

## CHAPTER 3

# CLOSE-RANGE COMBATIVES

*In close-range combatives, two opponents have closed the gap between them so they can grab one another in hand-to-hand combat. The principles of balance, leverage, timing, and body positioning are applied. Throws and takedown techniques are used to upset the opponent's balance and to gain control of the fight by forcing him to the ground. Chokes can be applied to quickly render an opponent unconscious. The soldier should also know counters to choking techniques to protect himself. Grappling involves skillful fighting against an opponent in close-range combat so that a soldier can win through superior body movement or grappling skills. Pain can be used to disable an opponent. A soldier can use painful eye gouges and strikes to soft, vital areas to gain an advantage over his opponent.*

### 3-1. THROWS AND TAKEDOWNS

Throws and takedowns enable a hand-to-hand fighter to take an opponent to the ground where he can be controlled or disabled with further techniques. Throws and takedowns make use of the principles involved in taking the opponent's balance. The fighter uses his momentum against the attacker; he also uses leverage or body position to gain an opportunity to throw the attacker.

a. It is important for a fighter to control his opponent throughout a throw to the ground to keep the opponent from countering the throw or escaping after he is thrown to the ground. One way to do this is to control the opponent's fall so that he lands on his head. It is also imperative that a fighter maintain control of his own balance when executing throws and takedowns.

b. After executing a throw or takedown and while the opponent is on the ground, the fighter must control the opponent by any means available. He can drop his weight onto exposed areas of the opponent's body, using his elbows and knees. He can control the downed opponent's limbs by stepping on them or by placing his knees and body weight on them. Joint locks, chokes, and kicks to vital areas are also good control measures. Without endangering

himself, the fighter must maintain the advantage and disable his opponent after throwing him (Figures 3-1 through 3-5).

NOTE: Although the five techniques shown in Figures 3-1 through 3-5 may be done while wearing LCE—for training purposes, it is safer to conduct all throws and takedowns without any equipment.

(1) **Hip throw.** The opponent throws a right punch. The defender steps in with his left foot; at the same time, he blocks the punch with his left forearm and delivers a reverse punch to the face, throat, or other vulnerable area (Figure 3-1, Step 1). (For training, deliver punches to the solar plexus.)

The defender pivots 180 degrees on the ball of his lead foot, wraps his right arm around his opponent's waist, and grasps his belt or pants (Figure 3-1, Step 2). (If opponent is wearing LCE, grasp by the pistol belt or webbing.)

The defender thrusts his hips into his opponent and maintains a grip on his opponent's right elbow. He keeps his knees shoulder-width apart and slightly bent (Figure 3-1, Step 3). He locks his knees, pulls his opponent well over his right hip, and slams him to the ground. (For training, soldier being thrown should land in a good side fall.)

By maintaining control of his opponent's arm, the defender now has the option of kicking or stomping him in the neck, face, or ribs (Figure 3-1, Step 4).

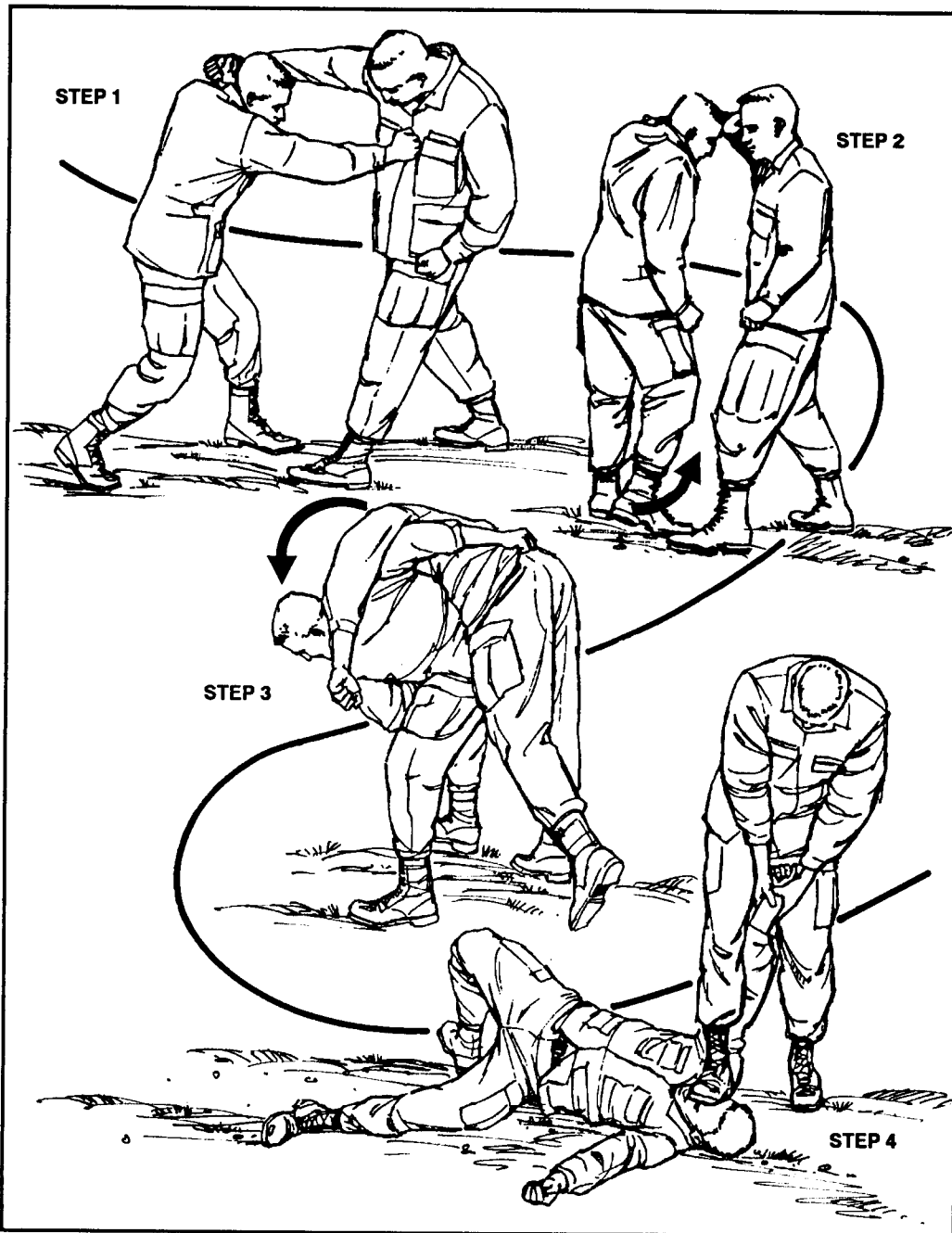


Figure 3-1. Hip throw.

(2) ***Over-the-shoulder throw.*** The opponent lunges at the defender with a straight punch (Figure 3-2, Step 1).

The defender blocks the punch with his left forearm, pivots 180 degrees on the ball of his lead foot (Figure 3-2, Step 2), and gets well inside his opponent's right armpit with his right shoulder.

He reaches well back under his opponent's right armpit and grasps him by the collar or hair (Figure 3-2, Step 3).

The defender maintains good back-to-chest, buttock-to-groin contact, keeping his knees slightly bent and shoulder-width apart. He maintains control of his opponent's right arm by grasping the wrist or sleeve (Figure 3-2, Step 4).

The defender bends forward at the waist and holds his opponent tightly against his body. He locks his knees, thrusts his opponent over his shoulder, and slams him to the ground (Figure 3-2, Step 5). He then has the option of disabling his opponent with kicks or stomps to vital areas.

