

# Coaches Committee Quarterly

Spring 2000

## Question #1: Do you use test sets? If so, how often and what are the sets?

Yes, we use test sets during the main training part of the season (8-10 weeks before taper). The sets are oriented towards lactate tolerance and will consist of either 10 x 50 on 3:00, 6 x 100 on 8:00, or 5 x 200 on 7:00 (broken 10 secs @ each 50). We do these one per week on Tuesday or Thursday. The goal is to go as hard as possible on each repeat.

This type of test set develops speed awareness, improves lactate tolerance, and, most importantly, improves a swimmer's focus on technique when they are almost completely dead in the water.

For distance swimmers, we will do 15 x 100 with 20 seconds rest once per week to develop tolerance to the "boredom" of the longer races. This set is done once per week for eight weeks leading to the taper period. I ask them to attempt to be within four seconds of the pace they want to achieve in their championship meet.

The swimmers don't necessarily like the test set days, but they understand these types of practices are important training sets for time and racing improvement.

**Paul Windrath**

Part of your training for good performances should include a Swim Step Test, once a week. You must train at race pace, to achieve your best performances. Write down the following Swim Step Test, increasing your rest intervals for each of the three sets, for your own training speed. At first, use your "perceived effort" for training effort. Doing this over several weeks will give you good information on what you can tolerate. Count your heart beat for six seconds and add a zero. This will give you your heart rate (HR) for a minute, which is an accurate measure of your effort.

1. Warm up--200-400 yds
2. 10 x 100 best stroke with fins
  - a. 3 x 100 @ 2:00/ HR at end of set-130-EZ 100 swim
  - b. 3 x 100 @ 3:00/ HR at end of set-150-EZ 100 swim
  - c. 3 x 100 @ 4:00/ HR at end of set-160-EZ 100 swim
  - d. 1 x 100-all out/HR at end-170
3. Swim easy 200-400 yds

Use your swim log to keep a record of dates and times on your Swim Step Tests, and refer to them as you progress in your training. This will add interest and motivation to your training.

**Paul Hutinger**

We do a test set occasionally. (This is a good reminder to get back on some sort of schedule for them.) There are three sets used, at least one week apart. The first is 4 x 400 free descending time on a descending interval (6 minutes is the fastest interval for SCY). The second is 8 x 200, 1-4 on 3:00 (fastest group), 5-8 on 3:15 (fastest group). The third set is 16 x 100, 1-8 on 1:30, 9-16 on 1:45. All three sets are looking for

the best average time. By "best average" I mean comparing the average for today's test set to the average achieved the last time the set was performed.

**Lucy Johnson**

I do a number of test sets over the course of the year. I try to do one at least one a month, even during months when a taper meet (such as Nationals) is coming up. The nature of the test set is determined by the focus of a particular point in the season.

For instance, in the later part of the fall, after we've finished the main mechanics phase of the short course season, we might work on distance base work, so the test set might be 3x500 on the best interval you can make while still getting 15-30 seconds rest per 500. In the winter months, we work on developing middle distance work, especially in IM and stroke sets. During this point, we might do a set of 8x150 on 2:30, which might be stroke or free, depending on the speed and emphasis of the swimmer. Numbers 1-3 and 5-7 are for best average, while #4 and #8 are fast. In early spring, we do more speed work, and might do a test set of 6-8x50 on 1:30 as fast as possible. How many we do in a set like this depends on how well the swimmers tolerate lactic acid buildup through the set.

Taper time is the most complex in terms of test sets, because tests become event specific. Depending on the end-of-season focus of the swimmers, they could potentially do any of the above test sets that pertain to their major events. Test sets are defined largely by makeup of the group and what they need to test in order to measure appropriate progress.

**Chris Colburn**

I try to shoot for every six to eight weeks. I find the results are useful to me to get a measure of the effectiveness of the swim sets and as a measure of how well the swimmers are progressing. The results also confirm my assessment as to whether or not the threshold levels are going lower. I use this to set workout paces. The latter is most important to those swimmers that do not compete.

