

CONVENTION 2016 REPORT

JACOB JOHNSON – VICE ADMIN CHAIR

PRESENTATION/CLASS:

Sports Medicine Panel – several different speakers

GENERAL SYNOPSIS:

There were several different talks, all under the 'sports medicine' umbrella. The concussion task force and survey talked about variability with regards to concussions and the fact that there is still a lot of misinformation out there. Another talked about PT in AG swimmers, including injury prevention and warning signs. Another talked about static (for range of motion) versus dynamic (for increased blood flow) stretching for swimmers. The final panelist discussed dryland activities, primarily for more developed athletes.

POSSIBLE MAIN POINTS OR TAKEAWAYS FOR...

- LSC BOARD / COMMITTEE MEMBERS
 - Nothing in this section
- LSC TEAMS
 - Several panelists discussed the need to have health care partners in the area. This came up regarding concussion education and management (not something every pediatrician is up to speed on) and with regard to PT (communication between provider and team/coach).
 - Some mentioned idea of 'farming out' dryland training to experts/others.
- LSC COACHES
 - Coaches should all be aware of concussion issues, but get educated if not.
 - Information on how to manage injuries – lots of ways to modify a practice.
 - Be aware that AG swimmers are ripe for issues, but that many occur out of pool.
 - Academic stress can actually lead to increased injuries
- LSC ATHLETES
 - Be educated about concussions and their symptoms
 - Learn to distinguish between 'good pain' (burn after a workout and part of training) and 'bad pain' (needs to be checked out).
 - Nothing more important than form and discipline with regards to dryland
- LSC OFFICIALS
 - Nothing really, other than to maybe be aware of concussion symptoms
- LSC OTHERS
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ADDITIONAL/RAW NOTES ALSO INCLUDED IN THIS REPORT

Sports Medicine Panel – Thursday 10:00

Concussion task force – was a multidisciplinary group with different areas of expertise

Defined traumatic brain injury

Highly variable in cause, symptoms and recognition

Critical for everyone to be on the same page regarding concussion management

Basic steps for concussions...

1. Remove from play/practice and educate
2. Rest – reduce the physical AND cognitive load
3. Plan on return to activity, no set timetable, highly variable

‘return to learn’ first, then ‘return to activity’

Symptoms can be highly variable, include physical (headache, dizziness, etc) and mental (sadness, difficulty falling asleep, etc.)

Ignorance of the basic facts harms care

History of multiple concussions may lead to longer recovery times

Injury and stress can play a role in more persistent conc. Symptoms

Health Care Management of Age Group swimmers

Most common issues – shoulder (impingements, instability, tendinitis), knee, lower back

Lots of reasons that age groupers are ripe for issues/injuries

- Rapid growth spurts
- Physical maturation – body composition and physical changes
- Outside activities (general overuse)
- Poor nutritional habits – rushed
- Increased socialization that can lead to stress
- Distorted sleep patterns
- Family or parental issues that can lead to stress

Important to discern between ‘good pain’ and ‘bad pain’ (‘pain’/discomfort are a part of training)

Good pain: the ‘burn’ after workout, short duration, doesn’t interfere w/ workouts, occurs during or slightly after workout, doesn’t wake the athlete up at night

Bad pain: increases with activity, does not subside with rest, impacts performance, does not improve with ice/NSAIDS, wakes the swimmer up at night

Practice modifications can include modifying; strokes, intensity, equipment, technique, yardage, dryland exercises, lane/interval, position in lane

AG swimmer should be ‘referred out’ if there is persistent pain, persistent swelling, deformity, loss of motion, loss of strength, loss of function

All age groupers are not created equal – showed great pick of 3 13-14 boys all dramatically different

Emphasis for dryland training should be on correct skill elements

Ages 5-8: basic coordination and motor skills

Ages 8-10: balance activities, body weight, etc

Ages 10-13: body awareness and control, plyometric activities, general stretching

Ages 13+: more advanced weight training

They should only progress to next level after basic skills are mastered

All exercises have a risk vs a reward

*Core ‘stregth test’ idea: lay on back in streamline, raise arms and legs, roll to side/front and back again

Stretching vs dynamic warm-up

'static stretching' – holding a position, generally 30-60 seconds, produces mild discomfort

'dynamic stretching' – going through movements, no discomfort, constant movement. Not effective to improve range of motion but increases bloodflow

Shoulder – unique joint, allows multiple planes of motion. Analogous to a golf ball on a tee – inherently unstable. Stability is provided by ligaments and muscles – swimmers need stable (not loose) shoulders

None of the 4 strokes require an 'excessive' range of motion – possible to overstretch the ligaments that provide stability

'classic' shoulder stretches aren't necessary

Hips – a much more stable joint with therefore much less mobility

Research has shown that static stretching may actually negatively affect performance

Rethinking things...

...if goal is to warm-up joints, use a dynamic warm-ups

...if goal is to increase range of motion, use static stretching

Dynamic warm-up requires similar or less time than static stretching

Static stretching to increase range of motion is best done on your own and outside of practice

Strength Training – very dynamic speaker who works with NOVA and Richmond

Emphasized that so many injuries occur away from pool and with outside activities

Training needs to be; 1. Progressive 2. Using a 'minimal dose' and 3. Performance based

Training has to complement skill work and be flexible around it.

According to a study, periods of high academic stress caused a 35% bump in injuries. (By contrast, football 2-a-days caused only a 15% bump)

Emphasis with any activity is on form and discipline

Gives his college athletes a lot of independence with selecting one of a family of activities to do

Repeat an exercise until they've really got it down

"Boring works, and what works wins"

Minimal dose means as little of the activity as to have an effect, not as much as you think they can take