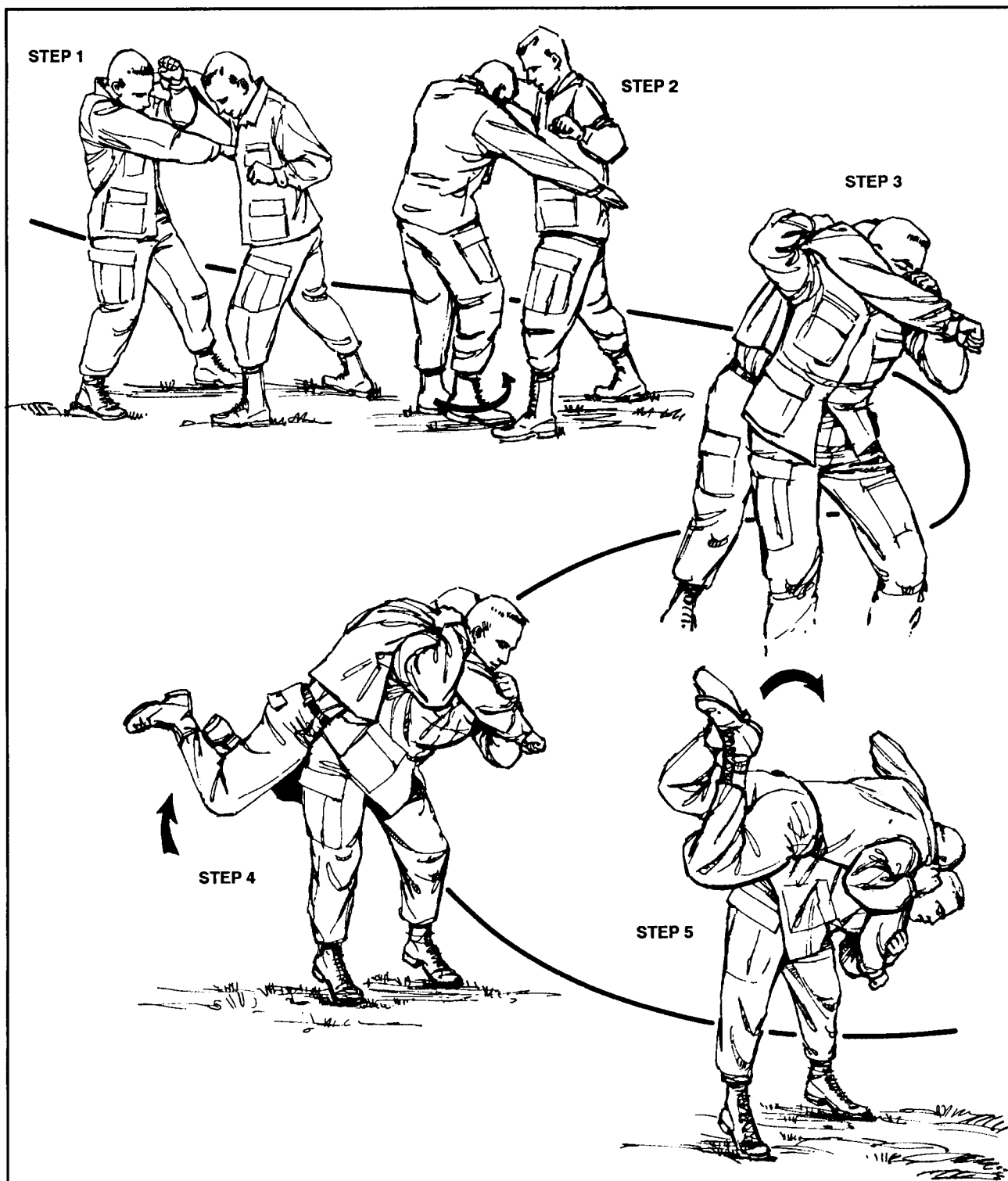


Figure 3-2. Over-the-shoulder throw.

(3) **Throw from rear choke.** The opponent attacks the defender with a rear strangle choke. The defender quickly bends his knees and spreads his feet shoulder-width apart (Figure 3-3, Step 1). (Knees are bent quickly to put distance between you and your opponent.)

The defender reaches as far back as possible and uses his right hand to grab his opponent by the collar or hair. He then forces his chin into the vee of the opponent's arm that is around his neck. With his left hand, he grasps the opponent's clothing at the tricep and bends forward at the waist (Figure 3-3, Step 2).

The defender locks his knees and, at the same time, pulls his opponent over his shoulder and slams him to the ground (Figure 3-3, Step 3).

He then has the option of spinning around and straddling his opponent or disabling him with punches to vital areas (Figure 3-3, Step 4). (It is important to grip the opponent tightly when executing this move.)

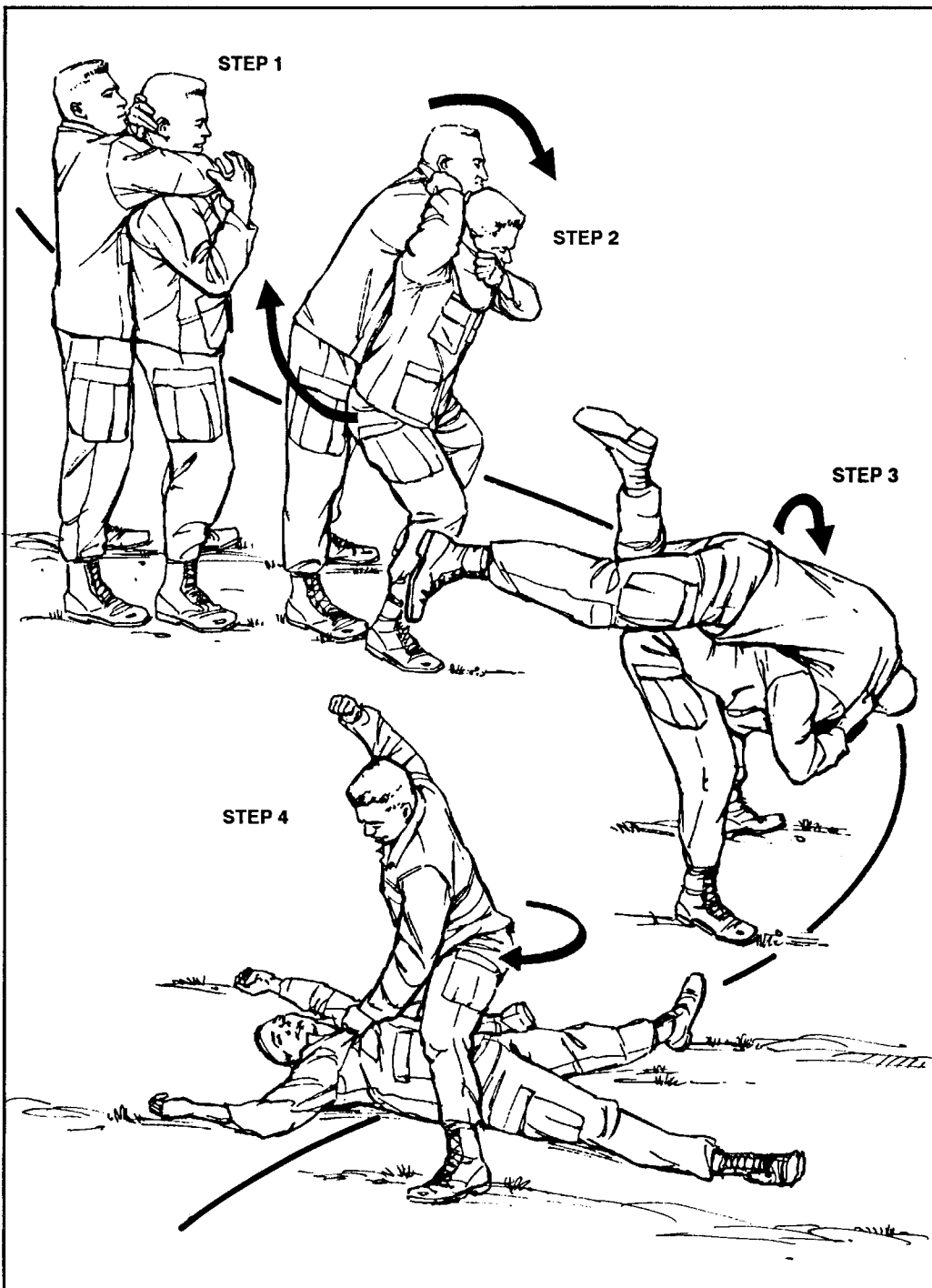


Figure 3-3. Throw from rear choke.

(4) **Head butt.** The head butt can be applied from the front or the rear. It is repeated until the opponent either releases his grip or becomes unconscious.

(a) The opponent grabs the defender in a bear hug from the front (A, Figure 3-4, Step 1).

The defender uses his forehead to smash into his opponent's nose or cheek (A, Figure 3-4, Step 2) and stuns him.

The opponent releases the defender who then follows up with a kick or knee strike to the groin (A, Figure 3-4, Step 3).

(b) The opponent grabs the defender in a bear hug from the rear (B, Figure 3-4, Step 1).

The defender cocks his head forward and smashes the back of his head into the opponent's nose or cheek area (B, Figure 3-4, Step 2).

The defender turns to face his opponent and follows up with a spinning elbow strike to the head (B, Figure 3-4, Step 3).