**Harry DeLong**

I use test sets nearing the pre-taper phase. I like to use the broken 200 as my standard. The 200 has more variety, due to it being a longer event and can be broken into different variables. I like to start by having the swimmer swim a 75, break for 10 seconds, swim a 50, break for five seconds, swim a 50, break for five seconds, then bring it home with the final 25 yards. By swimming a 75 they get a good feel for the water and start to increase the speed earlier. The 50 should still be strong and maintain power. On the second 50 the emphasis should be on good technique; speed by this time has dropped by 20 percent. The last 25 yards instills the speed back into the final lap. By looking for the breakdown in the later 50s, one can decipher the proper race strategy for a swimmer.

**CJ Rushman**

## **Question #2: Have you or your swimmers ever had any serious accidents or injuries in or around the pool while you were coaching? How did you handle the incidents?**

In over 30 years of coaching, I have experienced only two incidents of serious medical conditions in the water, each of which has influenced my rules for training with me. Twelve years ago, I had a woman in her sixties on the team who was severely depressed and was taking medication that had a long list of side effects. Being a pharmacist and biochemist, I now insist on knowing any medications my people are taking while training. This came about because this woman kept her condition a secret and would almost pass out when the training got intense. At first I figured it was just the conditioning of the body at her age in response to the stresses of training, and I warned her to ease off and act accordingly. She agreed to use common sense and "act her age." Her bouts of passing out got worse...to the point that I and several of my swimmers had to interrupt the training one night and quickly remove her from the water after she had gone under. I gave her the choice of consulting with her doctor and changing medication or not swimming with me. She said she needed to swim for her mental health and told us she would comply with my request. To simply state, she came back alright, and she was better in the water, but to my horror, a few months later she committed suicide.

**Ed Nessel**

Last fall we were doing relays, both free and medley. One of my swimmers, a 59-year-old woman, started a medley relay. When she took off on the start, throwing her arms out over her head, she threw her left shoulder out, dislocating it. We had to call 911. Since the fire station is just down the road they were there in minutes, and our swimmer was taken to the hospital. We struggled through the rest of the workout session worrying about our fellow swimmer. She eventually came back to us after physical therapy about six weeks later.

**Dick Pittman**

One night while I was coaching, one of my swimmers decided to do a "can-opener" while entering the water. The intention was to splash "the coach." I saw it coming and quickly turned and walked out of reach of the splash, but the ground was slippery and I slipped and fell, jamming my elbow so hard that I chipped a bone in it. I immediately jumped up, yelled a few expletives and sat down on a chair holding my arm. Fortunately, some swimmers saw what happened, got out of the pool and one poor swimmer squatted between my legs. Suddenly I realized I was about to pass out....I did and fell forward on to the swimmer. Well we realized from that incident that the only one who knew what to do was me, and I didn't do to good since I sat in a chair instead of on the ground with my head between my legs. After that incident every regular member went through Red Cross First Aid Training within two months, and to this day we require as many swimmers as possible to go through Red Cross First Aid, CPR and Coaches Certification.

**Janet Renner**

In a meet about 14 years ago, one of my swimmers had a heart attack as he awaited his 400 IM heat (nice timing!). He was sitting next to the lane timer, and his head just fell to the side. There were two nurses (both swimmers) in the building, and one ran over and immediately administered CPR and mouth-to-mouth. He was out cold. The other nurse was actually in the water, swimming a 400 IM, and watched it all unfold as she swam the breaststroke leg. She finished her race, feeling it was in good hands.

Well, he recovered, was swimming two weeks later, and remains an avid team member to this day, even though he had another mild heart attack since then. He credits swimming to saving his life.

**Scott Rabalais**

While coaching high school, one of my swimmers had a mild epileptic seizure when he came in on a repeat at the shallow end. The other swimmers and I immediately pulled him unto the deck, and he quickly recovered. He said he would not tell anyone of his problem, because of the prejudice by society about his neurological problem. He wouldn't tell his teachers or coaches, even if his life was at risk. I hope he has changed his behavior, as an adult. As coaches, we need to be aware of potential problems in and around the pool.

**Paul Hutinger**

In the middle 1980s, one of our swimmers was clowning around trying to dive over a water polo ball - in shallow water. He ended up hitting the bottom of the pool in a sailor dive position. I was at the opposite end of the pool taking lanes dividers out. By the time I got to his end of the pool, he had climbed out of the water and curled up in a ball to "stretch out" his back. He also had a cut on his head from hitting the bottom.

