

## **Prevailing over tragedy -- ABR facilitates amazing recovery**

It's a small world... and sometimes the international news turn out to be very local.

On March 14th, an awful tragedy struck. A bus carrying Belgian school kids from a ski holiday in Switzerland crashed into a wall of the tunnel killing 22 kids, 6 adults and leaving the survivors seriously injured.

[Belgium honors school bus crash victims](#)

[Belgian coach crash in Swiss tunnel kills 28](#)

[Belgium mourns 28 killed in bus crash](#)

[Belgium Switzerland crash: Eight survivors return home](#)



That tragedy happened to be very local to ABR Team -- Luca, the son of Katja Schultz, a trainer from ABR Belgium, was on that bus... After several hours of terrifying wait -- she finally got the news that he was among the survivors. As she flew to Switzerland in the wee hours of the morning on a military plane dispatched by Belgian authorities -- she didn't know how bad were the injuries both physical and emotional.

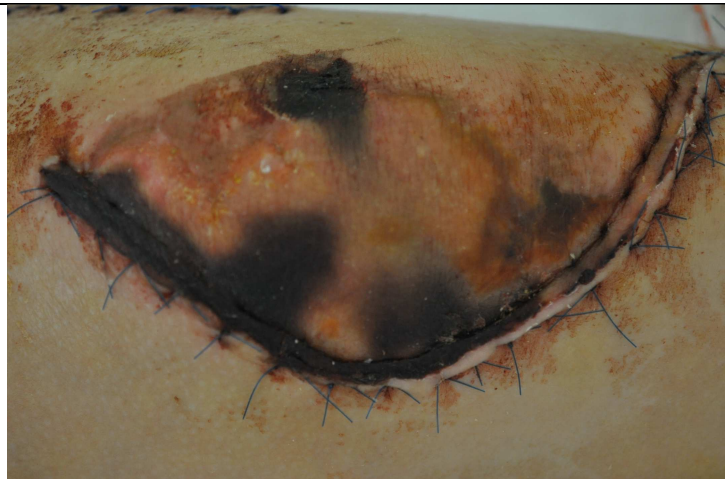
Fortunately, Luca was rather lucky -- he was among the 6 survivors from 22 kids of his class who took the trip and his injuries were not immediately life threatening -- open fractures of the femurs, shattered shin bones, broken wrist ... but the key thing that he was in rather good spirits.

The Swiss surgeons did an excellent job of putting everything together.



**March 23rd , 2012**

However, few days later, after arriving back to Belgium the new major concern set in. The damaged skin and fascia that were punctured through by a broken femur and then sawn together started to show the signs of gangrene. The skin was a lifeless black patch that was beginning to rot spreading around a terrible stench. The doctors were very concerned and started talking about the need for major skin transplantation to save the decay from spreading further.



**March 24th , 2012**

That's when Katja contacted me and asked whether ABR can be of help. Her worries about the skin transplant and further complications were well justified -- more surgeries, longer healing periods, new scars that could potentially immobilize or severely restrict the mobility of the left knee -- these challenges loomed over very realistically.

I advised her to put on the ABR machine and start working with viscoelastic "egg" at the mid anterior thigh (where the best access to the femur is), at the anterior shin (where the best access to the tibia is) and to deliver the extended super-soft ball rolling applications at the upper thigh.



**March 25th, 2012**

My strategy was obvious for anyone who is familiar with ABR principles -- we wanted to facilitated the interstitial flow in the superficial and deep fascia layers and to engage the 'hydraulic' response from the bone as the deepest 'interstitial tube' -- thus starting to engage the damaged areas into the interstitial circulation flow.

Let me quote her not to me sent via e-mail few day later:

**Thu, Mar 29, 2012 at 10:13 PM**

*the doctor said on*

*21.3.2012 situation left knee, "very concerned ,not happy"*

*24.3.2012 he said "looks a bit better ,but i am careful with what i am saying"*

*26.3.2012 he said: major difference, very happy.*

*.... and today we are home and nobody talks about a skin transplantation anymore.*

*big hug to mr. blyum from mama katja.*



That was a big relief.

You can see on those pictures how the leg responded.



**March 24th , 2012**



**March 28th, 2012**

There is an important consideration that is really essential to keep in mind. Pretty much every manual method, a therapeutic device, or even a cream that you come across -- are going to repeat the same mantra: "Improving the circulation..." -- implying the blood flow. However, there is a catch. First of all, this cliché of "Improving the circulation..." is so beaten up that it very much became meaningless.