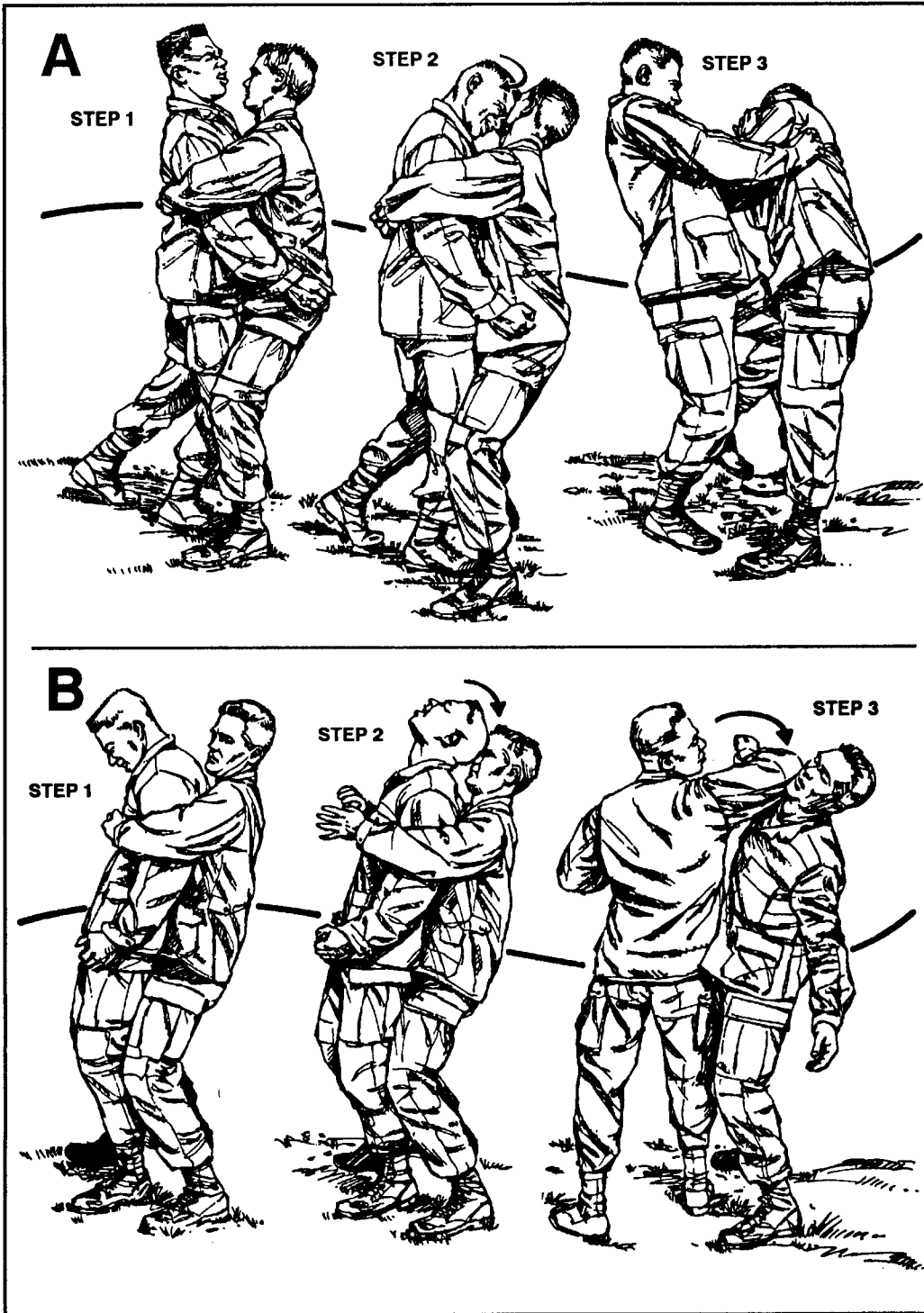


Figure 3-4. Head butt.

(5) **Rear strangle takedown.** The defender strikes the opponent from the rear with a forearm strike to the neck (carotid artery) (Figure 3-5, Step 1).

The defender wraps his right arm around his opponent's neck, making sure he locks the throat and windpipe in the vee formed by the his elbow. He grasps his left bicep and wraps his left hand around the back of the opponent's head. He pulls his right arm in and flexes it, pushing his opponent's head forward (Figure 3-5, Step 2).

The defender kicks his legs out and back, maintains a choke on his opponent's neck, and pulls his opponent backward until his neck breaks (Figure 3-5, Step 3).

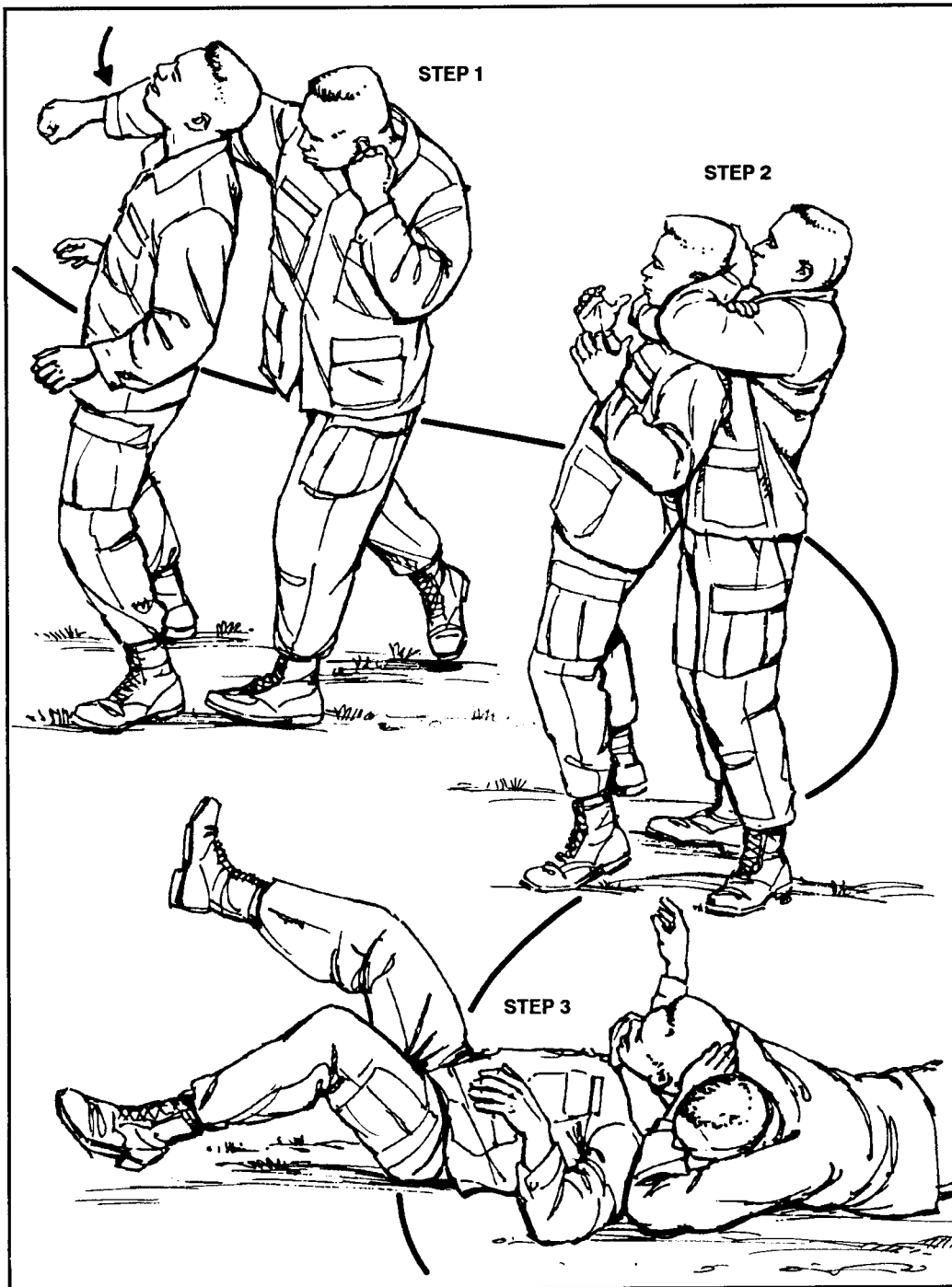


Figure 3-5. Rear strangle takedown.

### 3-2. STRANGULATION

Strangulation is a most effective method of disabling an opponent. The throat's vulnerability is widely known and should be a primary target in close-range fighting. Your goal may be to break the opponent's neck, to crush his trachea, to block the air supply to his lungs, or to block the blood supply to his brain.

a. **Strangulation by Crushing.** Crushing the trachea just below the voice box is probably one of the fastest, easiest, most lethal means of strangulation. The trachea is crushed between the thumb and first two or three fingers.

b. **Respiratory Strangulation.** Compressing the windpipe to obstruct air flow to the lungs is most effectively applied by pressure on the cartilage of the windpipe. Unconsciousness can take place within one to two minutes. However, the technique is not always effective on a strong opponent or an opponent with a large neck. It is better to block the blood supply to weaken the opponent first.

c. **Sanguineous Strangulation.** Cutting off the blood supply to the brain by applying pressure to the carotid arteries results in rapid unconsciousness of the victim. The victim can be rendered unconscious within 3 to 8 seconds, and death can result within 30 to 40 seconds.

### 3-3. CHOKING TECHNIQUES

There are several choking techniques that a soldier can use to defeat his opponent in hand-to-hand combat.

a. **Cross-Collar Choke.** With crossed hands, the fighter reaches as far as possible around his opponent's neck and grabs his collar (Figure 3-6, Step 1). The backs of his hands should be against the neck.

The fighter keeps his elbows bent and close to the body (as in opening a tightly sealed jar), pulls outward with both hands, and chokes the sides of the opponent's neck by rotating the knuckles into the neck (Figure 3-6, Step 2). The forearm can also be used.

