Day 2 of Swimming Coaches’ Golden Clinic
Russell McKinnon, FINA Media Committee Member

The second day of the Swimming Coaches’ Golden Clinic at the Hotel Intercontinental was overflowing with attendees.

The sessions were mediated by four-time FINA World Championships swimmer from Australia, Bobby Hurley.

The morning session contained a coach developing Asian swimmers while the second steers a World and Olympic champion to success. In the afternoon, sports medicine experts gave an overview of injury and illness assessment, treatment and prevention.
Miguel Angel Lopez — Coaching Heterogeneous Groups

Miguel talked about his experiences as the FINA training centre head coach in South-East Asia.

“Empathy is cultural”

“We are not born with empathy, but learn it with age. A kid will remember the last thing he saw. He cannot relate.”

“Humble as a coach is about giving credit to your swimmers.”

Leadership is cultural. Miguel explained that Asian culture was vastly different from Westerners. Asian people needed more accreditation together to proceed in coaching.

Westerners feel that they can become leaders without the need of more accreditation.

He quoted Carey Nieuwhof on leadership where if you mainly wish to be liked, then you are not good leadership material.

He also quoted swim coach Eddie Reece who said he would stop coaching if he couldn’t get better at coaching, or stop having fun and swimmers stop laughing at his jokes.

Another quote was from a United States college basketball coach who told his team that they would not get injuries, citing injuries follow a psychological event. Good warm-up and stretching would assist this. He talked about the support group and teaching that group to follow the wishes of the coach.
“Don’t play doctor. Send them to a doctor when you can. Listen to the expert.”

Using outside help was also important, he said, learning from other experts, which does not mean that you become less of a coach. In his case, national teams would come and train with his squad and bring new information and expertise.

“The coaching community is a fantastic coaching community. Sharing ideas make new ideas pop up.”

“Sharing the knowledge leads to new knowledge.”

“Swimmers must be thinking, making a habit of thinking, about the stroke corrections they are given.” To this end he touched on meditation. With technique work, he is not scared to over-exaggerate.

“Swimmers normally think they are doing a radical change when, in reality, they are doing very slight changes.”

By empowering the swimmers, he films and corrects the swimmers by one detail per week and keep repeating that detail until it is mastered.

“We do not make more than one change per day because that messes up their stroke.”

Miguel talked about adapting workouts with a large number of swimmers, maintaining 80 per cent of sets performed with technical perfection.

He finished his presentation with several quotes, the most notable being:

“One talented swimmer surrounded by hard-working partners will become great.”
David Lush (AUS) — Insights Of Coaching A Developed Swimmer

David, double world backstroke champion Emily Seebohm’s coach, said he provides a safe place to express big dreams.

“I don’t see coaching as a social outcome. It’s a complete commitment.”

David backgrounded his role as a coach from a small club team, building to a medium club team.

Between 2012-14, more athletes joined his programme, winning medals at national age championships and engaging extra coaches and bringing in outside support, like a nutritionist.

“The coach is the captain of the ship.”

In 2015-16, Emily Seebohm walked into the programme, as did Brittany Almslie and Minna Atherton — all three high-performance athletes.

He experienced a complete team with Emily, including family, manager, media people, personal doctor, sports science, race analysis, sports psych, personal excellence adviser, mentor and even a pole-dancing instructor!
The dimensions of coaching a mature-age athlete

Mature-aged athletes have different needs from school athletes. He went through Emily’s weekly programme showing time off as well as aerobic training.

He said younger athletes should be accountable for their training and athletes should have some own coaching sessions where they do what they like while the coach has a night off.

As the athlete ages

“The athlete needs to have complete trust in coaching and exercise prescription. Collaborative season planning is essential. Athletes must have input.”

David touched on media fallout when personal happenings break into the public arena — in this case, Emily’s public breakup with partner and fellow backstroker Mitch Larkham.

Stimulating learning environments were also a must for any coach. David then went through in some detail Emily’s starts and turns, showing where improvements could be made.

