MERCURY SWIMMING

INJURED ATHLETE AND RETURN TO SWIM PROTOCOL FORM

Swimmer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of starting RTS protocol\_\_\_\_\_\_\_\_\_\_\_\_\_

The swimmer should be asymptomatic without the use of pharmacological agents/medications that may affect, modify or mask his or her symptoms. Once the swimmer is asymptomatic for 24 hours, and has medical clearance from a qualified healthcare professional, the following Return to Swim Protocol will be followed:

Progressive return to swimming is vital. Yardage and frequency of workouts will be adjusted to each individual. A starting point of yardage will be determined based on the average daily yardage performed before the injury. It is important for the swimmer to begin to “feel the water” again and gain confidence. Any increase in pain or discomfort will warrant re-evaluation of stroke mechanics and a decrease in yardage until swimmer is pain-free. Typical stroke progression: 1) breast 2) free 3) back and 4) fly. Initial focus will be on proper technique. The swimmer will begin with slow cadence and increase speed as tolerated. Rest time will also increase as yardage increases. Recommended initial frequency is 3x/week with a rest day between each session.

All activity must be symptom-free before proceeding to the next phase of exercise and/or participation. (Note: Concussed swimmers must drop to the previous phase if any post-concussive symptoms emerge at any time of advancement. (See MERC Concussion Management Protocols document.) None of the phases can be skipped.)

Criteria for Full Return to Activity from Sprains, Strains and Contusions:

Swimmers returning from sprains, strains, and contusions should be as close to their pre-injury status as possible. Swimmers who have not participated in practice for more than a week need to be evaluated for readiness for full participation. Swimmers are required to practice five (5) or more consecutive practices to allow time to re-condition back to pre-injury shape before entering a swim meet.

These components MUST be evaluated by a qualified healthcare professional to determine the athlete's readiness to return to full practice and competition:

1. Strength: near full strength relative to the opposite side of the injury.

2. Range of motion and flexibility: near or equal to the opposite side with minimal discomfort.

3. Pain: no increase in pain from baseline or no increase from day 1 to day 2--often, temporary mild pain is expected as long as it's not getting worse or inhibiting function.

4. Neuromuscular control: balance is normal (e.g., a shoulder not subluxing from socket) and ability to control the injured area.

5. Psychologic readiness: the swimmer must be confident in return and not hampered by fear of re-injury.

6. Function: near normal to baseline function for the specific swimmer  (Note: This might include testing the injured area. For example, an athlete with rotator cuff tendonopathy might be asked to get in the pool and kick only or do some easy pulling to aid in rehab, without going all out the whole practice.  Once the swimmer builds back to a full pain free practice, then he or she is at full function.)

Signatures:

Parent/Guardian or Swimmer if 18 or older \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Professional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_