LESSON 4

MEDICAL CONDITIONS
Identify physical conditions that predispose athletes and/or other participants to injuries or illness.
Athletes often join teams with pre-existing conditions or previous injuries that would preclude them from certain exercises or drills. The coach should be aware of such injuries and modify drills and exercises as appropriate.
Benchmark

☑ Ensure that written clearance for athletes to participate fully or partially in practices or contests is given by a parent, guardian, and/or medical professional.
Preparticipation screen evaluations:

- should be performed by a licensed physician, preferably one with sports medicine training.

- Consist of a 1) medical history which guides the physician in the physical evaluation and 2) a screening evaluation, preferably a “head to toe” evaluation rather than a cursory screening limited to heart, lungs and abdomen.
CLEARANCE TO PARTICIPATE

- All parties involved in the training of the diver should understand the ramifications of any limitation identified in the screening evaluation or physicians injury report and it should be taken into consideration when preparing a workout schedule for the diver.
EXISTING MEDICAL CONDITIONS

Coaches should be aware of any existing conditions that might present emergencies such as:

- diabetes
- epilepsy
- allergies, especially to bites and bee stings
- current medications (inhaler for breathing)
✔ Recognize health status, body structure, and physical conditions that predispose athletes to common injuries specific to the sport.
Although acceleration-produced retinal hemorrhages in normal individuals are relatively inconsequential, coaches should be aware that a potential for damage to the eye in divers with a congenital predisposition towards bleeding is great and may warrant explicit instructions to avoid extended belt spotting activities.
PREHAB - SHOULDER

- Muscles in the shoulder receive significant impact from water entries. It is extremely important that the diver has appropriate strength in the rotator cuff and scapular stabilizing musculature in order to avoid serious chronic injury to the shoulder.
Precipitating factors that contribute to rotator cuff injuries include:

- Shoulder laxity required for a diver to complete the mechanical demands upon the upper body.
- Repetitive overhead activity in combination with strength deficiencies in the rotator cuff and instability of the shoulder joint combine to cause tendonitis or even degenerative tears of the rotator cuff.
The structure of the low back (lordotic curve) predisposes divers to injuries associated with:

- arching when pressing against the board
- hyperflexion during flight
- "saving" with the legs and/or poor entry

Repetitive flexion (piking) and hyper-extension (arching) during diving, especially during entry, are the main causative factors in chronic low back problems.
Factors that contribute to wrist injury including dorsal impaction syndrome are:

- Direct trauma to the wrist as a result of forced dorsiflexion of the wrist caused by
  - repetitive impact of the flat hand entry technique, especially in platform divers
- Forceful dorsiflexion of wrist used in
  - pushing on the deck when getting out of the pool
  - armstand dives on platform
BODY STRUCTURE

- The structure of the carpal-metacarpal and metacarpal-phalangeal thumb joints predisposes divers to injuries associated with:
  - ✓ missing the hand grab before entry
BODY STRUCTURE

- Fractures and contusion injuries to the hand result from:
  - striking the board with the hands
- Contusion (a bruise) injuries in young divers lacking the strength to keep the elbows extended on entry result from:
  - striking the back of the hand on the head
Other injuries to the wrist and hand include:

- Subtle instabilities of the carpal bones, especially the lunate
- Stress fractures
- Cartilaginous injuries in the wrist joint
- Tendonitis in wrist and thumb
LESSON 4

❖ EMERGENCY PLANNING AND RESPONSE
✓ Be aware that an athlete’s lack of sleep and/or emotional state could warrant a change in practice plans.
SIGNS AND SYMPTOMS

- Divers who experience or witness a traumatic event such as a serious injury may exhibit signs and symptoms of emotional distress that a coach may observe including:

  ✓ undue prolonged anxiety-state of constant tension and fear
SIGNS AND SYMPTOMS

✓ prolonged or severe depression—feelings of inadequacy, helplessness, hopelessness, undue pessimism and loss of confidence, changes in behavior patterns, withdrawal from friends and usual hobbies, low energy, chronic fatigue, decreased effectiveness at practice
SIGNS AND SYMPTOMS

