

# Cycling Health Checks: Why a Bike Fit Isn't a One-Off Event

A bike fit is a bit more like a dentist appointment, according to experts at Velo Atelier and AMG Clinics...

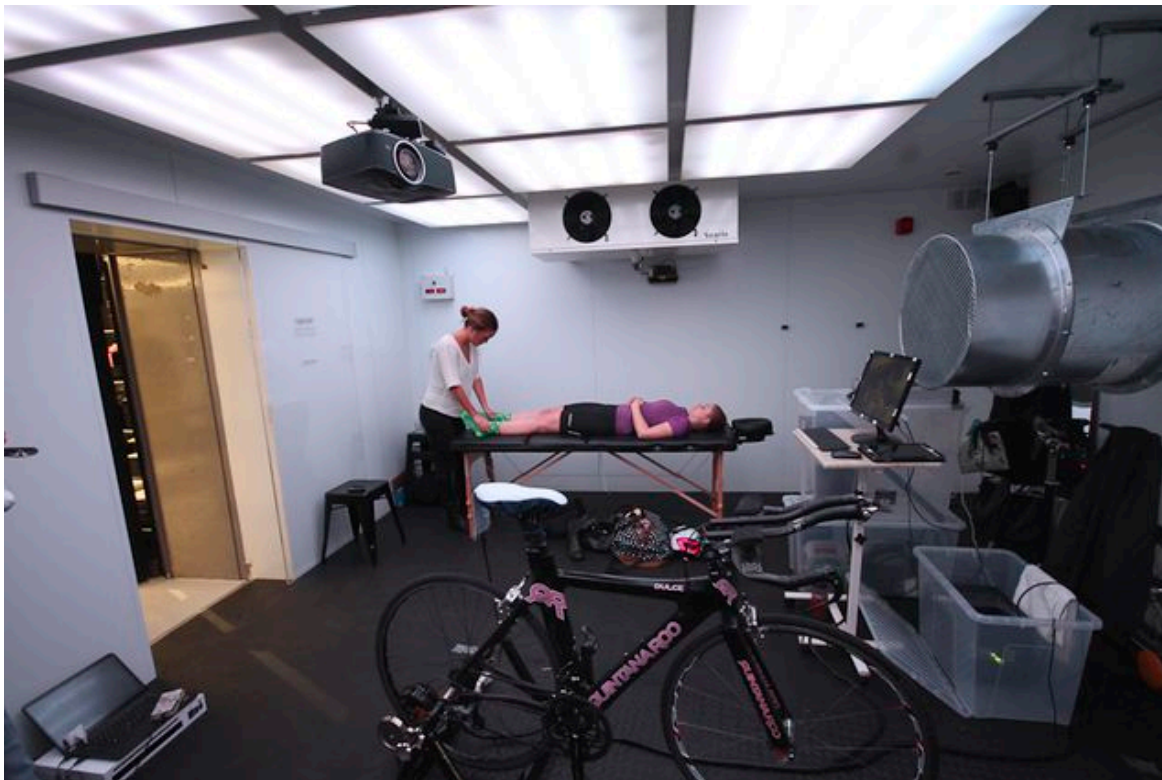
**“We want to get people out of the idea that bike fit is something you do once and then never again. It’s more like a trip to the dentist, you go back for check-ups,” says Lee Prescott when I turn up at the Rapha Cycling Cafe in Spitalfields for my ‘Cycling Health Check’.**

Prescott is the creator of the Clinical BikeFit protocol, and I’ve met him before at his studio – [Velo Atelier, where bike fit is supported by clinical assessment](#). At these ‘Cycling Health Checks’, the frame builder and expert in ergonomics works with [Alice Monger-Godfrey](#) – an ex-pro rider who is the osteopath for team Dimension Data. Together, in ‘The Vault’ downstairs at Rapha, they look at how rider’s bodies are working, and how they’re interacting with their bikes.

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The ‘Bike MOT’ begins with an assessment from Monger-Godfrey. She prods my back, asks me to put myself into various contortions and to ‘push against my hand’ (all stuff you’ll be used to if you’ve seen a few physios).

As she does so she explains: “People always think cycling doesn’t result in many injuries because it’s not weight bearing. But we’re very asymmetric as humans. So when we strap ourselves into a symmetrical bike we get problems. That’s why I wanted to do this – to combine my work with bike fit to help people get comfortable and cut down on repeat injuries or niggles.”



Monger-Godfrey's assessment of me is kind of what I expected – but with more detail. Like a lot of people – she explains – I've got a slight functional leg length difference. It's not structural (one leg is not actually longer than the other), but caused by one of my hips hitching up slightly, more likely as a result of habits in the way I go about daily life. She explains: "The left leg is giving the illusion it's shorter, because it's hitching up at the pelvis, and the left hip flexor is weaker because it's overworking. Often people think because something's weak, they need to strengthen it, but in many cases it's overworking and tired. Your right glute really fires, but actually comes [into the QL](#) [lower back]. That's a cross pattern, where one side is overworking, the other side is being lazy."

