross-training with your comeback climbing: swimming, running, biking, walking, etc. (4) And remember this as an unbreakable rule: You are "comeback" climbing, not "re-injuring yourself" climbing. Climb. Rest. Recover. Got it?

WHIPLASH

CULPRIT: Cars, other drivers, and elk. Awkward bouldering falls when your body rockets down can also cause it.

HIGH-MAINTENANCE ADJUSTMENT: Traveling on long plane rides with my own pillow to three dozen countries ever since.

COMEBACK STRATEGY: Think back to when you started climbing—whether that was 25 years or 2.5 months ago. Think of the first climb you ever did when you realized you could actually do it—that you were a climber. Go do that route (or as similar a route as you can find). And then do it again. Find another climb at the same grade. And another. Look for routes that create a smile on your face because they are about the pure joy of movement. These will be your "anchor climbs." Think two to three grades below your fighting grade (5.10a climber? Hop on 5.7 and 5.8). Subtract more the harder you climb. You're looking for cruiser terrain where you don't have to look up because you know your next hold will always magically appear when you need it. This will be easier on your neck and keep you moving and flowing and having fun. Start out climbing once every three to four days and only increase if nothing hurts more. Once you can do your anchor climbs five days a week, you can step it up to harder routes.

WHAT TO AVOID: Steep climbing is not your friend when recovering from a neck injury because you want to avoid incessantly looking up. Pick slabs instead. Skip the runout leads and anything with potential for jostling falls.

EXCUSE TO MILK: Climb in groups of three and trade out the high-intensity leader belays for double top rope belays for your friends' extra burns. You'll keep yourself from looking up too much and earn high marks for your generosity.



BROKEN FOOT

CULPRIT: A microwave-size rock hit and rolled over my left foot in Red Rock, Nevada.

UNFORESEEN LINGERING ISSUE: I had to drop out of hip-hop dance classes. I still cannot hip-hop dance.

COMEBACK STRATEGY: Dave Knop, a PT, OMT, CSCS who owns Livevital Physical Therapy and Performance in Portland, Maine, offers this advice: "Use this valuable time to shore up the leaks and strengthen any areas of weakness. Working on your core and back will pay dividends and can be done with little to no impact on your lower body."* Many classic gym exercises such as lat pull-downs, bicep curls, pushups, shoulder presses, and more can be done kneeling, emphasizing your core more than if you just sit, and helping you refrain from accidentally pushing on your foot. Added bonus: You'll end up a better climber in the long run with a stronger center (and have callused knees to talk about at parties). Other strategies include investing in comfortable and stiff climbing shoes to help your foot lever on edges. Baby your injured foot, enjoy juggy sport climbing, and use big foot holds to get your foot strong before relying on its edging power. Try out ice climbing if you haven't already—the stiff boots and minimal foot articulation may allow you to get outside and climb sooner.

WHAT TO AVOID: One-legged climbing. Some climbers get away with continuing to climb, boot/cast/brace and all, but I suffered a shoulder injury a year later that I blame on overusing on my arms to save my leg. Also, avoid bouldering and runout routes. This is not the time to fall.

EXCUSE TO MILK: Give your partners the foot-crushing flared crack leads and follow in your approach shoes—you'll whine less, and they'll feel like a hero.

*This plan works for any lower-extremity injury.



SHOULDER INJURY OR SURGERY

CULPRIT: Overuse.

BEST & WORST MOMENTS: Asking out the surgeon—twice—who operated on me when coming out of anesthesia.

COMEBACK STRATEGY: Rediscover the truism "climbing is all about your feet." Enjoy moderate slabs and stemming corners, and look for climbs that have twice as many holds as you need (i.e., think of the climb you'd take your 60-year-old uncle who's never climbed on—pick that one). Spend more time looking at your feet than your arms, scanning for holds and concentrating on strong foot placements. You'll come out seeing more micro foot edges and smears that will help you become a better climber down the road.

WHAT TO AVOID: After one painful and failed attempt to grab a hold at maximum reach, I started picturing myself as having T-rex arms that could not fully extend. Have a T-rex circle of power (about half your normal reach) where every hold has to exist in order to use it. As your shoulder heals, your circle of power and holds will expand until you're working at full reach.

EXCUSE TO MILK: Awkward side-reach things will be hard for a while—for seven years and counting if you're like me. If you have a previous shoulder injury, you have an escape hatch for life about not being able to do a one-arm sideways dyno.



PESKY KNEE

CULPRIT: No idea.

ADDED BENEFIT: Got to see the shoulder doctor again. Almost went for the asking-out hat trick, but finally found self restraint.

COMEBACK STRATEGY: If you're cleared for cycling but not big hikes, expand your list of potential climbs by adding a ride to and from the roadside crag. You'll get a better all-around workout and burn off your post-injury angst in a safe way on the ride instead of trying to bear down on the wrong foothold on-route. Knop adds, "Cycling or taking a spin class can be an effective method of circulating the synovial fluid for continued joint nutrition. During times of weight-bearing restriction, cycling serves as a relative deload with an added conditioning benefit."

WHAT TO AVOID: Offwidths, kneebars, massive stems, and anything that creates serious strain and twist on your knee will be out for a while. Pick similar climbs as suggested for the broken foot on the previous page—i.e., big foot holds, easier grades, and climbs where you can move fluidly.