I immediately called 911 and tried to get him to lie still on his back until the ambulance came - about 10 minutes later. The ambulance crew stabilized his neck and back boarded him.

I spent the day at the hospital finding out he had fractured the fifth thoracic vertebrae and would be hospitalized for a while. The doctors indicated the swimmer was very lucky that it had only been a fracture. The swimmer, who had rowed in college, had very strong back and neck muscles that helped maintain spinal alignment during the trauma.

He spent about 10 days in the hospital during which time I had to buy his Valentine's Day present for his wife - something special from Victoria's Secret!

**Paul Windrath**

Luckily no swimmer of mine has been hurt or injured around the pool deck. However, I have been injured while coaching. It was two years ago, and I was walking on deck at the shallow end of the pool. I started to walk to the other end. I turned at the corner, then I fell. The deck was damp, but no water was visible on deck. I ended up having what is medically referred to as a radial head fracture. Basically in layman's terms, I broke my elbow. Luckily I knew what to do since I have broken bones before, and a lifeguard & the aquatic director were there to assist me.

**CJ Rushman**

### **Question #3: Do you consult with your swimmers one-on-one? If so, how often and what is the nature of your consultations?**

Always and forever. I want all of my swimmers to consult with me at any time about any question they have. I am there to teach, but more importantly they are there to learn. I may not be around forever, and all of them must be aware of what we all want, to swim more efficiently and safely. Speed follows. I actively encourage all of the swimmers to be self-motivated. I coach from the water, and swim as much of the workout as I can. I do not dictate workouts, but participate in them, as I believe a good coach should. I also try to tell the swimmers as much as possible why we are doing what we are doing.

I do also encourage them to talk to me about their health problems, since I may change the workout as far as they are concerned. Right now we have one swimmer who is six months pregnant, and I have to know how she is feeling, in order to help her swim safely. I have Jane Moore to thank for a lot of great information.

I do try to discourage talk on personal problems of my swimmers, but try to at least be a good listener.

We also try to have a monthly party, where we can discuss anything that anyone wants to discuss.

**Robert Zeitner**

Yes, I do one-on-one consultations with my swimmers, especially those that request more fine tuning of strokes and have questions regarding technique. Plus it give me an opportunity to understand them better as a person. It allows me to have more insight into their goals.

**CJ Rushman**

I often consult one-to-one with my swimmers, be it age group or Masters. I am knowledgeable in nutrition and dryland and am often asked to advise in these areas. I may put them on my type of "swimmer's diet" and work out a specific exercise program that would benefit their swim performances. Being a pharmacist and biochemist, I am often asked to consult on medications and what to do for various medical conditions. This I do in a professional manner so as not to undermine their physicians. Rather, I enlighten them as to my opinion as to what might be the best path to take knowing swimming's effect on the body.

After 30 years coaching swimming, I have seen and heard a lot. It has allowed me to learn from several instances what to do and what not to do. Experience is a great teacher.

**Ed Nessel**

I often spend time with swimmers one-on-one to discuss stroke issues or general physical conditioning. Sometimes they have comments to make, with constructive suggestions, about the workout they have just done. Usually my one-on-one involves pulling a swimmer out of the workout to make specific stroke corrections in order to quickly correct their technique. This usually makes a better impact if they are able to get back in the water and employ my suggestion immediately. If a swimmer comes up to me after workout I will discuss a technique with him/her and then suggest they

get back in the water to "try" it before they leave. This helps to implant that stroke correction.

**Dick Pittman**

Once each year, I sit down with each swimmer who requests a meeting to discuss goals, plans, schedules, desires and suggestions. Once a year may not seem like much, but over several years, I learn a lot from these heart-to-heart meetings. Mostly, I want a better feel for the direction they desire for their swimming and how I can assist them. Usually, I will have these meetings about 20 minutes before the start of a workout. I find this more beneficial than just talking in a social setting. They understand that this meeting is about their swimming, so the conversation stays focused. I do not talk about myself, unless in some way it pertains to their swimming.

**Scott Rabalais**

Consultations are mostly by the request of the swimmer. This can range from a few minutes after practice to regular sessions on a monthly, weekly or as needed basis. The consultations can include one-on-one stroke technique work, underwater private videotaping and analysis sessions, drafting a training program to reach the athletes goals, pep talks, or referrals to those who might best be able to assist them.