On the other hand, direct improvement of blood circulation in the case of a gangrene-like events is outright dangerous. The body forms a protective wall around the wound/damaged area. On the one hand, this protective barrier serves a defense purpose -- not allowing the products of decay to enter the blood stream and potentially cause the septic reaction throughout the entire body.

That's why, no one in their sane mind would ever be doing, say, a classic massage or heat/cold applications, or electromagnetic procedures over and near the damaged area. It's too dangerous.

But on the other hand, this isolation prevents healing. The damaged area is "left on its own" going further on the path of destruction and decay.

That's why the interstitial perspective provided by ABR is so valuable. Interstitial flow is slow (compared to blood circulation), diversified and relatively local -- so there is no risk of

spreading the dangerous products of decay through the blood stream. But at the same time -- that's the flow -- which allows to gradually integrate the damaged area with the rest of the body and to switch on the healing processes.

I have to praise the doctors who supervised Luca in the hospital. They had a look at what Katja was set to do, obviously were skeptical as of whether these "toy eggs" or "toy balls" were going to work, but at the same time once seeing that it was safe they did not interfere...



I like this picture since it translates well the atmosphere of focus and concentration on a task in hand...

Katja -- with a viscoelastic egg (the application at the anterior shin)

Greet -- with the intense ball rolling using the 'short arm loading' technique

Luca -- with an iPad :-)

The next set of pictures shows the evolution of the healing processes over the following couple of weeks.



**March 24th , 2012**



**April 5th , 2012**



**April 10th , 2012**

At the end of April I've visited Katja and Luca on my way back from Canada and introduced few other 'interstitial flow boosts' -- so the next breakthrough has taken place. That's the picture from April 26th:



**April 26th , 2012**



**April 26th , 2012**



As you can see healing process is well established -- there is no blackness or inflammation but the surface layers haven't recovered yet, although the depth of the wound is much reduced.

And that's the one I received from Katja today, May 7th.



**May 5th , 2012**



**May 5th , 2012**

Let's put this evolution into a timeline perspective:



**March 24th , 2012**



**April 5th , 2012**



**May 5th , 2012**

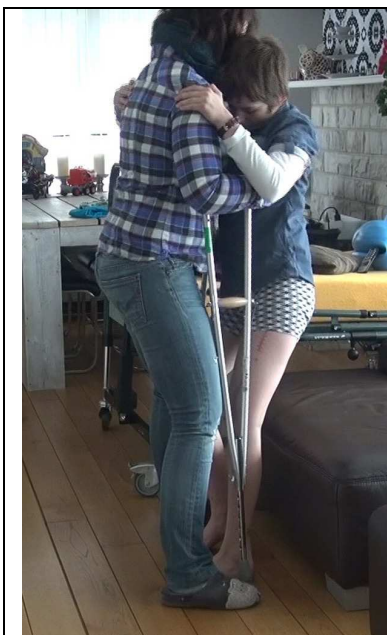
The healing is nearly complete... There are no more black spots -- everything is nice and pink and alive...

I am extremely happy for Team Luca and actually feel quite proud of Katja -- who has been consistent and diligent working up to 5-6 hours a day in the beginning and maintaining 15 hours/day ABR machine schedule...

And, of course, Luca himself -- he stayed extremely positive and cheerful throughout this ordeal being really quite a hero... For a 12 year old to witness most of his friends dying in a terrible accident where he remained trapped in a wrecked bus for nearly 2 hours -- that's an extremely tough test of character...

I wish them well and looking further for the next milestones for Team Luca -- because the next challenge is obvious-- getting back to walking.

That's going to be the subject of my next post -- and, well, one might consider it ABR bragging -- showing how the new set of ABR exercises that I have introduced less than 2 weeks ago have brought an incredible boost in return to walking form -- from dragging himself on crutches to making independent steps without support...



**April 26th , 2012**



**May 5th , 2012**

***Amazing, isn't it!?***

Hopefully I'll manage to put this report together within the next few days.

P.S. These are the Facebook links to Luca and Katja's pages -- I am pretty sure they will be happy to hear from you.

[Katja Schultz](#)

[Luca Van Asten](#)



