

FEATURES

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Jump for life with parkour

Parkour teaches athletes about assessing risk as much as about training their bodies

BY KATE KELLAND
REUTERS, LONDON

Yusuf Yirtici is a proud young father who extols the virtues of discipline, hard work and a responsible attitude to risk.

But as he does so, he is balancing in a handstand on a concrete ledge above a subway on one of the busiest road traffic islands in central London.

Yirtici is in training for the first global freerun championships, due to be held in the British capital tomorrow.

"Freerun is about risk, and risk is all about calculating," the 25-year-old said as he limbered up with three fellow competitors, shining up lamp-posts and leaping over stairways in one of their favorite training sites by the river Thames.

"You make a calculation with your body. If you see a jump or a move that you feel you can do, then you should do it, even if you are scared. If you are afraid, and you don't make the move, then you are letting fear beat you. You have to overcome fear, and be successful."

These seem grand ambitions for an urban pastime whose roots lie in the sprawling concrete suburbs of Paris in the 1990s.

But freerun, or parkour as it also known, is fast growing into a recognized and respected international sport-cum-art able to attract big-brand sponsoring, blockbuster movie appearances and pop megastars like Madonna.

In theory, the basics of parkour are straightforward — to get from A to B as quickly and efficiently as possible, using only your body and letting no obstacle stand in your way.

Freerun has the same core principles, but its practitioners place greater emphasis on individual expression, creative flow and artistic merit.

Urban Freeflow (UF), the sport's main representative body in Britain and the US, gives detailed tutorials on its Web site of the fundamental techniques — including such moves as a "crane moonstep", and "double kong vault" and a "360 wallhop".

OUR FEARS KEEP US ALIVE

When things get high — or super-high, like the leaps from sky-scraping cranes and buildings that feature in the James Bond movie *Casino Royale* and Madonna's *Jump* video — it is hard not to see freerun athletes as regulars at hospital emergency departments.

But according to Franck Nelle, a 28-year-old French national who will represent his country at the world championships under the stage name Cali, those who think freerunners are just wild adrenaline junkies have got it wrong.

"People think we are daredevils who would go for everything or anything. But we have fears like everyone else. Our fears keep us alive," he said.

"Discipline is so important. We train on ground level again and again and again until it's perfect, and only then do we take things up high."

This serious attitude — coupled with the breathtaking leaps and super-cool image — has impressed some unusual supporters and caught the eye of corporations.



Left: Ez, left, and Cali of the Urban Freeflow freerunning team are pictured at the Roundhouse, in London following a class for teenagers on the art of freerunning and parkour.

PHOTO: AFP

Below: Free-runners Cali (real name Frank Nelle), Majora, (real name Marwan Elgamal) and Asid (real name Yusuf Yirtici) demonstrate free-running in front of the London Eye.

PHOTO: REUTERS

London's Metropolitan Police force, as well as Britain's elite Royal Marine Commandos, have sought tips from the UF team on maneuvering through urban jungles.

Barclaycard is the main sponsor of the World Freerun Championships — which will feature athletes from at least 17 countries from Brazil to South Africa — with Adidas and Sony Ericsson acting as associate sponsors.

BASIC INSTINCTS

But Yirtici — who will represent Turkey next week under the stage name Asid — sees most value coming from freerun at a local street level.

Already teaching the practice in schools and community youth clubs around London, he believes it has the potential to re-educate and liberate a generation of children who are cocooned in an overprotective society and stripped of the vital life skill of assessing risk.

"Our three routes to success are dedication, determination and discipline — and if you are lacking one of these elements then you're not going to get very far," he said.

In his workshops — where participants range from 10 to over 50 years old — the emphasis is on reminding people of the physical skills they can use when something appears to be blocking their way.

"I teach people how to crawl first, because that's something we often forget as humans — how to walk using our hands and feet together.

"Then we move onto jumping, landing and rolling.

"We have a saying: start low and start slow. It's very important because if you start big, or start wild, or start crazy, then you'll get hurt and you'll be put off the game."

Pip Andersen, a 17-year-old from Taunton, southern England, who will freerun for Great Britain in the championships, thinks his story is evidence of freerun's social potential.

"I used to be one of the kids who'd vandalize things and get into trouble with the police," he said, having dropped like a wild cat from the top of 4m sign post.

"This has turned my life around, because now I am not putting energy into getting attention from other people any more, I'm putting energy into improving myself and getting something beautiful out of my body's movement."