**Janet Renner**

I consult with one or two select swimmers. Typically I am interested in detailed feedback on how well the workouts are being received, suggestions for improvement, and change of pace. The latter is when I tend to get too serious and usually results in at least one fun session.

**Harry DeLong**

One-on-one consultations are critical to effective coaching. Since every swimmer does some things correctly and some things incorrectly, the only way to help them is through individual consultation.

I almost always begin my critique by telling the swimmer what they are doing right. This gets them listening. I don't try to tell them anything when they come into the wall and are exhausted from just completing a set. If you critique someone when they are fatigued they may not be listening and they may be thinking how much you resemble a certain part of the human anatomy.

Videotaping is far and away the best means to consult with. Away from the pool, in a relaxed atmosphere, you can point out the flaw or detail and the swimmer can see what you are referring to.

**David Grilli**

Our staff is available for consultation in between practices, but the swimmers are responsible for arranging the meeting. Usually, we will go out for breakfast or lunch after practice, and discuss whatever the swimmer needs to talk about. The swimmers are usually hungry at that time. Bringing the meeting into a social atmosphere allows the swimmers and staff to feel more relaxed.

**Bill Volckening**

### **IMPORTANT NOTE!**

For the past few years, the Coaches Committee database has been created by picking up names and addresses from various sources. In the past several months, there has been a concerted effort to create a USMS Coaches Database through the USMS registration process, which now appears firmly in place. While our Coaches Committee roster is currently at about 450 coaches, the USMS list is approaching 800. Coaches should sign up as such on their LMSC registration form, and that information should be provided by the LMSC registrar to the National Office. If your LMSC does not track coaches registration (usually a check-off box on the LMSC registration form), please contact your LMSC registrar immediately to ensure this is done in the future. Also, make sure you are registered by your LMSC registrar as a coach with the National Office.

Beginning with the next issue, this newsletter will be sent to all of the coaches on the new USMS database only. If you have any problems with receiving it (out by mid-August), please let me know at [usms@coaches.org](mailto:usms@coaches.org). Thanks!

**Scott Rabalais**  
**USMS Coaches Committee**

### **Committee News...**

#### **On-deck Coaching**

The On-deck Coaching Program was very successful at the Short Course Nationals in Indianapolis, thanks to the direction of Chris Colburn and the 10 coaches who participated. If you would like to assist at LC Nationals in Baltimore or at the annual convention in Orlando, please contact Chris at [chriscolburn@usms.org](mailto:chriscolburn@usms.org).

#### **LMSC Coaches Representatives**

We are up to Coaches Reps in about two-thirds of our LMSCs. At last count, those LMSC with no Coaches Rep are as follows: Adirondack, Allegheny Mtn, Arkansas, Central, Colorado, Florida, Hawaii, Indiana, Iowa, Metropolitan, Minnesota, Montana, MOVY, New Mexico, Ohio, Ozark, San Diego-Imperial, Snake River, South Dakota, South Texas, and Wyoming. While these LMSCs may have appointed a Coaches Rep, it is important that this appointment be reported to Tracy Grilli at the National Office at [usms@usms.org](mailto:usms@usms.org). Please include all address and contact information. Let's reach our goal of a Coaches Rep in EVERY LMSC by the Orlando convention.

#### **Munich Coaching Program**

Our Munich Coaching Program has been established to assist those swimmers attending this summer's World Masters Championships. For swimmers who desire the help, our three selected coaches, Michael Collins (head coach), Lucy Johnson and Eric Shanks (assistant coaches) will provide warm-up and race suggestions, split-taking and a few activities to unify the USMS group. If you wish to inform the Munich coaches that you and/or your swimmers will be attending, contact Michael Collins at [mikec@swiminfo.com](mailto:mikec@swiminfo.com)

#### **Coach of the Year**

Nominations for the USMS Coach of the Year Award are due July 1, 2000. For information on the nomination process, see the usms web site ([www.usms.org](http://www.usms.org)) or write to [coaches@usms.org](mailto:coaches@usms.org). The award will be presented at the USAS annual banquet in Orlando in October.

#### **USMS Coaches Committee**

c/o Scott Rabalais  
3537 Christina Ave  
Baton Rouge, LA 70820