EXCUSE TO MILK: I'm a trad climber tried and true, and I used my knee injury in an attempt to be a better sport climber and work on my climbing weaknesses. I made two things clear to everyone I climbed with: I was hurt, and sport climbing had never been my thing. With expectations (mainly mine) lowered, I could keep climbing and enjoy new terrain and a different climbing style.



BACK SURGERY

CULPRIT: One fall off a ladder, one decade of carrying heavy packs, and two parents' worth of bad back genetics.

EXTRA PUNCH: Ten percent of microdiscectomy surgeries fail. Always a striver, I made that 10 percent and got a second one (not) free.

COMEBACK STRATEGY: Back surgery is big. I had to go back to the very beginning to return to climbing. Think moderates with zero approach, zero danger, and zero strain. This is a great time to go back to those anchor climbs or find new ones if you've moved. Dial back your gymnastic climbing and climb more one-dimensionally—as in, climb more ladder-style routes with minimal pivots and twists. My back rehab with my PT was all about my core, and this was key to climbing. Employ the T-rex idea from shoulder comebacks, and extend the thought to your legs as well as arms. You want to be a safe, predictable, and tight unit, slowly expanding into the 360-degree realm, 20 degrees at a time.

WHAT TO AVOID: The sharp end can feel exceptionally sharp post-back surgery. It did for me. The biggest thing I had to avoid, accordingly, was my ego when I handed over the rack to my partners. That happens—or should—with any comeback, but with back surgeries, it had to happen for longer. Make sure your partners are extra careful about keeping you tight above ledges and off the ground so you don't bounce on toprope.

EXCUSE TO MILK: Develop your bartering skills and offer to buy the beer, bake the cake, or man the grill in exchange for carrying a lighter pack to the crag. If your climbing partner is still unwilling to shoulder more of the load, launch into a diatribe about the meds you were on and how they affected your digestion. Chances are he'll grab the extra gear and take off for the crag at a trot.

FINGER LIGAMENT

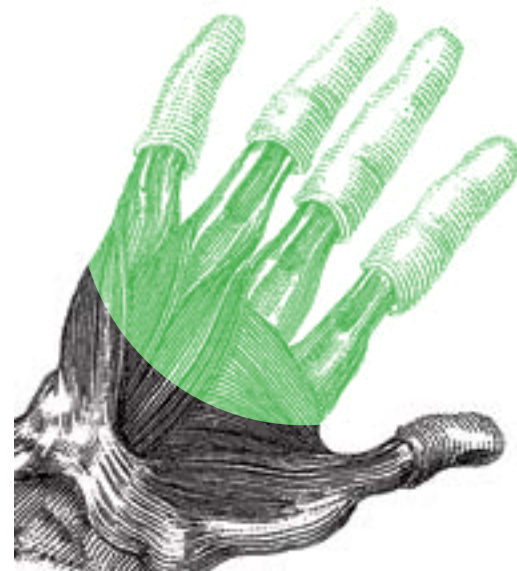
CULPRIT: "Underuse" post-ice climbing season followed by "pulling too hard" during spring rock climbing on a two-finger pocket at Cathedral Ledge, New Hampshire.

ODD BENEFIT: Belaying also made it hurt, so ability to claim princess status in teams of three.

COMEBACK STRATEGY: Avoid vipers. Rediscover and find big, moderate routes with long approaches so that each climb takes longer to do and you rest your hands by spending 80 percent of the "climb" hiking. Enjoy the additional cardio fitness this gives you and start exploring some of the gems in the mountains you've never done. I was able to ice climb all winter on a hurt finger because the grip on ice tools didn't pull at my ligament. I kept current in the (frozen) vertical and was able to focus on hard ice and mixed climbing objectives instead of being tempted to pull on my finger just to "check and see" how it was doing.

WHAT TO AVOID: Finger cracks (shocker) and tweeker holds.

EXCUSE TO MILK: Climbing never felt finger-dependent until I hurt my finger. Express wonder at how such a little thing can hurt so much, and climbers around you will fear for their own fingers and give you a break—aka, look the other way when you reverse your hand position and barn door each time you try to ascend.



AT MY MOST OPTIMISTIC, I'D TELL YOU MY FINGER INJURY IS MY LAST. But I know that might not be true. And if there's one thing I've learned through all of this, it's that I can get through, over, and beyond any injury—and that that process will make me a better human by making me see the world beyond my injury, and beyond climbing. The added bonus is that better humans make better climbers, no matter what.

Have you had an injury that I haven't sustained in my illustrious career? Most likely one of the above strategies in that given zone will work for yours, too. Above all, remember this: Injury is never easy. I remind myself of that each time I get one. But I've also come to cherish the process of the comeback. There is something about returning to climbing at its simplest and easiest to remind you of who you are and why you climb in the first place.

Majka Burhardt estimates that it would take 3.75 hours per day and every color of Thera-Band to do all of the PT exercises she should be doing to keep her old injuries at bay. She'd rather go climbing. Read more of her work at majkaburhardt.com.

The author enjoying time between comebacks on *Angel Cakes* (WI5), Frankenstein Cliff, New Hampshire



PETER DOUCETTE