Social media gained a mention whereby a turn video he made of Emily gained 1.13 million hits, showing just how important it was for the generation of current swimmers.

In summary, he talked of load management, prescribed recovery and communication with the athlete being critical to the success of elite athletes.

In questioning he spoke of how he runs a session, starting with a warm-up that the athletes can see. However, he then has three main sets, one of which he utilises determined on what he sees from the athletes in the warm-up. Athletes do not know what they are doing until after the warm-up.

He also mentioned that in Australia, there was a culture of coaching networking by phone and being encouraged by national coach Jaco Verhaaren, who would turn up for training sessions.

The afternoon session was based around sports medicine.
**Professor David Gerrard — Swimmers’ Health: Doctors Working With Coaches**

Professor Gerrard, Emeritus Professor at Otago Medical School in New Zealand, spoke about the role of the FINA Sports Medicine Committee and aquatic sports medicine.

The coach-doctor relationship must have “absolute engagement, respect for each other’s discipline and autonomy of roles”.

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**Shared athlete-centred goals**

Asthma is a chronic respiratory condition with a preponderance of athletes competing in swimming.

Professor Gerrard said asthmatics have expanded chests, having no trouble inhaling, but a difficulty with exhalation. Reliever drugs and preventive drugs are used to cope with the problem, some of which are on the prohibitive drugs list.

ADHG/ADD is evident in 3-5 per cent of the population and behavioural and medical solutions are used in the control of the disorder.

Anaemia was another subject discussed with inappropriate lethargy, low iron intake and menstrual difficulties part of the problem.

Infectious mononucleosis was something common in swimming squads and Professor Gerrard explained the various markers with long rehabilitation and lapses possible. He said coaches and parents should be on the lookout for this.

> “Therapeutic Use Exemption (TUE) is a critical piece of the jigsaw puzzle for anti-doping medication,” he said.

Strict diagnostic guidelines are available and asthmatics and insulin-dependent swimmers should be able to compete on an even playing field with other athletes.

He spoke of bad press following the 2016 Rio Olympics when WADA information was illegally entered into at the WADA depository. Rio statistics show that there were 1.2 per cent of athletes with TUEs; 3.4 para athletes had exemptions and only 1 per cent of medals were won by athletes with TUEs. This shows that systematic cheating was not evident. Professor Gerrard finished his presentation about a physician’s role as doing the best for the athlete.

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**Dr Kevin Boyd — Preventing Musculoskeletal Injury in Aquatics**
Dr Boyd, an orthopaedic and sports injuries surgeon in Leicester, England, focused his talk on open water and swimming disciplines.

"Accurate injury surveillance is a fundamental component of effective risk management in sport."

Injury surveillance was important in swimming — in competition, out of competition, differences between disciplines and changes with time. He offered various publications that were available regarding injured.

One graph showed that open water and swimming injuries were down between 2015-16. Illnesses at major events 2009-16 were also down.

Injury rates in Rio 2016 had water polo (19.4 per cent) as fourth highest in all sports while swimming was very low at 2.5 per cent. Diving had the highest illness rate in Rio at 11.9 per cent. With a mathematical extrapolation, he said that swimmers were using more than one million arm strokes per year, something the body was not designed for, he said.

Overuse injuries with the shoulder, lower back, and to a lesser extent, the knees, were common injuries in aquatic sports.

With joint stability, doctors can fix structural things, but dynamic muscles and tendons are trainable for injury prevention, thanks to therapists. He listed some prevention exercises and emphasised the importance of core strength. Overuse back problems come from spending a lot of time in an extended, streamlined position. Lumbar spine exercises were explained.

The breaststroker’s knee from overuse knee problems could be prevented with excellent knee exercises.

The FINA Injury Prevention Series of videos is available on Youtube and already gained more than 100,000 hits, according to Dr Boyd.

Coaches need to be able to assess possible injuries and be responsive to change and rely on sports medicine support.