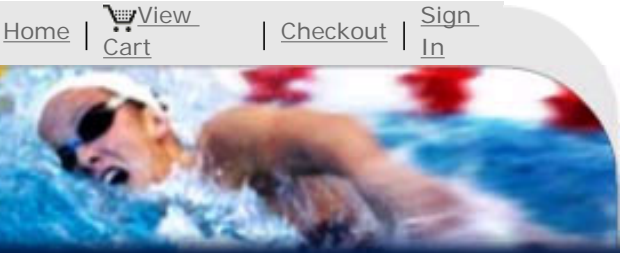



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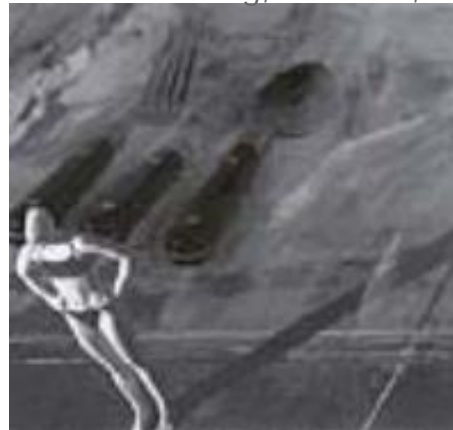
Disordered Eating-Prevention, Recognition and Action -- Special CQ Issue

A Comprehensive Guide for Swim Coaches

PREFACE

In 2002, USA Swimming enhanced its Sports Medicine and Science Network to include a series of Task Forces. Formed within the framework of the Sports Medicine and Science Network itself, task forces on Injury Prevention, Disordered Eating, Diabetes, Dietary Supplements, and Exercise & Illness were formed to increase awareness and facilitate the dissemination of the most up-to-date information on issues that directly impact our swimmers and coaches.

USA Swimming's Network Task Force on Disordered Eating is comprised of medical and science professionals, athletes and coaches who have expertise and a passionate interest in the topic as it pertains to swimming. The goal of this group is to discuss Disordered Eating from a clinical perspective and, more importantly, the impact of this behavior on our sport. Developing educational materials to better equip our athletes and coaches to handle the issues is a primary focus.



Chaired by Dr Becky Morgan, USA Swimming's Network Task Force on Disordered Eating met on May 3, 2003 at the Olympic Training Center in Colorado Springs. This day was devoted to addressing questions brought forward in an open forum with

coaches who attended the World University Games and Pan American Games team camps. Combined with the common questions from several of our developmental coaches and coaching resources, a list of approximately 40 questions was generated.

Two themes emerged from the Task Force's interaction with the coaches:

- (1) Coaches have a strong desire to find the right language to use when talking about nutrition, training and fitness with their swimmers, and
- (2) They share a strong desire to know when and where to turn for help.

Questions regarding prevention were also prevalent, and the Task Force dedicated their meeting time in Colorado Springs as well as several additional weeks following the meeting addressing every individual question. This booklet is an organized compilation of those responses.

In addition to the Q & A format, this booklet includes quotes from athletes, coaches and medical professionals and provides you with a comprehensive resource list, learning exercises and educational handouts for parents. You are encouraged to generate photocopies to facilitate education and awareness within your club.

We hope that you will find this guide valuable in your program.

INTRODUCTION

"As an athlete, you are often put on this pedestal because you are not supposed to have a problem. Here I was this Olympic champion struggling with this eating disorder that I cannot fix myself. I had been through these incredibly tough workouts, and I had always taken pride in my mental toughness but I could not beat this thing. And every single time I would binge and purge, I would think that this is the last time. Never again. Then something would happen, I would have a rough day, not do well on an exam, not train well, not have a good race, and it would happen again. We all know the cycle."

There are many hypotheses regarding what causes Disordered Eating or Eating Disorders and why athletes appear to be predisposed to these conditions. Biological factors, such as gender and neurotransmitter imbalances (chemicals that help regulate emotions in the brain), as well as psychological influences, such as family issues, emotional trauma, low self-esteem and perfectionism appear to be key factors. In addition, sociological influences, such as a culture that equates thinness with success,

power and beauty also play a critical role.

There is an enormous amount of fear and shame associated with the pathology of Disordered Eating, which makes it difficult to identify a person suffering from the condition. Individuals with Eating Disorders are masters at hiding their behaviors from others. Swimmers are no exception. They are typically very intelligent and know how to be manipulative. Once irregular patterns in eating and food choices perpetuate the disorder, these individuals are reluctant to acknowledge that they have a problem and often isolate themselves from others, including their friends and family.

