

# When Your Swimmer Continues to Literally Choke: More ideas on how to manage symptoms of Vocal Cord Dysfunction (VCD)

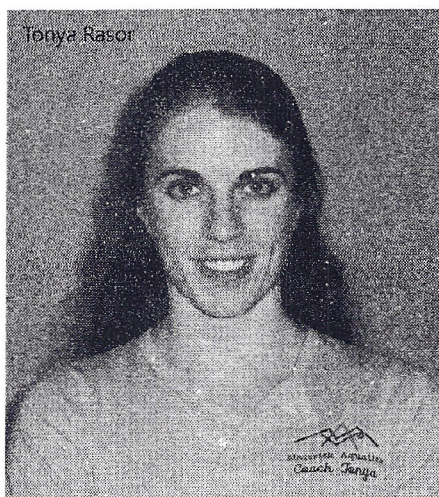
BY TONYA RASOR

In October 2007 and again in August 2008, ASCA published my original article on Vocal Cord Dysfunction, "When your swimmer literally chokes: How to recognize and manage symptoms of Vocal Cord Dysfunction (VCD)." This article was discovered by a resourceful swim mom, Tracey Lafferty, seeking help for her 16-year-old daughter, Kelsey, who suffers from Vocal Cord Dysfunction. Over several months in conversation with Tracey, I remembered additional ways to manage the symptoms that were not mentioned in the original article. These are listed later in this article.

First, Vocal Cord Dysfunction, simply and quickly, is a breathing disorder where the vocal cords close off partially when they should be open, and so they restrict air on the inhale, inhibiting a full inhale and often producing a high whistle as air squeezes through the tight space to get to the lungs.

Kelsey fits the typical profile; she's an over-achiever (in other words, one who strives to do the best she can in everything and usually excels), she's female, and she tries to use her will to deal with her disorder. Keep in mind though, that these are the characteristics of those who suffer, and also of many other elite athletes who do not. The correlation does not mean Kelsey's suffering is psychosomatic.

I know what it is like. I have been there. I fit that profile, too, and I swam in practice and races struggling for air, making loud whistling noises that pierced across the long course pool clear to the other side, and worried many people I wished would just



ignore it. I simply wanted to work hard and swim fast - and not worry about if I was going to have enough air to finish the race.

My worst memory of it was taking out my 200 meter freestyle in a championship final exactly where I wanted to, at 1:01 for the 1st 100, and then instead of my typical 2-3 second split difference between the 100's, I ran out of air going into the second 100 and fell off my pace to a 1:11. Anyone watching might have thought I gave up or choked under pressure, but those who knew me saw my purple shoulders and blue lips.

Running out of air at a championship meet is the worst time because the finals of the championships are where an overachiever performs, where all that hard work pays off. So this memory hurts worse emotionally than the times I had to be pulled out of practice, had to swim sets slower than I wanted to, passed out while swimming, and generally gasped for air every stroke of the way.

Tracey told me similar stories regarding Kelsey. Each race, Tracey said she watches anxiously, looking for the signs her daughter is struggling because when Kelsey gasps for air during her race she usually does not even have enough energy left at the end to pull herself out of the pool without help.

There is no telling when episodes are going to hit, though they are frequently worse around the time of a woman's menstrual cycle. I say this with confidence, though I have never seen research to substantiate it, because I kept a journal every day of my swimming career and recorded such information. The data lends evidence to the theory, and the Tracey said she definitely noticed the same pattern.

She said that as irregular as her daughter's menstrual cycle is as a young lady, her difficulty breathing can predict its onset. I hypothesized that the reason for this is the tightening of muscles during this period (especially in thin, fit, young athletes) also tightens the vocal cords. Tracey shared my theory with a voice doctor in her area, and he gave credence to the idea with a different hypothesized underlying reason; he said it makes sense to him since the larynx (vocal cords) holds more fluid during a woman's menstrual cycle. If I had the participants, I would be interested in researching this. Perhaps he will.