On the Net: www.urbanfreeflow.com

[HEALTH]



With prostate cancer, pick a number, any number. ILLUSTRATION: NY TIMES NEWS SERVICE

Numbers don't tell the whole story

Cancer diagnosis forces patients to deal with a host of statistics, but what do all these numbers really tell us?

BY BURT SOLOMON
NY TIMES NEWS SERVICE, NEW YORK

My internist warned me that nobody understands enough about prostate cancer to make easy decisions about how to treat it, but he didn't prepare me for the barrage of numbers that kept pretending that all is known.

The PSA result was just the beginning. I was grateful, of course, for a simple blood test as an early warning. When mine registered 4.6, crossing the threshold of evil at 4, my internist suggested that I see a urologist, largely because my father's nonfatal prostate cancer increased my risk by 30 percent. (Later I learned that my neighbor's prostate had turned cancerous when his PSA, a measure of prostate-specific antigen, doubled from 1 to 2.)

A follow-up test at the internist's, measuring the proportion of antigens clinging to a protein, prophesied a 17 percent chance that I had cancer.

"That sounds high," I said.

"I thought it sounded low," my internist replied. It wasn't his prostate.

After I saw the urologist, the biopsy showed that I was right.

"It's positive," the urologist told me over the phone, with a forced bonhomie. When it comes to cancer, "positive" means negative — bad news. I'd entered a looking-glass world; everything was the opposite of what it seemed.

Yet the unceasing flow of numbers kept promising precision. These were numbers, for God's sake. Of the 12 snippets of my prostate sampled in the biopsy, only 2 pieces showed any cancer, and then just a dusting, of 10 percent to 12 percent. And the cancer was judged to be only moderately aggressive, a 3 on a scale of 5. I was counseled to pooh-pooh the higher-than-desirable Gleason score of 6, derived by adding the aggressiveness in every spot of cancer, because there was so little cancer in each.

Eager to be convinced, I took heart. My wife accuses me — accurately — of being a glass-half-empty guy, but the flow of happy numbers (plus perhaps a touch of maturity at last, at age 58) left me uncannily serene.

I was only dimly aware of the evidence that most prostate cancers never become dangerous, even if left alone. But because nobody can tell which ones will and which ones won't, the information was useless to me.

I quickly decided to have surgery to remove the prostate, but I had to choose between the two types. I cared most about my plumbing returning to normal. But this was when the numbers really began to confuse things.

One option was to go to Johns Hopkins in Baltimore, my hometown, where the older-style, slash-and-scoop surgery was devised. But the doctors there, my urologist said, cherry-picked their patients — no fatties need apply — to minimize the complications in getting the plumbing up and running again.

The other choice, called robotics, was newer and cooler. The surgeon sits at a console across the operating room and essentially plays a three-dimensional video game inside the patient, controlling two thin robotic arms slipped through inch-long incisions. The computer's 15x magnification improves the subtlety of movement, and the less invasive surgery means faster recovery.

But the procedure has statistical distortions of its own. Some robotics surgeons have been known to exaggerate the speed of recovery by removing the catheter too early.

So both sides were skewing the numbers to market themselves.

A college classmate, a physician with a low opinion of his profession, advised me to forget the numbers, to visit both surgeons, look them in the eye and decide which one I liked.

Huh? Why should I care? I wasn't drinking a beer with the guy. Partly, my friend said, a likable surgeon would respond if something went wrong; an arrogant one might not admit a mistake. And partly, well, my friend really couldn't articulate it, but he felt certain.

"Likable" and "surgeon" don't ordinarily cohabit a sentence, but when my wife and I met with the robotics surgeon, we loved him. Patient, personable and the furthest thing from arrogant, he told us how his technique had improved from his first 200 operations to his second 200. (I was No. 431.) Only twice, he said, in Nos. 4 and 17, had the robotics failed and he had proceeded to the more intrusive surgery. His percentage of complications, he added, was as low as at Hopkins. I canceled my appointment in Baltimore.

The surgery wasn't bad at all, and my recovery was startlingly swift. Eight days afterward, I returned to have the catheter removed — none too early — and to learn if the cancer had spread. When I asked the surgeon if the pathology report was "positive" — meaning good news — he winced.

The news was good: The cancer had not spread beyond the prostate. But 35 percent of my prostate had turned out to be cancerous, considerably more than a dusting. I had dodged a bullet; the numbers had lied again.