✓ Abrupt changes in mood and behavior-serious alternations in an individual’s normal habits or ways of thinking
✓ Tension-caused physical symptoms-daily headaches, migraine induced by tension or nausea
EAP FOR TRAUMA

Coaches may need to modify practice plans to handle an athlete’s trauma:

- Recognizing that it exists by
  - Organizing a plan for dealing with the possibility
  - Making it part of the EAP
  - Including other professionals in its development

- Using a sensitive approach to influence how swiftly and thoroughly the athlete recovers
RECOVERY FROM POSTTRAUMATIC STRESS

- Steps the coach may take to facilitate stabilization and recovery for someone experiencing posttraumatic stress:

  ✓ set aside time to discuss and work through their emotions to the event and encourage (not force) athletes to participate
  ✓ have professional facilitation for discussion
  ✓ show genuine concern
  ✓ give athletes as much factual information about the incident as well as the conditions of the injured party to avoid misinformation
STANDARD

- Recognize injuries and provide immediate and appropriate care.
The coach must be able to implement an established emergency action plan. The coach should be able to assess the severity of an injury, provide first responder emergency care (should there be no trained medical professional available), and contact emergency medical personnel when needed.
Benchmark

✓Have athlete medical information and parent contact information along with a consent to treat in a medical emergency readily available at all times.
The consent for medical treatment form should be:

- Signed by parent(s) or guardian(s) of underage divers.
- Kept on file and easily accessible to the coach and assistant coaches during practices and also taken with the coach/chaperone to all away competitions.
CONSENT FOR TREATMENT

- Most state laws require that parents’ or guardians’ consent be obtained before medical treatment is administered to minors.
- In an emergency, their consent may be given by phone.
CONSENT FOR TREATMENT

In a catastrophic emergency, two other procedures can be used:

- Emergency department can call a local judge, who may give legal consent in place of parent or guardian.
- If the diver is in danger of death, paralysis, in a coma or other life threatening situation, the emergency physician can use the doctrine of “implied consent” meaning that the parents, guardians or judge would consent if there were time to get in contact with them.
EMERGENCY INFORMATION

Emergency information should:

- Include contact information for diver and parent(s) or guardians, preferred family physician and orthopedist and a record of medications, medical problems and allergies.

- Be kept on file and easily accessible to the coach and assistant coaches during practices and also taken with the coach/chaperone to all away competitions.
Implement an appropriate action plan for emergency first aid and CPR in all venues.
EMERGENCY ACTION PLAN (EAP)

An effective Emergency Action Plan consists of:

- Clear guidelines for responsibilities during rescue activities following an injury and the order in which specific actions take place.

- The EAP should be posted at your diving facility and located in your polices and procedures manual.

- These policies should be shared and rehearsed with other participants in your program.
COACHES ROLE IN THE EMS SYSTEM

Coaches are not expected to provide *treatment*, which is rendered by professional medical personnel. The coach is a lay responder (i.e. rescuer or first aider, who provides *care*.)
COACHES ROLE IN THE EMS SYSTEM

The coach’s role includes:

✓ Recognize that an emergency exists
✓ Initial reaction- It is a coach’s duty to respond in an emergency and provide first aid care until help arrives.
✓ Take action- Check, call, care.
✓ Assess the severity of the injury.
✓ Plan for first aid care.
✓ Decide to transport the injured diver
✓ Provide and be able to use an appropriately stocked first aid kit, rescue and protective equipment.
FIRST AID KIT

See Update: Refer to checklists to keep First Aid Kits well stocked.
RESCUE EQUIPMENT - RESCUE TUBE

- Swimming & non-swimming assists
- Spinal injury management
- Support the rescuer
A major factor contributing to the “severity of injury” in aquatics spinal cord injury victims centers upon the failure to utilize the spine board when moving the victim from the water.
✔ Apply standard procedures designed to minimize exposure to blood-borne pathogens.
Because of the risk of contamination from Human Immuno Virus (HIV) and Hepatitis B Virus (HBV) found in blood and bodily fluids, coaches must treat all bodily fluids as hazardous materials and use inexpensive barriers such as resuscitation masks, latex gloves and eye shields while performing rescue breathing and CPR.
HIV PROTOCOLS