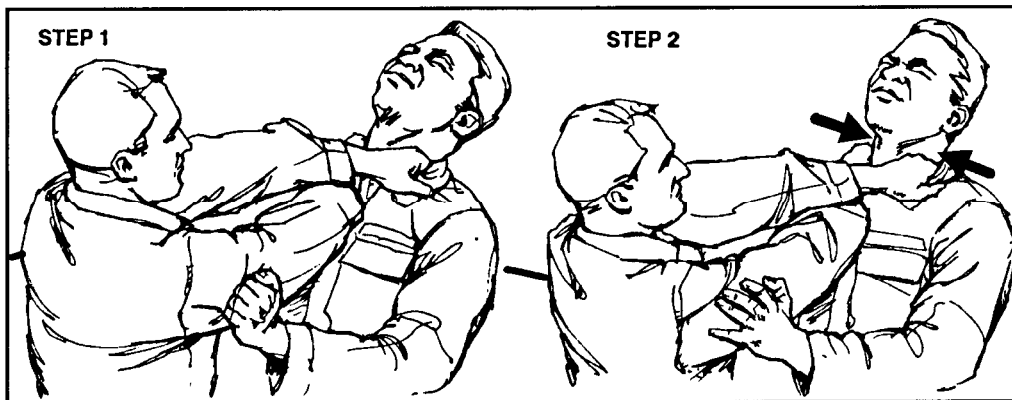


Figure 3-6. Cross-collar choke.

b. **Collar Grab Choke.** The fighter grabs his opponent's collar with both hands straight-on (Figure 3-7). He then rotates the knuckles inward against the neck to quickly produce a good choke. He also keeps the elbows in front and close to the body where the greatest strength is maintained.

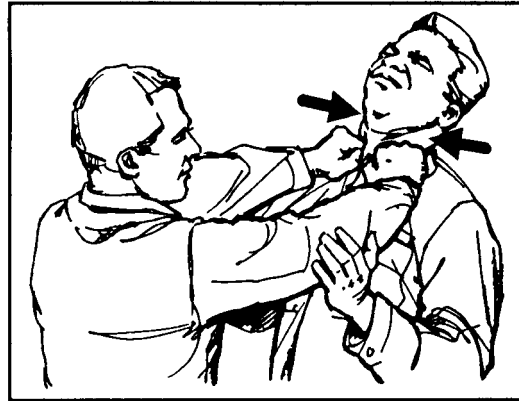


Figure 3-7. Collar grab choke.

c. **Carotid Choke.** The fighter grabs the sides of the opponent's throat by the muscle and sticks his thumbs into the carotids, closing them off (Figure 3-8). This is a fast and painful choke.



Figure 3-8. Carotid choke.

d. **Trachea Choke.** The fighter grabs the opponent's trachea (Figure 3-9) by sticking three fingers behind the voice box on one side and the thumb behind the other. He then crushes the fingers together and twists, applying pressure until the opponent is disabled.



Figure 3-9. Trachea choke.

### 3-4. COUNTERS TO CHOKES

A soldier must know how to defend against being choked. Incapacitation and unconsciousness can occur within three seconds; therefore, it is crucial for the defender to know all possible counters to chokes.

a. **Eye Gouge.** The opponent attacks the defender with a frontal choke. The defender has the option of going over or under the opponent's arms. To disable the opponent, the defender inserts both thumbs into his opponent's eyes and tries to gouge them (Figure 3-10). The defender is prepared to follow-up with an attack to the vital regions.

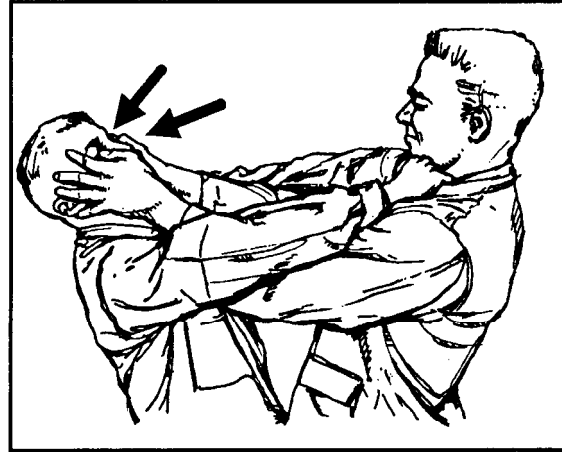


Figure 3-10. Eye gouge.

b. **Shoulder Dislocation.** If the opponent applies a choke from the rear, the defender places the back of his hand against the inside of the opponent's forearm (Figure 3-11, Step 1).

Then, he brings the other hand over the crook of the opponent's elbow and clasps hands, keeping his hands close to his body as he moves his entire body around the opponent (Figure 3-11, Step 2).

He positions his body so that the opponent's upper arm is aligned with the opponent's shoulders (Figure 3-11, Step 3). The opponent's arm should be bent at a 90-degree angle.

By pulling up on the opponent's elbow and down on the wrist, the opponent's balance is taken and his shoulder is easily dislocated (Figure 3-11, Step 4). The defender must use his body movement to properly position the opponent—upper body strength will not work.

He drops his body weight by bending his knees to help get the proper bend in the opponent's elbow. The defender must also keep his own hands and elbows close to his body to prevent the opponent's escape (Figure 3-11, Step 5).

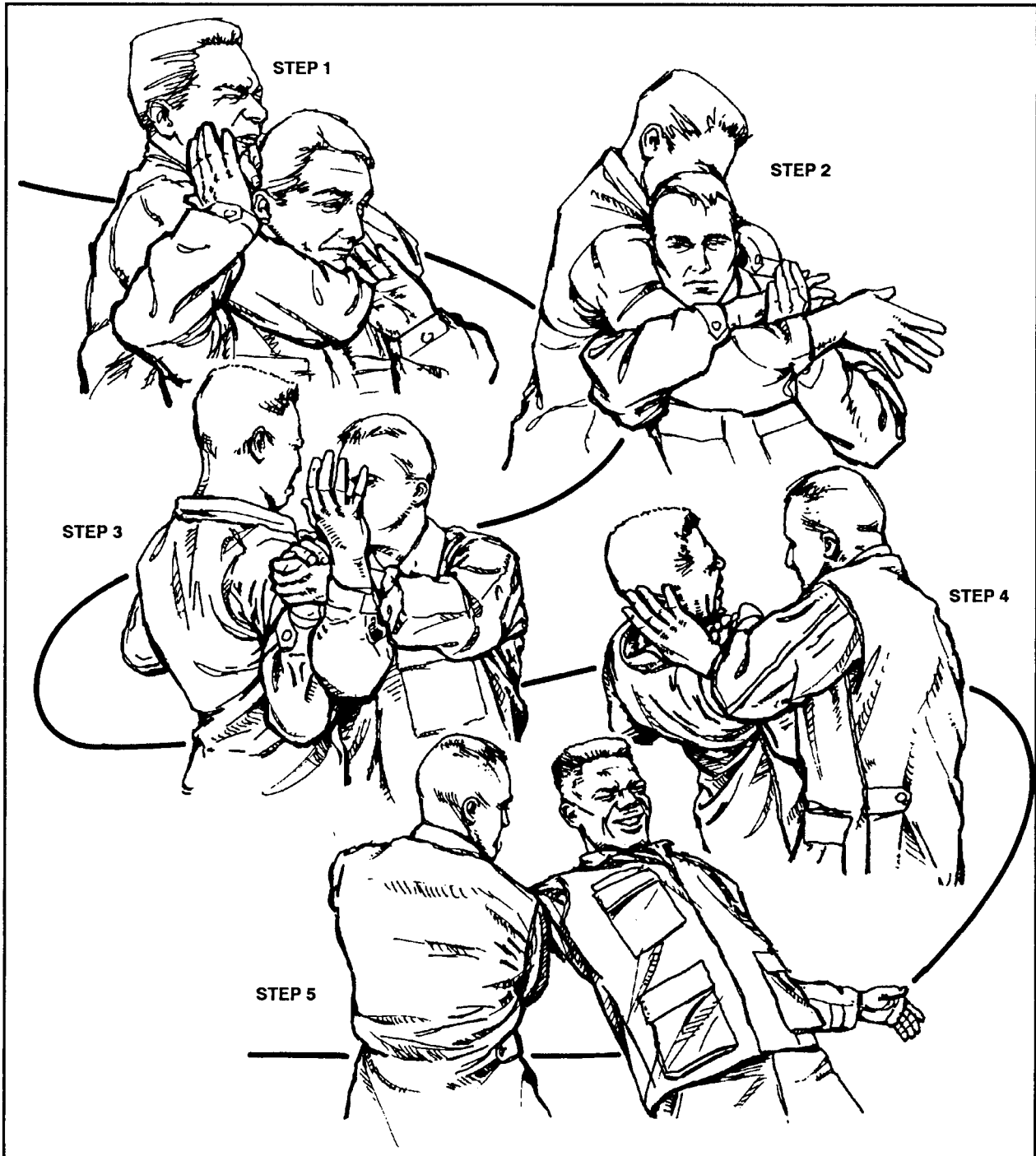


Figure 3-11. Shoulder dislocation.

c. **Weight Shift.** To counter being choked from above while lying on the ground (Figure 3-12, Step 1), the defender places his arms against his opponent's elbows and locks the joints.