All of this marries up to my experiences so far – I know that my pelvis tends to be pulled out of alignment, and currently tend to visit my osteopath a couple of times a year when it results in pain down one leg – managing it the rest of the time with stretches.

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The Team Dimension Data osteopath reassures me, adding: "It's all very subtle, but if you're on the bike for a long time, the way you're holding your pelvis, you'll get pain. Often it's not at the site, but elsewhere. So you need to find out where the cause is coming from. Our body will always try to make us horizontal, it's what we're programmed to do. So if you have a stable base at hip level and stable base at eye level everything else tends to slot into place. But if you're building on an unstable pelvis, everything starts to go."

Next up, Prescott checks my foot angle and movement. The good news is that [since using the insoles he moulded for me back in April](#), my forefoot angle has improved dramatically (from '7 and 17' to '5 and 10'). Also, the collapsing knee he spotted back then has also resolved itself, perhaps due



to the [strength work I had prescribed by Jo McRae in November](#). Prescott comments: “Something’s working!”

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We get me on the bike. I’ve brought my [time trial bike](#), because Lee has [already fitted me on my track bike](#) and my road bike is fine. Since they’re all set up similarly (largely thanks to the amazing guys at [Maison du Velo in Reigate](#)), I’m not expecting many changes to the fit. My bike is hooked up to a smart turbo trainer, which provides a read out of my wattage, pedal stroke and pressure on the saddle. I pedal along for a few minutes whilst the team circulate and natter around me. About me.





The angles created by my bike fit, it seems, are fine. But what they do notice is a curve in the spine – which would be caused by the pelvic twist or ‘functional leg length difference’ already mentioned.

Jumping off the bike, I’m back on the massage table so that Monger-Godfrey can manipulate my back. This is the sort of treatment my regular osteopath provides, and something I’m quite used to – though the resulting ‘clicks’ are a lot less brutal and pronounced. The subtlety could be down to the fact I’m not visiting at ‘crisis point’ as is normally the case when I see an osteo.

When I get back on the bike, they all ‘ohh’ and ‘ahh’ – and I’m shown a photo that does clearly demonstrate that I’m now a lot straighter in the back. Success! Then I’m given a few tips on how I could alter my set up for improved aerodynamics (including using Powerbars as make-shift elbow pad adjusters – something apparently half the pro peloton does, much to my surprise).





*My spine looks slightly curved before manipulation*



*And it's straight after...*

The idea with these 'Bike health MOT' sessions is that you come back after having completed some 'homework' to improve any underlying issues. If



you're given a complete bill of good health, they reckon it's still a good idea to return perhaps every six months or once a quarter. The ideal bike fit for you adjusts dramatically depending upon your [goals](#), fitness and most of all flexibility – all of which change over time.

My homework is, I'm surprised to hear, not to do with me working on my strength or flexibility – rather to see an osteopath every 4 to 6 weeks. Alice explains: “This pelvic hitch needs maintenance. Your body is adaptable and changeable. All the studies that been done show recurring injuries are reduced dramatically if you see someone regularly. It's a neurological pattern. I'm not looking at the symptoms, more what's working and not – and what I can change in your neuromuscular system to stop it coming back. We'd need to change the way your body habits. It's comfortable like this, but a year down the line you might reach for the kettle and it goes.” I'm all too aware of that, thanks to a long-term case of sciatica that erupted once when I left the problem unchecked.

**“People sometimes don't want to spend money on this kind of thing, especially if they're not in pain, but pain is the last thing you feel.”**

These sessions, I'm told, are about prehab – stopping problems from developing as opposed to treating them. Monger-Godfrey comments: “People sometimes don't want to spend money on this kind of thing, especially if they're not in pain, but pain is the last thing you feel – your body only lets you feel it when it's a little bit too late.”

It's true – it's awfully hard to spend the cash you'd happily pass over for a new cycling outfit on something you can't touch and hold. However, time and money spent ensuring that you, your body and your bike still fit well together is a valuable investment. And subtle changes do occur far more often than you might think – due to alterations in your posture at work, an increase in driving, or riding, more time in the gym or a new yoga class you've fallen in love with. Yes, it's pricey – but not nearly as expensive as seeing a specialist every week over the course of a long term injury.

The next session takes place at the Rapha Cycle Club in Spitalfields Market on February 21 – and they happen every month. The cost is £100 for RCC members, and £150 for non-members. You'll get an hour long slot, and will receive a Dropbox file with all of your data.

**For more information, [check out the Velo Atelier site here](#). Alice offers osteopathy in London, and you can read more about [AMG Osteo clinics here](#).**

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