

## Managing Injury in Performance Clubs

With the proliferation of climbing walls and an increasing aversion to risk we, as mountaineering professionals are finding more of our time is spent inside. This is not just an opportunity to deliver another NGB award but a chance to work with some really good climbers and, with the increase in *performance clubs* have an influence in young people's lives.

But we need to ask ourselves, "have we the right tools for the job?"

Can we be involved with the coaching of young athletes without exposing them to risk of injury or harming their physical (or indeed mental) development?

There are injuries which are more common in the growing adolescent that *must* be referred to a health professional. A few of them are:

- *Epiphyseal plate* damage – growth plates near the ends of the long bones are very fragile in a young person particularly in the hip and fingers. Damaging them is especially easy during a growth spurt and can result in pain, deformity and certainly no climbing for up to a year.
- Damage to *enthesis* – this is where the tendons of a muscle meet the bone and can be managed but with care. Two well known ones are Osgood Schlatter's in the knee and Sever's in the foot.
- Knee pain – there are a number of potential problems in the knee which are exacerbated by climbing activities. (If you're interested look up: bursitis, chondromalacia patellae, osteochondritis dessicans and plica).

However it is not our responsibility as coaches to diagnose, treat and manage the injury but to avoid it altogether. (Recently I heard tell of a coach who immediately recognised a popped growth plate because *he had seen loads of them*). This is not a good thing.

The watchword here is caution as it is likely an injury is acquired not whilst climbing with you but it is only when being physically tested that the symptoms are sufficient for the young person to complain.

It is important, when commencing work with 'elite' climbers to encourage an environment where problems are aired and listened to, where advice is sought and taken from appropriate sources and most of all where all parties can contribute – parents, coaches, climbers, interested observers and health professionals.

Kids need to understand that there is a real need to listen to their bodies and not feel compelled to keep going, to pull harder and to 'climb through the pain'. There needs to be someone whose advice can be sought, someone approachable and authoritative enough that they can limit a child climbing and can get a parent to listen.

It is part of our responsibilities as a coach to improve compliance with our methods as it maximises our outcomes and protects our young climbers – so how can we do it?

- Information – find out as much as you can and provide it. Make it succinct and readable and even produce two versions, one for the kids and one for the parents. Don't overdo the facts – we have Google for that.
- Screening (Fig 1) – every six months incorporate into a coaching session the measuring of factors such as physiological development and performance benchmarks such as their 'top grade on a top rope' and other, more easily monitored factors such as pull ups or press ups.
- Growth charts (Fig 2) – for the parents and you to use and monitor. Most of us know that adolescents should not train during a growth spurt, make sure you know when that is.
- Injury diary – anything and everything should be logged along with the activity being performed by the climber and when so it can be looked at with regards to effective rehabilitation.
- Individual training regimens – put down on paper the minimum and the maximum amount of climbing you expect including top grades and exercise intensity if you feel it is necessary.

By adopting a professional approach you will encourage a professional response from your climber and their parents. Your coaching can be (and should be) as eclectic as it is effective and it is this combination that will enhance your climber's performance.

### **Evidence based practise**

Finding out information relating to the relative propensity to injury in young climbers is very hard to come by but there is significantly more research into young footballers.

For example I can tell you, *emphatically* that in 2005 across *all UK football academies* there were 1280 injuries recorded. Of these, 24% of them were due to running – the largest single factor. A simple analysis would result in the adoption of significant strategies to avoid such injuries.

It is easy to understand why there is more information about football – there is more money but we cannot abdicate responsibility. It is *our* responsibility to compile that information and that starts with you and your young clients. You should be satisfied that what you are doing is the most appropriate and effective given what you know and not *what you assume* even though that might be based on common sense.

If we all keep records that are similar in nature in time to come they can then be looked at and analysed to further increase our knowledge base and inform our practise as elite coaches – but that is the next step and will require a coordinated effort.

Until then it is important to aspire to fulfil our potential as *Climbing Professionals* and to be accountable for our actions at every level. If we want to provide the support required of an Olympic sport in 2020 then we all need to step up to the plate.

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A physiotherapist and climbing coach who will be delivering a presentation on all the above and more at the BMC Coaching Symposium on 24<sup>th</sup>/25<sup>th</sup> March.

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