At the same time, he shifts his hips so that his weight rests painfully on the opponent's ankle (Figure 3-12, Step 2).

The defender can easily shift his body weight to gain control by turning the opponent toward his weak side (Figure 3-12, Step 3).



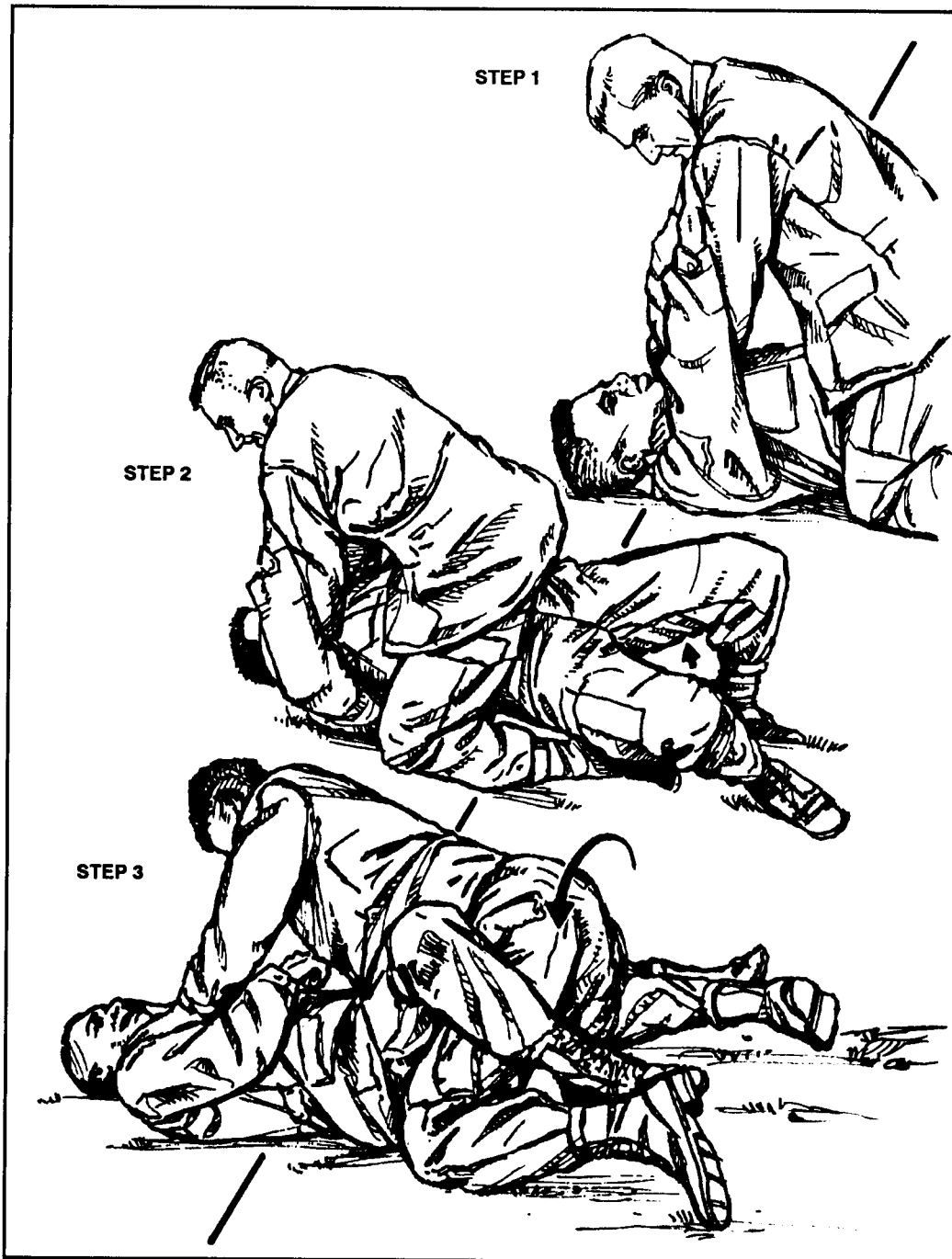


Figure 3-12. Weight shift.

**d. Counterstrikes to Rear Choke and Frontal Choke.** As the opponent tries a rear choke (A, Figure 3-13, Step 1), the defender can break the opponent's grip with a strong rear-elbow strike into the solar plexus (A, Figure 3-13, Step 2).

He can follow with a shin scrape down along the opponent's leg and stomp the foot (A, Figure 3-13, Step 3).

He may wish to continue by striking the groin of the opponent (A, Figure 3-13, Step 4).

As the opponent begins a frontal choke (B, Figure 3-13, Step 1), the defender turns his body and drops one arm between the opponent's arms (B, Figure 3-13, Step 2).

He sinks his body weight and drives his own hand to the ground, and then explodes upward with an elbow strike (B, Figure 3-13, Step 3) into the opponent's chin, stomach, or groin.

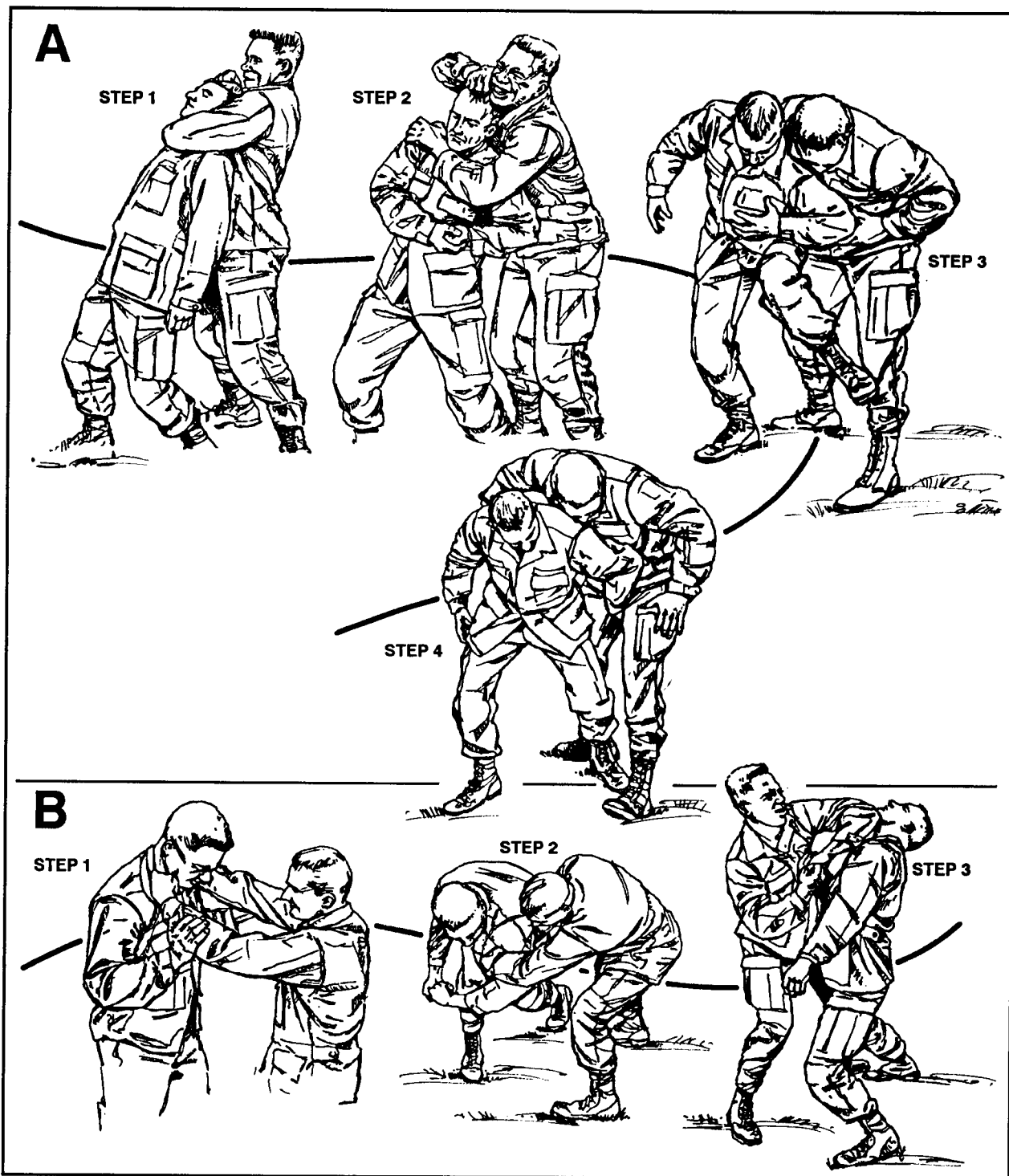


Figure 3-13. Counterstrikes to rear choke and frontal choke.

e. **Headlock Escape.** If a defender is in a headlock, he first turns his chin in toward his opponent's body to prevent choking (Figure 3-14, Step 1).