Water Rescue – Diving coaches must treat all bodily fluids as hazardous materials:

- Avoid contact with bleeding victims
- Keep routes of entry into the eyes, ears, nose and mouth above water at all times
- Avoid ingesting water if there is blood
- Rescuers should wash their hair and entire body with soap and water and rinse the mouth with an antiseptic mouthwash.
HIV PROTOCOLS – DIVING BOARD & DECK

If blood contaminates the:

- Diving board or platform-Decontaminate it with no weaker a solution than 1 part bleach to 100 parts water, and no stronger than 1 part bleach to 10 parts water. Wear impermeable gloves. Scrub the diving board using a plastic or fiber bristle brush.

- Pool deck, coping or walkways-Apply with a garden sprayer and let stand for 5 minutes: solution of one pint of liquid chlorine or 4 oz of granular chlorine (hypochlorite) with 1 gallon of water. Rinse and repeat. Allow to dry completely before permitting anyone to walk on it or use it in any way.
Benchmark

✓ Require and encourage athletes to openly communicate concerns about pain and discomfort; dispel any “play through pain” attitudes.
INJURY MANAGEMENT

Poor management of athletic injury can lead to permanent disability or death. Playing through pain also can lead to counter productive outcomes such as:

- Compromised training and performance
- An unstable or weakened body part
- A longer recovery time
INFLAMMATION DEFENSE MECHANISM

- Inflammation and pain are present in both acute and overuse injuries
- Purpose of inflammation is to protect and heal the injured body part
- Inflammation rids the area of waste products and prepares the body for healing
✓ Know when professional medical care is required for an injured athlete and how to most efficiently access such care.
LIFE THREATENING EMERGENCIES

- SHOCK
- BREATHING EMERGENCIES IN WATER
- HEAD, NECK AND BACK INJURIES
- HEAT EXHAUSTION-HEAT STROKE
**TRANSPORT - SEVERITY OF INJURY**

- EMS should transport an injured diver if the diver:
  - Has a serious injury to an upper extremity
  - Has a serious injury to a lower extremity
  - Unstable fractures or dislocations
  - Head, neck, back injury
  - Injury requiring special skills and equipment during transport
NON-LIFE THREATENING EMERGENCIES

- WOUNDS
- MUSCULOSKELETAL INJURIES
- IMPACT INJURIES
- DENTAL INJURIES
- SINUS SQUEEZE
- BITES AND STINGS
- SUDDEN ILLNESS
- HEAT AND COLD EMERGENCIES
MUSCULOSKELETAL INJURIES

Immediately summon more advanced medical personnel if:

- The injury involves severe bleeding
- If the injury involves the head, neck or back
- The injury impairs walking or breathing
- You see or suspect multiple musculoskeletal injuries
MUSCULOSKELETAL INJURIES

When injury occurs, it is imperative that the affected area be treated to control hemorrhage, early inflammation, muscle spasm and pain. The acronym for this process is PRICE:

- P PROTECT
- R REST
- I ICE
- C COMPRESSION
- E ELEVATION
WOUND - SCALPING

Scalping-a part of the scalp is partially or completely detached from the skull

First Aid Care

- Flaps of skin or scalp may be gently folded back to their normal position before bandaging
- Control bleeding with bulky pressure bandages
- If a piece of scalp is completely detached, wrap it in a sterile dressing and place it in a plastic bag. Place the plastic bag on ice and transport the piece of scalp with the diver to the hospital
MUSCULOSKELETAL INJURIES
- STRAINS AND SPRAINS

- Strains—a pull or tear to a muscle or tendon

- Sprains—the stretching or tearing of ligaments when a joint is forced beyond its normal range of motion. Severity depends on degree of tear and joint instability
ROTATOR CUFF INJURIES-a rotator cuff impingement occurs from chronic microtrauma involving compression and tension on the rotator cuff. Repetitive overhead activity in combination with strength deficiencies and instability to the shoulder joint combine to cause tendonitis or degenerative tears.

