

Luigi Mangione's handwritten notes on his back pain & injury

2019-05-18

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Sources:

- <https://www.reddit.com/r/BrianThompsonMurder/comments/1kmovov/heres_the_full_picture_of_jules_letter/>
- <<https://www.tiktok.com/@luigiprosper/video/7503633017697586453>>

Re: Your 4/28 Letter:

“How do you remain so chill?”

Jules, I spent 1 $\frac{1}{2}$ years living on a broken spine that I could feel sliding around every time I stood up, walked, or rolled over in bed. To exist in such a state — your physical being split in two — is an endless physical and mental war within the self.

After you have fought and won internal wars, nothing *external* — nothing — can ever phase you.

That, and I have the best team in the world.

Carpe Diem,

Luigi Mangione

Review of ‘Bigger Leaner Stronger’ — May 18, 2019

Source: <defenderofbasic.github.io/luigi-mangione-storyline/books/goodreads-read.html>

Title: Bigger Leaner Stronger: The Simple Science of Building the Ultimate Male Body

Author: Michael Matthews

Read: 2019-09-??

Added: 2019-05-18

Rated: ☒☒☒☒

FROM: 52503511
TO:
SUBJECT: Tales from the MDC: The Meddler
DATE: 04/25/2025 09:54:25 AM

Re: Your 4/28 Letter:

"How do you remain so chill?"

3AM the night before arraignment, lying awake in bed
I hear this crumpling next to my head
silence, pause, more crumpling from my locker
huh? Is one of those plastic bags of mail slipping?

But it continues.

"THERE'S SOMETHING IN THERE"

It's impossible to overemphasize how unusual and jarring this realization is. Aside from inmates and officers, there are NO signs of life at MDC. No animals, no plants. Not a leaf. Not a mouse.

The only exception being - the shower knots. And that one time a tiny bird flew through the grate in the Rec Deck and made it into the unit.

Nothing comes here voluntarily.

I continue to listen. It's moving...

I grab my tablet (we have no reading lights here), and turn the brightness to 100%. I point it at the locker. More crumpling. Right at the bottom, a bag of full of tuna packets - I pinpoint the sound. No motion, but I hear. I squint, looking for the tail of a mouse, though I have never seen one in the facility.

After you have fought and won internal wars, nothing external - nothing - can ever phase you.

That, and I have the best team in the world.

"What the f***?" I whisper into the darkness.

My cellmate - the wise and powerful J - in the bunk above my head. Wakes up.

Veteran. Father of 6. Hero to his community.

Carpe Diem,

He tumbles down the ladder and flips on the light to take a leak.
With the room illuminated, I focus my gaze once more.

More crumpling. And then...

POP.

Out pops a cockroach, seemingly appearing from thin air.

Verendae in The Triple Trap CUP:

- Commonwealth of Pennsylvania v. LNM
- United States of America v. LNM
- People of the State of NY v. LM

It's a big one. Gross.

But he doesn't scurry back into the shelter of my stuffed locker.

He doesn't move at all. He's completely paralyzed. Exposed clearly in the light.

It's almost comical. "Oh sh*t", it seems to say, like the cockroach knows it's been meddling somewhere it wasn't supposed to be.

I stand up, walk the full 5 paces across my cell to grab my shower shoe and return.
The cockroach hasn't moved - it sits there looking stupid.

I roar.

SPLAT.

Twitch, twitch go the antennas.

FLUSH, as it whirls around the toilet. Its insect legs curled as it floats round and round on its back.

))) "Up From the Bottom"
-Linkin Park

I'm left with a slight sense of disgust.. What was it doing there? And why tonight?
In 4 months here I've never seen one. And it was big. And ugly. That "can't" be a good omen.
A deep sense of unease as I wrack my brain. What does it mean?

My mind circles for another 20 minutes, until sleep overtakes me.

At 5:30, they wake me up for court.

I think back to the omen from just hours before.
"Oh.. That makes sense"

#12/68x

The introduction to weightlifting.

Fantastic, clear content.

-1 star: too infomercial, too aesthetics-focused

My written notes: <https://drive.google.com/file/d/1Fxje...>

Internal research notes – Lower back pain

My injury: L5 Spondylolisthesis

- Pars fracture → vertebra slippage/fracture

Isthmic Spondylolisthesis (spon-do-lis-the-sis)

- Repetitive stress most commonly when young (5–7 years old),
 - symptoms not developing until adulthood
- 5–7% of the population has pars fractures or spondylolisthesis
- 80% of those with spondylolysis have progression to slippage
 - is only 15–20% become symptomatic enough to require surgery
- of L5-S1 (my injury) not usual instability because ligamental (sacral alignment) prevents L5 from slipping further onto sacrum.