Next, he slides one hand up along the opponent's back, around to the face, and finds the sensitive nerve under the nose. He must avoid placing his fingers near his opponent's mouth, or he will be bitten (Figure 3-14, Step 2).

The defender can now force his opponent back and then down across his own knee to the ground and maintain control by keeping pressure under the nose (Figure 3-14, Step 3). He can finish the technique with a hammer fist to the groin.

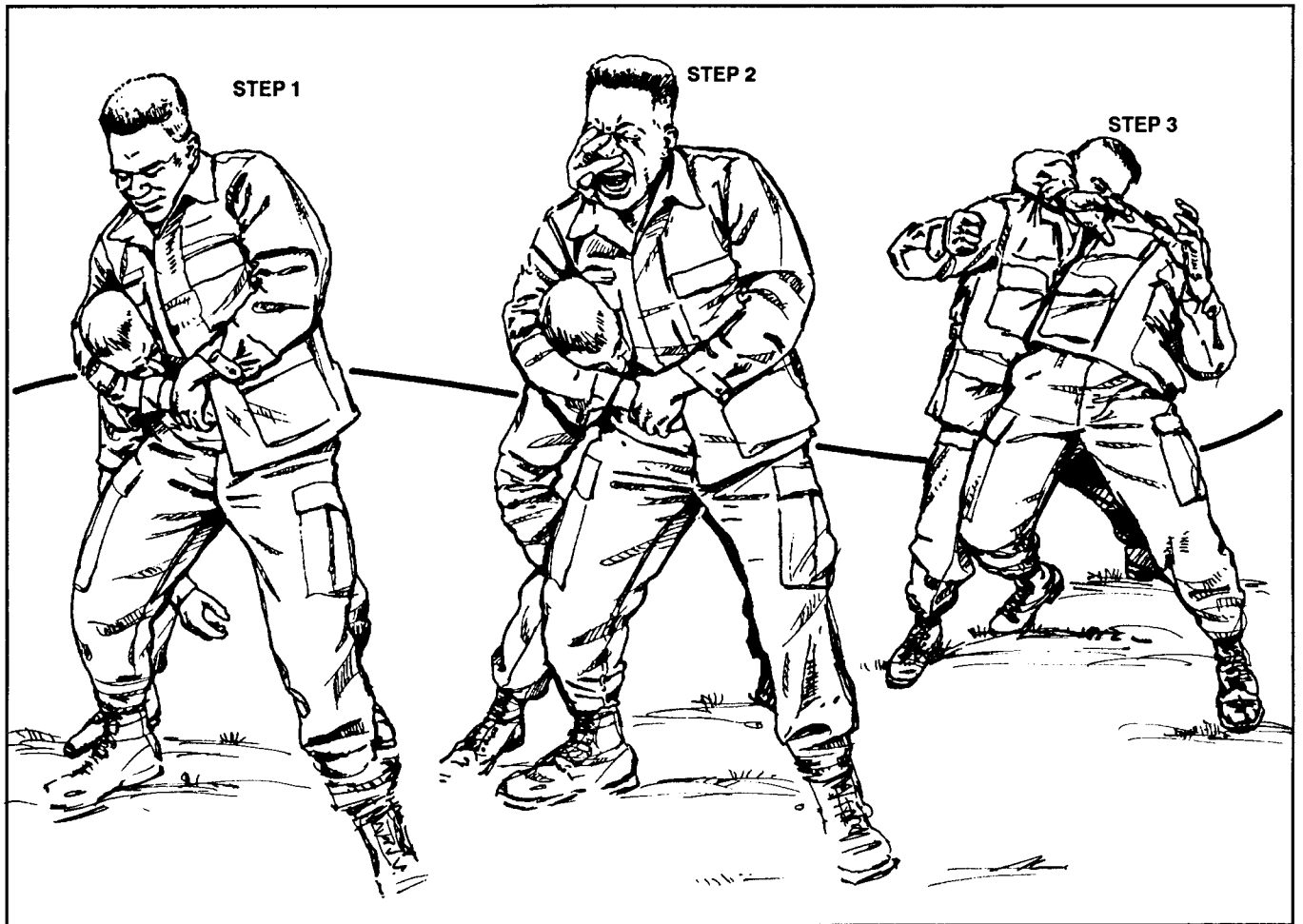


Figure 3-14. Headlock escape.

### 3-5. GRAPPLING

Grappling is when two or more fighters engage in close-range, hand-to-hand combat. They may be armed or unarmed. To win, the fighter must be aware of how to move his body to maintain the upper hand, and he must know the mechanical strengths and weaknesses of the human body. The situation becomes a struggle of strength pitted against strength unless the fighter can remain in control of his opponent by using skilled movements to gain an advantage in leverage and balance. Knowledge of the following basic movement techniques may give the fighter a way to apply and gain the advantage in grappling situations.

a. **Wristlock From a Collar or Lapel Grab.** When an opponent grabs the defender by the collar or by the lapel, the defender reaches up and grabs the opponent's hand (to prevent him from withdrawing it) while stepping back to pull him off balance (Figure 3-15, Step 1).

The defender peels off the opponent's grabbing hand by crushing his thumb and bending it back on itself toward the palm in a straight line (Figure 3-15, Step 2). To keep his grip on the opponent's thumb, the defender keeps his hands close to his body where his control is strongest.

He then turns his body so that he has a wristlock on his opponent. The wristlock is produced by turning his wrist outward at a 45-degree angle and by bending it toward the elbow (Figure 3-15, Step 3). The opponent can be driven to the ground by putting his palm on the ground.

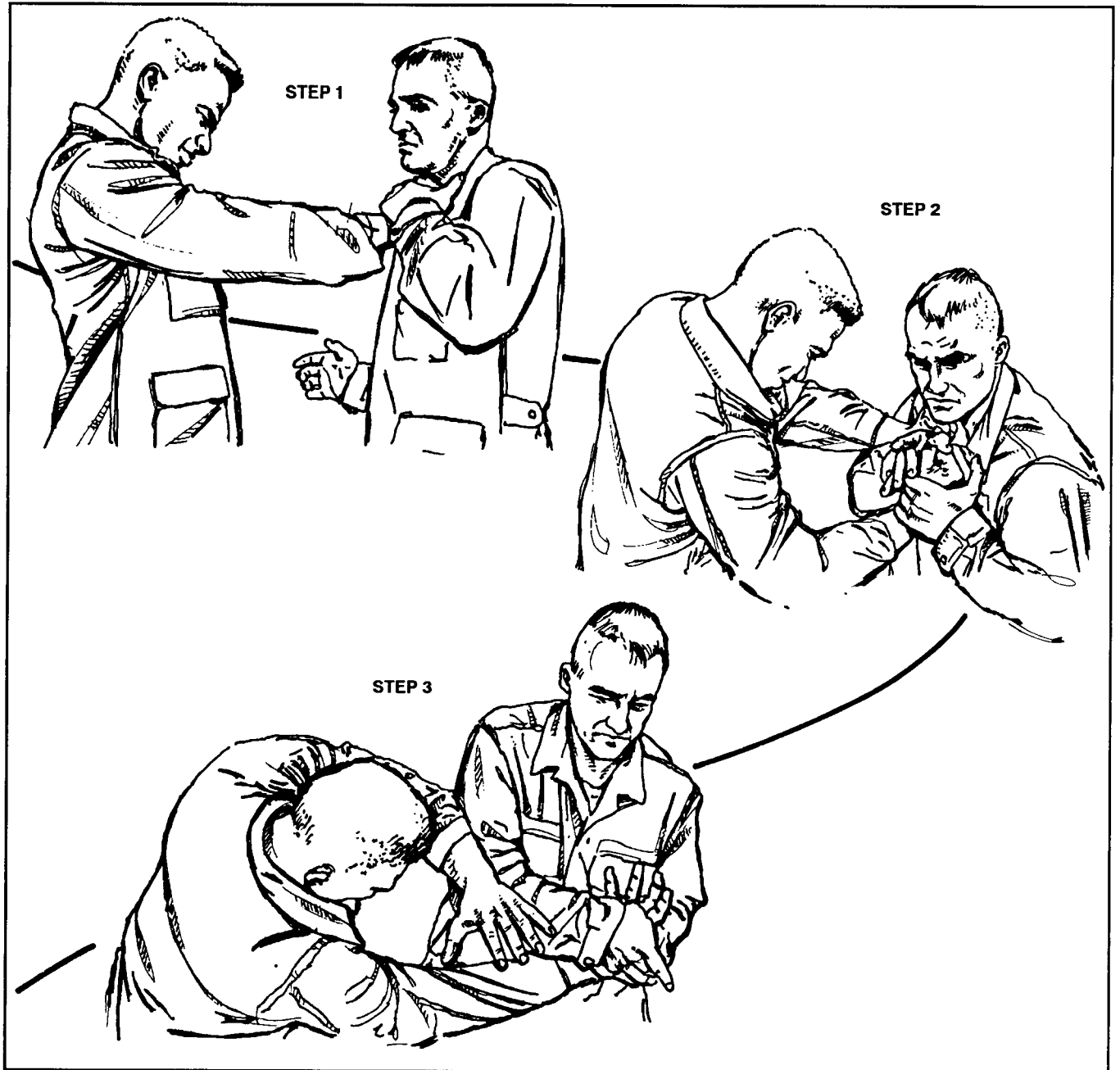


Figure 3-15. Wristlock from a collar or lapel grab.

b. **Wristlock From an Arm Grab.** When an opponent grabs a defender's arm, the defender rotates his arm to grab the opponent's forearm (Figure 3-16, Step 1).