Conservative Treatment

- stop practicing dives that are painful
- stop weight lifting exercises involving the shoulder
- apply heat before practice and cold after practice
- consult a physician
IMPACT INJURY
- RUPTURED EAR DRUM

- Ruptured ear drum—a perforation or traumatic rupture of the tympanic membrane can be caused by a sudden blow across the ear or by rapid pressure changes from descending in the water.

- Coaches should suspect eardrum injury if bleeding from the ear canal is noted.
LIFE THREATENING EMERGENCIES

- SHOCK
- BREATHING EMERGENCIES IN WATER
- HEAD, NECK AND BACK INJURIES
- HEAT EXHAUSTION-HEAT STROKE
Shock is the failure of the circulatory system to provide adequate oxygen-rich blood to all parts of the body. Shock is a possibility with any injury.

Care

- Help the victim maintain normal body temperature.
- Do not give the victim anything to eat or drink, even though he/she is likely to be thirsty.
- Call EMS immediately. Shock cannot be managed effectively by first aid alone. A victim of shock requires advanced life support as soon as possible.
LIFE THREATENING EMERGENCIES

- SHOCK
- BREATHING EMERGENCIES IN WATER
- HEAD, NECK AND BACK INJURIES
- HEAT EXHAUSTION-HEAT STROKE
HEIMLICH MANEUVER

- HEIMLICH MANEUVER should be used in non-drowning situations when the airway is blocked.

- The YMCA, ARC, US Lifesaving Association are against performing abdominal thrusts in drowning related resuscitation. The concern by doctors is that performing the Heimlich Maneuver when the airway is not blocked may cause the victim to vomit, in turn which could block the airway.
LARYNGOSPASM

The epiglottis and the larynx have a reflex spasm that blocks the airway causing the victim to be unable to breath:

- A laryngospasm can occur up to 24 hours after a near drowning
- Call EMS immediately and give rescue breathing
- For prevention, inform divers not to eat a big meal prior to competition.
Coaches should recognize the differences between a distressed swimmer, active drowning victim and passive drowning victim:

✓ DISTRESSED SWIMMER-A diver who is moving slowly in the water, struggling to swim, but can yell for help
✓ ACTIVE DROWNING VICTIM-a diver who is struggling at the surface of the water in a vertical position, is unable to call for help, and is unable to make any progress toward the side of the pool
✓ PASSIVE DROWNING VICTIM-slips below the surface of the water without warning or any sign of a struggle
**RESCUE**

Know the **guidelines for responsibilities** during rescue activities and the **order in which specific actions take place** to rescue an unconscious victim on the surface and underwater, a semi-conscious victim on the surface and a conscious victim with upper and lower extremity injuries.
Coaches should understand the principles involved in non-swimming and throwing assists:

- Make certain you have a stable base of support.
- Extend or reach in manner that will not involve the diver’s injured limb.
- Pull the victim to the side of the pool slowly.
RESCUE-UNCONSCIOUS VICTIM

- Retrieval-Unconscious victim on surface (No suspected SCI)-Approach the victim slowly from the side using a breaststroke or front crawl with an underwater arm recovery, grasp under both arms. Trap the victim against the rescue tube and your chest. Roll victim to supine position on top the rescue tube. Tow the victim to the side of pool.

- Retrieval-Unconscious victim underwater (no suspected SCI)-Approach the victim from behind, grasp the victim’s right armpit with your right hand, swim the victim to the surface.
RESCUE-UPPER & LOWER EXTREMIT Y

- Retrieval Upper Extremity Injury- Place the rescue tube under the non-injured extremity, grab the tube and tow the victim to the side of the pool.
- Retrieval conscious victim with a lower extremity injury- Approach from the front, extend a rescue tube, give instructions to place the tube against his/her chest and under the armpits, tow the victim to safety.
REMOVAL-UNCONSCIOUS VICTIM

Know procedures to removing an unconscious victim (two person lift), and a conscious victim with upper and lower extremity injuries from the deep diving area in a manner that will minimize the risk of further injury:

- Removal-Unconscious victim – Support the unconscious victim at side of pool. Assistant on deck grasps victim’s wrists. Rescuers grasp victim’s wrists and upper arms. Lift the victim so the deck is at mid-thigh or lower, protect the victims’ head from the deck, Roll the victim to a supine position.
REMOVAL-UPPER & LOWER EXTREMITY

- Removal conscious victim with an upper extremity injury - Removal conscious victim with an upper extremity injury – Follow victim to the ladder and rescuer positions themselves behind the victim. Rescuer braces victim as he/she climbs up the ladder to the deck. Victim uses only non injured hand/extremity when getting out of the water.

- Removal conscious victim with a lower extremity injury - Position the backboard between the victim and pool wall. Pull the backboard against the edge of pool and slide it onto the deck.
LIFE THREATENING EMERGENCIES

- SHOCK
- BREATHING EMERGENCIES IN WATER
- HEAD, NECK AND BACK INJURIES
- HEAT EXHAUSTION-HEAT STROKE
A coach’s ability to identify a situation where a spinal injury may have taken place could truly save a life. The assumption that a person with a spinal injury is completely paralyzed, is not necessarily true. They may:

- Be able to struggle at the surface of the water
- Swim to the side of the pool
- Climb out of the water
- Sit or stand on the deck
Coaches should suspect a spinal injury anytime a diver:

- Hits his or her head on the diving boards, tower, pool bottom,
- Lands head-first on a trampoline or dryland apparatus
- Cannot feel or move extremities
- Complains of pain in the neck or back
- Loss of sensation or tingling in extremities
- Difficulty breathing
- Loss of movement below site of injury
- Suspect a SCI when a head injury has been sustained
IN-LINE STABILIZATION - ON DECK

STANDING OR SITTING:

- If the injured diver is standing or sitting, perform the following steps:
- Do not move the diver unless absolutely necessary.
- Maintain in-line stabilize to keep the diver’s head and spine from moving.
- Keep the diver in this position until EMS Personnel arrive and take over.
- Maintain the victim’s body temperature to minimize shock.
IN-LINE STABILIZATION - ON DECK

LYING POSITION: If the injured diver is in the lying position, perform the following steps:

- Maintain the head and neck in the position in which they were found until EMS personnel arrive and take over.
- Maintain the victim’s body temperature.
WAVELESS ENTRY

If the victim is fairly close to the side of the pool, it may be detrimental to jump into the water and create waves, especially if a spinal injury is suspected. To enter the water:

- Sit on the side of the pool, turn and face the side of the pool and lower yourself into the water.
HEAD-SPLINT

- Unconscious victim prone or supine on surface
- Retrieval motionless victim on the bottom of the pool- Dive into the water, apply the head-splint, tow the diver to the surface at about a 45 degree angle, and then turn the victim to a supine position.
REVIEW: Spinal management sequence (what? and what next?)

See Update: Backboarding Procedure in Deep Water for 2 Rescuers
SIGNS OF A FRACTURED SKULL

A broken or fractured skull may be open or closed. Signs include:

- Blood in the ear canal
- Vomiting
- Altered levels of consciousness
- Unconsciousness
- Concussion
- Bruise behind ears or black eyes
CONCUSSION-CARE

Concussion is an injury to the brain usually caused by an impact or rapid deceleration of the head:

- Do not give the victim water or food
- Keep the victim in a lying position
- Maintain body temperature
- Call EMS
Seizure is a disorder in the brain’s electrical activity, marked by loss of consciousness and uncontrollable muscles spasms.

- Grasp the victim’s head by placing your hands on each side of the face and hold the face out of the water.
LIFE THREATENING EMERGENCIES

- SHOCK
- BREATHING EMERGENCIES IN WATER
- HEAD, NECK AND BACK INJURIES
- HEAT EXHAUSTION-HEAT STROKE
Heat exhaustion is an early indicator that the body’s temperature-regulating mechanism is becoming overwhelmed. The victim loses fluid through sweating, which decreases the blood volume. Blood flow to the skin increases, reducing blood flow to the vital organs. Body temperature begins to climb and sweating may decrease. A victim may vomit and show changes in level of consciousness.