The cause and treatment of VCD is still unknown. The dysfunction itself is relatively recently recognized (1983)

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shown when an anchor is used at the beginning of the process, people do not sufficiently adjust from that initial anchor value to a more accurate one. A study of real estate appraisers and the effects of anchoring showed that by changing only one piece of information (the listing price) in a ten-page package of materials, the researchers were able to shift the real estate appraisal by more than \$10,000.

Most commonly, anchors take the form of last year's strategic plan or this year's budget numbers. By using the assumptions that went into last year's plan, strategy becomes fatally flawed. Strategic thinking demands all assumptions, beliefs and information are looked at from a fresh perspective on a continual basis. Simply tweaking last year's plan is a major disservice to one's business because it suffocates any chance of discovering new insights that may dramatically alter the strategic direction.

**Anchors Away: To avoid the danger of anchors in strategic thinking, consider the following:**

1. Create an open mind by actively considering the range of starting points available, not just the anchor point (i.e., budget numbers).
2. Identify anchors as soon as they appear and call them out mentally and physically (on paper/flip-chart) so everyone is aware of their presence.

**2. Group Think**

As strategic thinking and strategic planning are often done in a group setting, it's important to recognize the influence of "group think." Group think occurs when there is a homogeneous group of people with little influence from outside sources and a high level of pressure to conformity. Group think tends to directly and indirectly reduce the level of objective thinking, remove "devil's advocate" thinking and punish those who attempt to do either. Irving Janis describes eight symptoms of group think. As you participate in your group's next strategic thinking or

planning session, try to observe if any of these symptoms are present:

1. Illusion of invulnerability that leads to over-optimism and excessive risk-taking.
2. Efforts to rationalize or discount warning signs.
3. No challenges to collective thinking.
4. Stereotyped views of competitors as inconsequential.
5. Pressure on group members that disagree with the majority.
6. Shared illusion of unanimity.
7. Self-correction when thinking of diverting from group consensus.
8. Seek information that supports group consensus and unwillingness to look for or consider information that is contrarian (also known as the "confirming evidence bias").

**Group (Think) Therapy: To avoid the danger of group think in strategic thinking, consider the following:**

1. Utilize an external resource to facilitate the strategy session to ensure objectivity and divergent opinions.
2. Bring in people from other functional areas (marketing, R&D, IT, HR) to offer different perspectives.

**3. Status Quo**

Popular adages such as "If it ain't broke, don't fix it," "Don't rock the boat," and "Let sleeping dogs lie" all feed into the natural tendency to prefer the status quo. Time and again, research has proven when individuals have the option of doing something new or staying with the status quo, they overwhelmingly stay with the status quo.

Feeding into the danger of always leaning toward the status quo is the

fact that human beings are generally risk-averse. Research in the field of decision-making by Amos Tversky and Daniel Kahneman has shown the threat of a loss has a greater effect on a decision than the possibility of an equivalent gain. The response to loss is more extreme than the response to gain. Consequently, many strategy decisions place too much weight on the potential negative outcomes or threats. This principle of human nature has a strong effect on strategy decisions and must be taken into account to avoid always acting in a risk-averse manner when the probability of success is actually greater.

**Turning the Status Quo into Dough: To avoid the danger of the status quo in strategic thinking, consider the following:**

1. Focus on the outcome desired and use that as a measurement between the status quo and other alternatives.
2. Examine the actual changes that would need to be made to abandon the status quo, as the reality is often less painful than imagined.

When developing strategy, it's important to avoid the strategic thinking traps. Built into these traps is the fact that 90% of managers have never had any education on strategic thinking. If you're pulling a team together to develop strategy and the majority of team members aren't strategic, do you really believe you'll end up with great strategy? It's more likely you'll wind up with an outbreak of 'but disease.' Ointment anyone?

