Coaching Code of Conduct

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The literature and media has reported numerous cases of rhabdomyolysis and even deaths from overexertion during coach supervised conditioning sessions. In one report there were an average of 9 high school and college football fatalities due to overexertion, most (87%) during conditioning sessions.[1] Rhabdomyolysis team cases have also been reported due to irrational exercises regimens. In one team outbreak 13 athletes were hospitalized after performing 100 timed intense back squats.[2] In another multiple players were taken to the ER after 3 days of grueling workouts that included drills of up to an hour of continuous push-ups. In a high school football practice 3 athletes were hospitalized after being required to perform over 100 triangulated push-ups. The common theme is a coach trying to discipline the players or "toughen them up" with the false belief that there is no limit. In many cases coaches are encouraging athletes to continue the drill despite showing obvious signs of a medical emergency. While most coaches take a practical role to exercise training, there are many that lack knowledge on exercise science and proper training techniques.

A critical prevention strategy is to ensure coaches are educated and pursue an ethical code of conduct. Guidelines have been developed to prevent these potentially fatal conditions.[3] Transition periods, such as athletes returning after an injury or illness or resumption of training after a winter or summer break, are vulnerable times for athletes. Therefore coaches should resume training with a low work to rest ratio (1:4) and gradually progress based on volume, intensity, mode and duration of physical activity. In addition all strength and conditioning workouts should be based on scientific principles of exercise physiology and be representative of the sport and its performance requirements. Documenting the exercise program, preferably online or at least for review by the athletics department staff, is recommended to ensure compliance with appropriate exercise science. Punishment drills for perceived poor performance or a prior game loss should be strictly prohibited. Lastly independent medical care is recommended to allow health care providers authority over athlete medical care.

References

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