- Without prompt care, heat exhaustion can quickly advance to heat stroke.
- *First Aid Care*: Rest in a cool place and drink cool water
HEAT STROKE

First aid care for heat stroke includes:

- Call EMS immediately. It is difficult if not impossible to treat heatstroke in the field. The victim needs to be transported to a hospital as soon as possible.
- Cool the body by any means available
- Give fluids if conscious
LESSON 4

INJURY MANAGEMENT
Benchmark

✓ Allow athletes time to recover fully from injury before returning to play.
RETURN TO DIVING GUIDELINES

The diver should:
1. Exhibit a pain free normal range of motion, and
2. Be able to perform training activities without obvious impairment to the affected body part.
TIME LOSS
DIFFERS BY TISSUE INJURED

- Divers who return to full diving activity before they are healed risk weakening the injured body part. Some injuries take longer than others:
- Ligament injuries take even longer than bone to deal.
- Atrophy of muscle is directly proportional to the amount of time of immobilization.
PREVENTIVE TAPEING AND BRACING

- Thumb injuries respond well to taping and the use of a hexcelite thumb brace.
- These interventions should only be worn if an injury is present and help prevent re-injury,
- Allow earlier return to practice.
- Thumb braces should not be worn as a crutch.
STANDARD

- Facilitate a coordinated sports health care program that includes prevention, care, and management of injuries.
Context

While it is a condition of coach membership in USA Diving for coaches to be certified in first aid, CPR and Safety Training for Competitive Diving Coaches, the diving coach should also use the resources available to them in order to provide a safe playing environment for the athletes. Although high schools and colleges may have athletic trainers available as resources to diving coaches, club coaches generally have to rely on parents to provide medical services for their athletes. Coaches are encouraged to establish relationships in the community with local medical practitioners with training in sports medicine.
✓ Establish regular communication with parents/guardians that facilitates prevention, reporting, and care of injuries.
PREVENTION & CARE

- Communicate with club parents the need for quality orthopedic care for long term development of divers and ask them to help you seek out talented physicians who have training in sports medicine who are interested in learning about the sport of diving.

- Develop a preferred physician list and share it with club parents to facilitate quality medical oversight for their athletes.
Provide the following information to parent’s and physicians with sports medicine training related to orthopedic prevention and care for divers:

- *Orthopedic Care* by Dr. Benjamin D. Rubin, M.D. (see Safety Manual).
- Preparticipation Screening Evaluation and Attending Physician’s Injury Report forms (see Safety Manual) developed by the USA Diving Sports Medicine Committee.
The USA Diving Injury Surveillance questionnaire should be completed regardless of whether there is a claim being filed.
Consult with a certified athletic trainer or physician for assistance in understanding the physical needs of athletes.
TYPES OF INJURIES

It is critical for the coach to recognize both type of injuries:

- Acute
- Overuse

and get early medical attention necessary for optimal recovery of both.
ACUTE INJURIES

Acute injuries occur from a recognizable event and have obvious signs of injury. The physical signs of acute injuries are:

- Bleeding
- Swelling
- Joint deformity
OVERUSE INJURIES

Symptoms of overuse injuries include:

- Pain
- Achiness
- Fatigue
MEDICAL TREATMENT

Both acute and overuse injuries result in pain, inflammation, and loss of motion, strength, and normal function.

Medical treatment must address each component of the injury including:

- Control of pain and inflammation
- Restoration of integrated function (including diving skills)
- Restoration of strength and fitness
✓ Clarify chain of command and establish a written policy in allowing athletes to return to play once an athlete is referred to a medical provider for care of an injury or illness.
Coaches should be aware of the chain of command policy when an injured athlete sees a physician. The coach should follow the policy regarding not allowing an athlete to return to play without first receiving written clearance from the consulting physician.
ATTENDING PHYSICIAN REPORT

- The attending physician should provide an Injury Report that details the findings of a medical exam and makes a recommendation about the return to diving, extent of participation upon return, time frame and rehabilitation.