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and still largely misunderstood. Many times it is misdiagnosed as asthma. As indicated earlier, although my original article gives many good ideas for management, I have expanded on the ideas and added a few more:

1. Swimmers are trained to automatically hold their breath or blow out underwater. When having trouble, it can help to do a 50 or so (it sometimes takes a 400) of under/overs using the lane line and concentrating on exhaling fully underwater and relaxing the neck and shoulders. Going underwater facilitates blowing out by counteracting the tendency to hyperventilate when out of air (which, in this case, only tightens the opening more).
2. Exhale fully! When swimming, all the time, exhale immediately after taking a breath. This is probably not the way a swimmer usually breathes during the cycle. The usual method is inhale-hold-exhale-inhale-hold-exhale, but it will help to get all the air out and relax the cords for a better inhale. Swimmers, cut out holding your breath! Try for a full, deep, quick inhale and a longer, forceful, continuous exhale. Speech pathologists teach to exhale through pursed lips in order to speed up the exhale. A rounded mouth position likely comes naturally to a swimmer trying to exhale quickly.
3. Use a front-mounted snorkel to promote smooth inhale and exhale without holding your breath. This can help a swimmer keep practicing during a mild episode. Have her use the snorkel even if all the other swimmers are not using one.
4. Mentioned in the original article is the importance of keeping the neck in line with the spine (top of the head forward, not eyes). The snorkel is meant to help learn this position.
5. The coach needs to spend time analyzing and looking at the breathing, body alignment, muscle use (neck, chest, shoulders, jaw, traps) while the swimmer is swimming. Swimmers need to learn to focus on relaxing the throat and jaw especially during back and fly, and the shoulders and neck during free (jaw as well, but not as much as in back and fly).
6. When in an episode, a swimmer can relax by exiting the pool, lying down, and lifting the rib cage to open the lungs. Maybe roll up a towel and lie with the roll width-wise just under the shoulder blades.
7. If running or otherwise out of the water, the athlete may want to stand up during recovery to open the lungs. However, if she is dizzy, it may be better to hunch over. I recommend lying down or, if in the water, doing under/overs and bobs for recovery.
8. The coach may need to watch for when to pull the swimmer out. The reason for this is that the typical stricken swimmer is one who will keep going no matter what, one who is determined to fight through the pain. Stopping will feel like giving up. Swimmers with VCD are not often the weak ones who stop at any excuse. So giving her encouragement, but making her stop when it is bad may be necessary.
9. Upon cessation of the exercise, the symptoms will clear up on their own. It is important to stay calm and try to relax. The duration of the symptoms varies. Unfortunately, once the symptoms start in an exercise session, they rarely go away, so when the swimmer tries to resume exercising, the symptoms will likely return. Struggling for air during exercise also fatigues the muscles quickly; even when the symptoms subside after some rest, the swimmer may be exhausted.
10. Sets may need to be modified. Fins (with a snorkel) can be helpful in giving the swimmer a feel for speed. Broken distances are probably the most effective way to train (i.e., 200's broken at the 50 for 5 seconds or at the 75, 75, and 50 for 5 or 10 seconds). Sprints or fast swimming might require more recovery time to regain breath control (symptom recovery) before the next sprint. Sets with varied strokes can help. Fast swimming mixed with kicking might help. Just have the swimmer kick on her back rather than with a board. Kicking with a board puts the neck in a crooked position that makes it harder to breathe.
11. Don't panic! Panicking excites the sympathetic nervous system - the "fight or flight" response. That means it speeds up the heart rate and increases respiration due to a need for more oxygen. Those with VCD are already short of breath and short on oxygen. Panic compounds the issue. As scary as it is when the throat closes and there is not enough air, those with VCD must learn to remain calm and have confidence that the cords will open again.
12. Try not to cry. This is an emotional, hard thing to deal with, but crying makes it harder to breathe.

As long as there is no known treatment, the best we can do is to learn how to manage the symptoms. To figure out what is best for your swimmer (and as recommended in the original article), keep a journal. Record when the symptoms are worse and better, different management techniques, thinking and emotions, and menstruation. Look for patterns. If you wish to participate in my research on VCD, contact me at TRAsor2000@yahoo.com.

Lastly, as a coach or parent, always remember to offer encouragement and support. Kelsey, and other swimmers who suffer, need that. ■