Grading (Severity of slippage):

- Grade 1: 0–25% of vertebra has slipped forward
- Grade 2: 26–50%
- Grade 3: 51–75%
- Grade 4: 76–100%
- My injury: ~30% slip → Low Grade 2 Common symptoms of Isthmic Spondylolisthesis:
 - Low back pain
 - Pain worsens with:
 - Standing
 - Walking

- Bending backward
- Pain improves with: Sitting Non-Surgical Treatment:
- Pain medications:
- Acetaminophen or NSAIDs to reduce inflammation
- Heat/ice therapy:
- Ice directly after activities that cause pain
- Heat before motion to promote blood flow/muscle relaxation
- Physical Therapy:
- Focus on muscle strengthening and stretching (twice daily)
- Stretching lower back
- Mostly for leg pain (sciatica)

Back Brace?

- DO NOT DEPEND ON IT
- Only for short-term relief
- Long-term use can weaken muscles, leading to:
- Increased muscle atrophy
- Increased dependence on brace
- Increased pain & chance of injury

How to adjust training?

(Source: StartingStrength.com – “Spondylolisthesis & Lifting”)

- Mark Rippetoe’s response:
- Acute models diagnose this then correct it by discouraging weightlifting
- Extension exercises worsen symptoms (e.g., sit-ups, back extensions)
- Corrective approach:
- Hold the spine in a neutral anatomical position (isometric stabilization, e.g., squats, deadlifts)

- NECESSARY for stabilizing injury
- Competing at high intensity → No longer possible, but weightlifting should not be completely eliminated
- Anecdotal evidence from others with spondylolisthesis:
- Squatting, deadlifting helped eliminate pain
- Caveat:
- Cannot lose form – might not be able to attempt max lifts

Summary of Key Points:

1. L5 Spondylolisthesis (Low Grade 2, ~30% slip)
2. Symptoms: Low back pain, worse with standing/walking, better with sitting.
3. Non-surgical treatments: NSAIDs, ice/heat, PT (stretching & strengthening).
4. Bracing: Only for short-term; long-term use weakens muscles.
5. Training: Avoid hyperextension, focus on neutral spine stability (e.g., squats, deadlifts).

Internet research notes: lower back pain

9/9

★

My injury: L5 spondylolisthesis

↳ pars fracture → vertebra shifts forward

Isthmic spondylolisthesis (spine-health.com)

↳ fracture occurs most commonly when young (5-7 yrs old),

w/ symptoms not developing until adulthood

↳ 5-7% of population have fracture or spondylolisthesis

↳ ~80% of spondylolisthesis have no symptoms

↳ only 15-20% symptomatic cases need surgery

↳ at L5-S1 (my injury) not usually instability because ligament (Sacral alar ligament) connects L5 to Sacrum, preventing progression of slippage

Grading (severity of slippage)

↳ Grade 1: 0-25% of vertebrae has slipped forward

↳ G2: 26-50%, G3: 51-75%, G4: 76-100%

↳ My injury: ~30% so low grade 2

Isthmic spondy. common symptoms:

↳ low back pain

↳ pain worse when standing, walking, bending backwards

↳ pain better when sitting

Non surgical treatment

• pain meds such as acetaminophen or NSAID's to reduce inflammation

• heat/ice

↳ ice directly after activity that causes pain

↳ heat relax muscles, promote blood flow/healing movement

• physical therapy

↳ focus on hamstring stretching: twice daily to alleviate

stress on lower back

↳ mostly for leg pain (sciatica)

Back brace? (spine-health.com, "when to consider BE")

- DO NOT DEPEND on the long-term relief
 - ↳ only for short-term relief
 - ↳ can ↑ muscle atrophy, ↑ dependence on brace, weakening back: ↑ pain, ↑ chance of injury

How to adjust training (startingstrength.com, "Spondylolisthesis issue")

- Mark Rippey's response
 - ↳ doctor merely diagnosed then exercises by discouraging weightlifting
 - ↳ flexion/extension exercises at spine (ex: sit ups, back extensions) worsen symptoms
 - ↳ exercises holding spine in normal anatomical position isometrically (squats, deadlift) fine
 - ↳ NECESSARY for stabilizing injury
 - ↳ form extremely important, and competition no longer possible, but shouldn't eliminate
- Anecdotal evidence from others on forum
 - ↳ Squatting, deadlifting, has helped eliminate pain
 - ↳ cannot lose form, might not be able to attempt "max" lifts

The Ted K Archive

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Multiple linked underneath each heading.

www.thetedkarchive.com