(See Safety Manual Documentation Addenda)
Coaches should be aware that physicians use the following general guidelines to determine performer readiness to return to activities. The diver should:

1) exhibit a pain free normal range of motion in the injured area, and

2) be able to perform training activities without obvious impairment to the affected body part.
✓ Modify coaching techniques when warranted by medical, physical, and emotional needs.
INTEGRATED APPROACH - INDIVIDUAL NEEDS

- Coaches should use an integrated approach to training that draws on input from medical professionals certified to handle prevention, care and management of injuries. Coaches may need to modify their coaching technique to meet the needs of individual athlete.
AVOID OVERTRAINING

Coaches should be aware to avoid overtraining. To protect against chronic trauma which could result from repeated impacts of high magnitude, limit the number of platform dives executed each session.
AVOID OVERTRAINING

Coaches should reduce risk by:

- ceasing to practice dives from a given dive group until the next session if the coach observes that the diver is fatiguing or failing too many entries in that group.
- practicing the bulk of repetitions (i.e. lead-ups) at lower than the workout height.
- subtracting one dive from the total number of entries the coach allows the diver to perform for every lineup practiced at that height.
INDICATIONS OF COMPENSATORY MOTION

Coaches should identify athletes who are changing their mechanics to accommodate an injured body part. Participation should not be allowed if the diver is compensating for an injury in the following manner:

- Not swinging the arms through
- Not lining up
- Limping or favoring an extremity
Ensure that each athlete has a yearly medical screening.
ATHLETE DEVELOPMENT

Coaches should:

- require athletes to have a yearly medical screening with a physician who has sports medicine training.
- request that parents and physicians use the Pre-participation screening evaluation form developed by the USA Diving Sports Medicine Committee (see Safety Manual)
ATHLETE DEVELOPMENT

- request that the parents ask for a referral for follow up care to work on problem areas identified by the coach and physician that include tight hamstrings, tendonitis, balance, shoulder, back and wrist issues etc. that may compromise the athlete’s’ short- and long-term development.

- be aware that If problems are not addressed, they may increase the likelihood of an injury related to overuse.
STANDARD

- Have the knowledge of, identify and address the psychological implications of injury.
Knowledge of psychological factors that are associated with injury is critical in helping athletes avoid or recover from injury. The coach should know the typical reactions to injury and when various psychological techniques can be used to help make positive adjustments in the recovery process. Reducing fear of re-injury, lowering anxiety over loss of playing time, and maintaining normal social interactions with teammates assist in the recovery process.
Recognize psychological conditions that predispose athletes to injury and make adjustments in training and conditioning regimes.
Athletes who have high stress, lack coping skills and social support are more likely to get injured.

PYSCHOLOGICAL RESPONSES TO INJURY

Athletes react to physical trauma differently. How they react can affect whether they are able to adhere to the rehabilitation regime or get re-injured. Some athletes develop a self-defeating attitude that blocks them from effective recovery and rehabilitation. Coaches should consider:

- How perceived changes in movement patterns and gait contribute to the athlete’s psychological reality of injury.
- How appearance and functional ability contribute to the athlete’s psychological reality of injury.
PSYCHOLOGICAL RESPONSES TO INJURY

Athletes experience various psychological reactions to injury:

- Anger
- Disbelief
- Denial
- Alienation
- Depression
- Isolation
- Resignation
- Acceptance
Provide a supportive environment that helps the injured athlete maintain social interactions with teammates and coaching staff.
Coaches can provide a supportive environment that helps athletes maintain social interactions with teammates and the coaching staff by:

- Providing athletes with a positive, encouraging attitude about hard work and progress in rehab
- Showing genuine concern
- Providing them factual information about the injury
- Reducing their fear of re-injury (put them in the spotting belts, correct technical error)
- Building their self-confidence back up as part of the rehabilitation process
Coaches can provide a supportive environment that helps the athlete maintain social interactions with teammates and coaching staff by:

- helping the athlete to follow the directions of the athletic trainer or physician.
- Asking what can be done to maintain fitness without jeopardizing healing.
- Progressively working toward full participation in diving activities.