At the same time, he secures his other hand on the gripping hand of the opponent to prevent his escape (Figure 3-16, Step 2).

As the defender steps in toward the opponent and maintains his grip on the hand and forearm, a zee shape is formed by the opponent's arm; this is an effective wristlock (Figure 3-16, Step 3). More pain can be induced by trying to put the opponent's fingers in his own eyes.

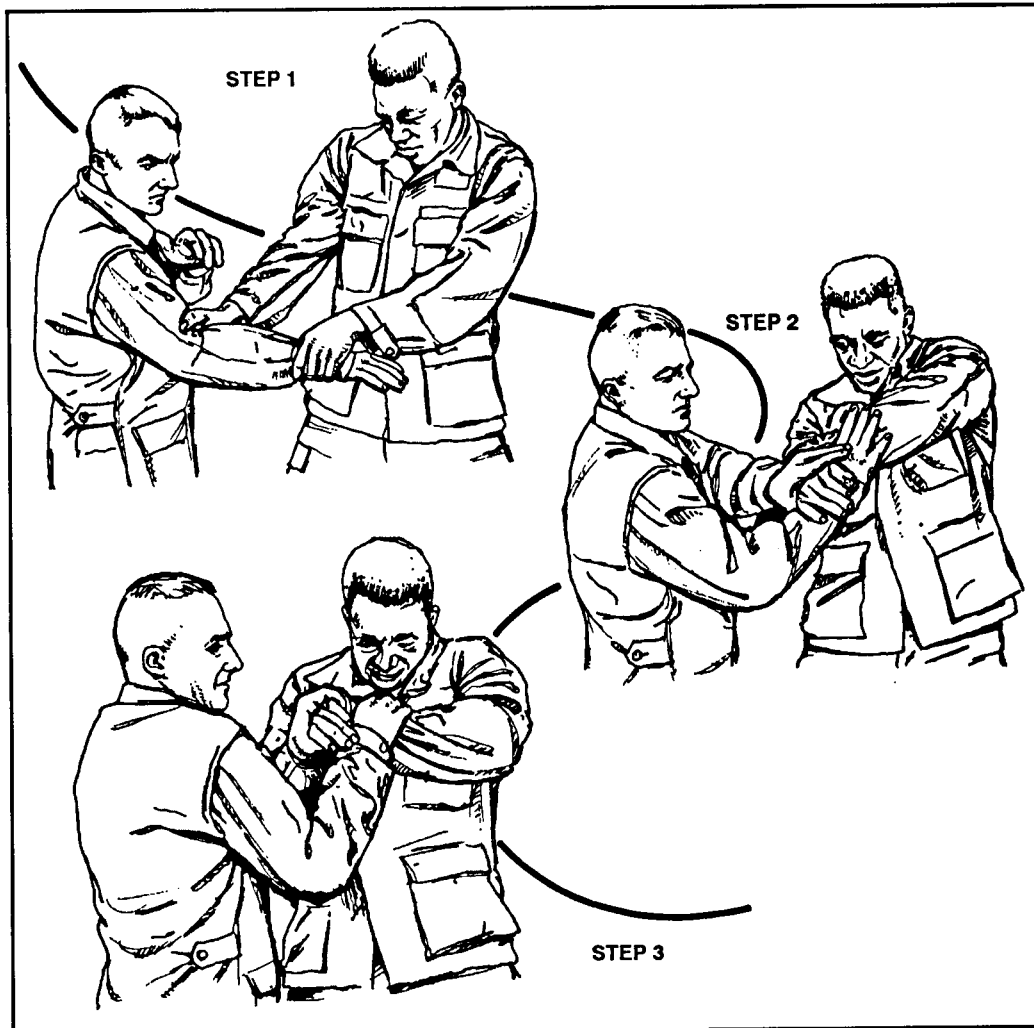


Figure 3-16. Wristlock from an arm grab.



c. **Prisoner Escort.** The escort secures the prisoner's arm with the wrist bent straight back upon itself, palm toward the elbow. The prisoner's elbow can be secured in the crook of the escort's elbow, firmly against the escort's body for the most control (Figure 3-17). This technique is most effective with two escorts, each holding a wrist of the prisoner. Use this technique to secure the opponent only if rope, flex cuffs, or handcuffs are unavailable.



Figure 3-17. Prisoner escort.

d. **Elbow Lock Against the Body.** The opponent's elbow can be locked against the side of the body (Figure 3-18) by the defender. The defender turns his body to force the elbow into a position in which it was not designed to move. He can apply leverage on the opponent's wrist to gain control since the lock causes intense pain. The elbow can easily be broken to make the arm ineffective. This movement must be executed with maximum speed and force.

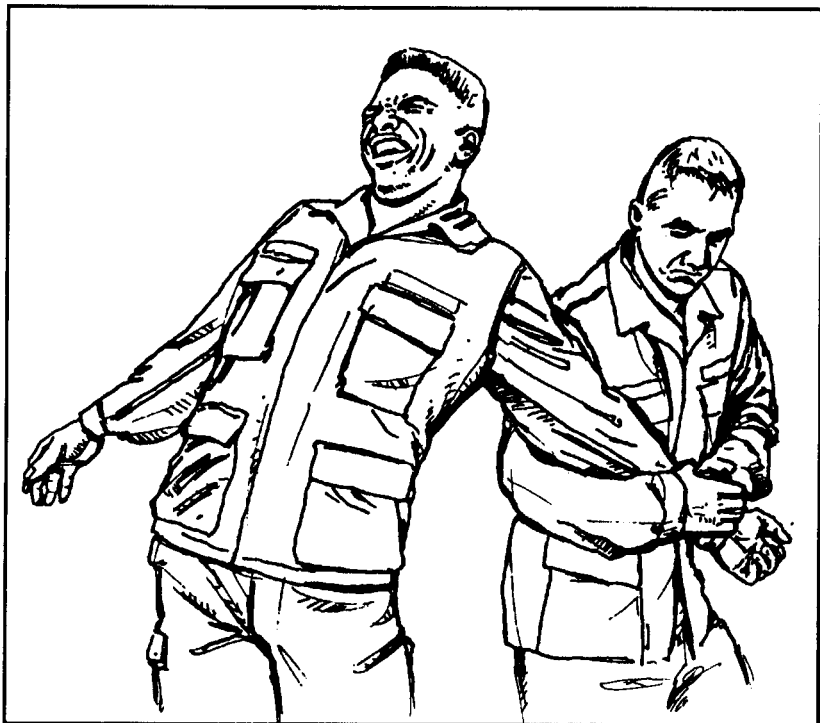


Figure 3-18. Elbow lock against the body.

e. **Elbow Lock Against the Knee.** While grappling on the ground, a defender can gain control of the situation if he can use an elbow lock (Figure 3-19) against the opponent. He uses his knee as a fulcrum for leverage to break his opponent's arm at the elbow. Once the arm breaks, the defender must be prepared with a follow-up technique.



Figure 3-19. Elbow lock against the knee.

f. **Elbow Lock Against the Shoulder.** An elbow lock can be applied by locking the elbow joint against the shoulder (Figure 3-20) and pulling down on the wrist. Leverage is produced by using the shoulder as a fulcrum, by applying force, and by straightening the knees to push upward. This uses the defender's body mass and ensures more positive control. The opponent's arm must be kept straight so he cannot drive his elbow down into the defender's shoulder.



Figure 3-20. Elbow lock against the shoulder.

g. **Shoulder Dislocation.** A defender can maneuver into position to dislocate a shoulder by moving inside when an opponent launches a punch (Figure 3-21, Step 1). The defender holds his hand nearest the punching arm high to protect the head.

The defender continues to move in and places his other arm behind the punching arm (Figure 3-21, Step 2). He strikes downward into the crook of the opponent's elbow to create a bend.

Then he clasps his hands and moves to the opponent's outside until the opponent's upper arm is in alignment with his shoulders and bent 90 degrees at the elbow. As he steps, the defender pulls up on the opponent's elbow and directs the wrist downward. This motion twists the shoulder joint so it is easily dislocated and the opponent loses his balance (Figure 3-21, Step 3).

NOTE: The defender must keep his clasped hands close to the body and properly align the opponent's arm by maneuvering his entire body. This technique will not succeed by using upper-body strength only, the opponent will escape.

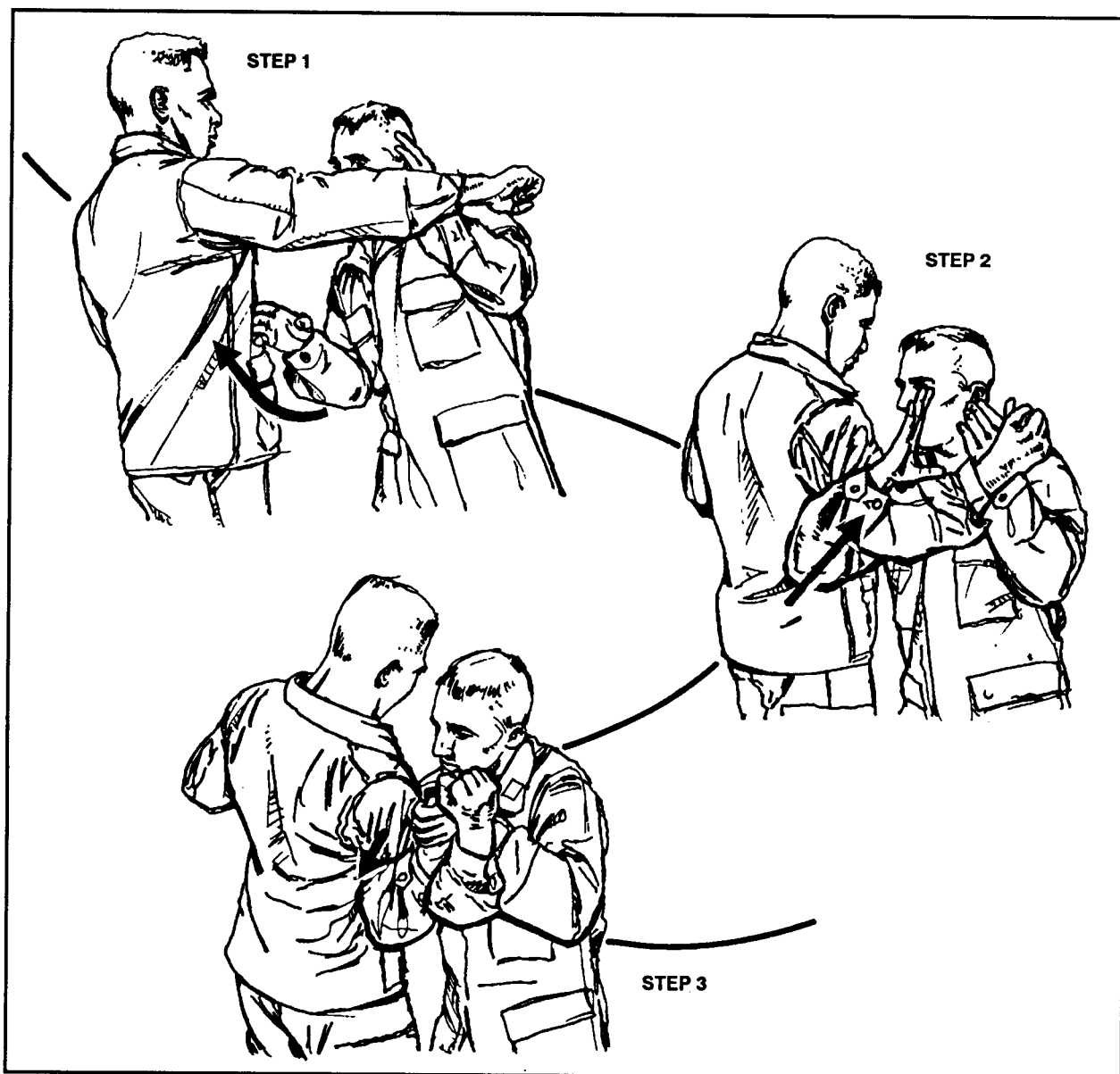


Figure 3-21. Shoulder dislocation.

(1) ***Straight-arm shoulder dislocation.*** The shoulder can also be dislocated (Figure 3-22) by keeping the elbow straight and forcing the opponent's arm backward toward the opposite shoulder at about 45 degrees. The initial movement must take the arm down and alongside the opponent's body. Bending the wrist toward the elbow helps to lock out the elbow. The dislocation also forces the opponent's head downward where a knee strike can be readily made. This dislocation technique should be practiced to get the feel of the correct direction in which to move the joint.



Figure 3-22. Straight-arm shoulder dislocation.

(2) **Shoulder dislocation using the elbow.** While grappling, the defender can snake his hand over the crook in the opponent's elbow and move his body to the outside, trapping one arm of the opponent against his side (Figure 3-23, Step 1).

The defender can then clasp his hands in front of his body and use his body mass in motion to align the opponent's upper arm with the line between the shoulders (Figure 3-23, Step 2).

By dipping his weight and then pulling upward on the opponent's elbow, the shoulder is dislocated, and the opponent loses his balance (Figure 3-23, Step 3). If the opponent's elbow locks rather than bends to allow the shoulder dislocation, the defender can use the elbow lock to keep control.

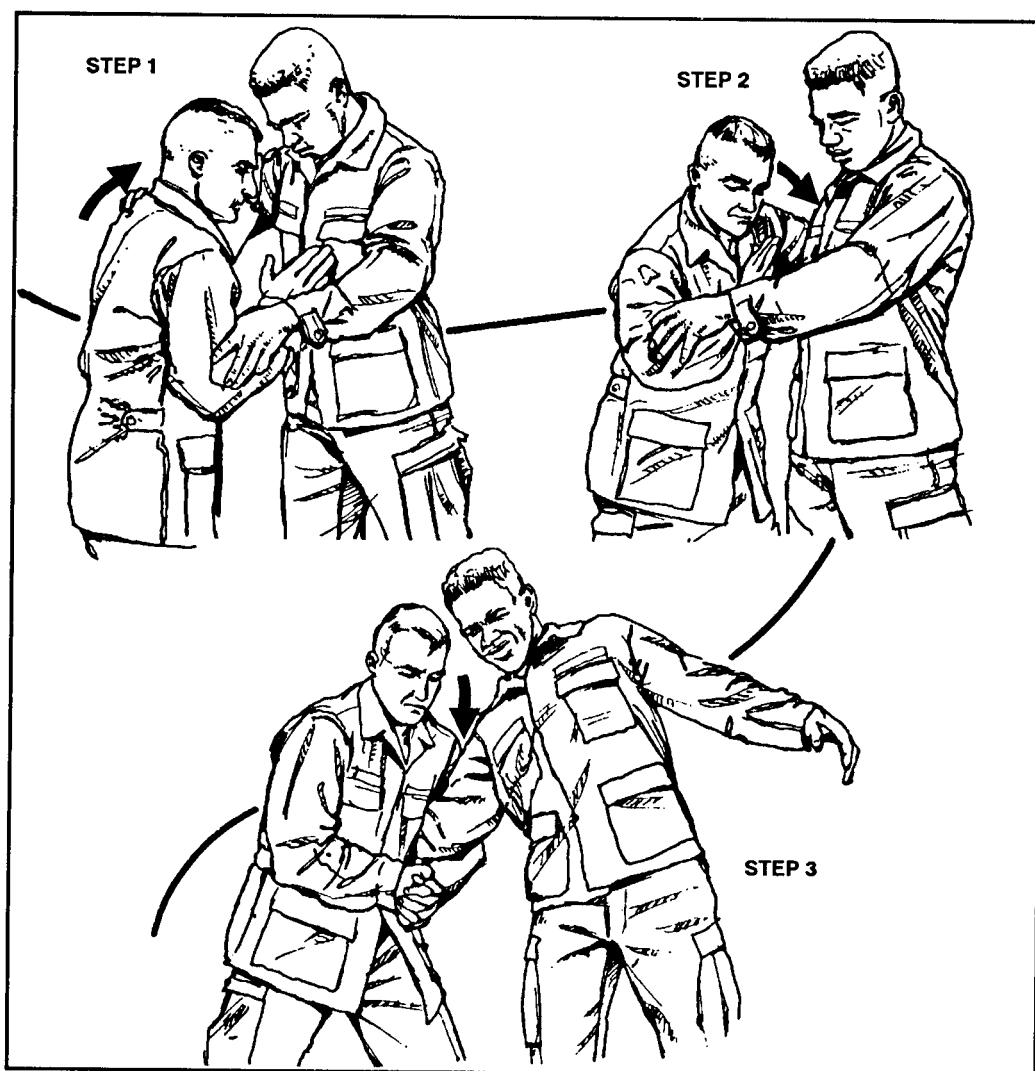


Figure 3-23. Shoulder dislocation using the elbow.

h. **Knee Lock/Break.** The opponent's knee joint can be attacked to produce knee locks or breaks (Figure 3-24) by forcing the knee in a direction opposite to which it was designed to move. The knee can be attacked with the body's mass behind the defender's knee or with his entire body by falling on the opponent's knee, causing it to hyperextend.



Figure 3-24. Knee lock/break.