This difficulty in identifying and diagnosing individuals with Disordered Eating or Eating Disorders makes it difficult to determine how widespread these conditions really are. Studies state that anywhere from 15% to 62% of athletes are affected. This includes the spectrum of Disordered Eating, not just the specific diagnosis of a particular Eating Disorder. While it was previously assumed that these conditions were confined to white, middle- to upper-class females, Disordered Eating and Eating Disorders are being identified more often in other populations, including men. They also appear to be more common to endurance and appearance-based sports, including swimming, diving and gymnastics. (Please note that the heavy use of "she" in this guide is for ease of reading. Almost always the word "she" could be replaced with the word "he.")

Given the difficulty with identification and the fact that the sport of Swimming seems to be one whose athletes may be predisposed, coaches, parents and Sports Medicine practitioners alike have a responsibility to take measures to prevent disordered eating patterns before they develop and to learn how to cope with them if they do.

DEFINITIONS

"On a trip to Australia, we were all so hungry. A bunch of us went out and got all these "forbidden foods." We went to the stadium and ate them any time we could. We would sneak away. It was not acceptable to have it by the coach. He thought he was doing the right thing. One of the best coaches in the world..."

What is Disordered Eating?

Disordered Eating includes various combinations of unhealthy eating patterns such as food restriction, preoccupation with food (counting calories or fat grams with every food intake), preoccupation with weight, skipping meals or rigid food patterns, not eating around others, fasting or exercising to compensate for eating. The spectrum of Disordered Eating has poor nutrition on one extreme and clinical eating disorders on

the other.

What is an Eating Disorder?

An Eating Disorder is a medical condition that requires a diagnosis. It is characterized by the limitation of food intake such that the body's needs are not met. This may involve restricting foods, binging, purging (includes vomiting, using laxatives, diuretics, and/or diet pills), compulsive exercise to "work off the calories" or any combination of these. Eating Disorders stem from a distorted perception of one's self, both physically and emotionally. An Eating Disorder is not about food. It is primarily psychological. Controlling food is merely the mechanism by which the individual attempts to cope with underlying emotional issues.

What is the difference between Eating Disorders and Disordered Eating?

Both Eating Disorders and Disordered Eating are characterized by a spectrum of unhealthy eating behaviors. The difference is that an eating disorder is a clinical condition that exists at the extreme of this spectrum and can result from both physical and emotional stresses.

Are there "degrees" of Disordered Eating?

Yes, there are degrees of Disordered Eating. The most serious is an Eating Disorder. The two most common Eating Disorders are Anorexia and Bulimia.

Anorexia: Anorexia is an eating disorder characterized by refusal to maintain body weight at 85% of expected weight for height, intense fear of gaining weight or being fat, disturbance of the way the body is perceived and the absence of the menstrual period (amenorrhea). Typically anorexics are severely underweight.

Bulimia: Bulimia is an eating disorder characterized by recurrent episodes of binge eating, recurrent inappropriate compensatory behavior to prevent weight gain, and self-evaluation that is unduly influenced by body shape or weight. Binge and purge behaviors must occur at least twice a week for three or more months and are not exclusively linked with episodes of anorexia. Bulimics are often of normal weight or slightly above.

"I have never seen a patient who suffers from anorexia or bulimia who does not have a severe self-esteem problem."

I've heard of the Female Athlete Triad, but how does it fit in?

Female Athlete Triad is a term used to describe the relationship between disordered eating, loss of the monthly period (amenorrhea) and bone loss (osteoporosis). The components are related in the following way:

1. Restricted eating and excessive exercise can cause a woman to develop an energy deficit.
2. As a result of the energy deficit, the body compensates (protects itself) by decreasing hormone levels (estrogen), which causes a disruption in the normal menstrual cycle.
3. Since bone building and maintenance depend on estrogen, depressed levels over the course of several months slow bone formation. Since normal bone metabolism involves a continuous cycle of formation and destruction, a halt in formation allows the body to begin the silent process of destroying bone. The result is osteoporosis.

"When we got our licenses my friends started flirting with bulimia. After practice we would go out to the fast food places and binge then throw it up. I tried it, but I could not do it. Instead, I would go home and exercise obsessively, which is a form of purging."



DANGERS

"In my Freshman year I won our conference championships in the mile. My Sophomore year I placed second. My Junior year I placed third. My Senior year I placed sixteenth. It caught up with me. My body stopped working, I was dizzy all the time, and I could barely make it through a workout."

How long can the body cope before Disordered Eating or an Eating Disorder catches up?

Surprisingly, the human body can withstand a tremendous amount of abuse before any physical signs of destruction are visible. With a case of disordered eating, many systems in the body, such as the menstrual cycle, begin to shut down due to the energy deficit. This is often hidden very well from parents, peers, coaches and physicians. Eventually metabolism and electrolyte balance (sodium, potassium, chloride) become abnormal and may lead to severe illness or death. Blood

work may be normal up until that moment because of the body's incredible ability to compensate under stress. These complications can occur at different times for different people.

The dangers associated with disordered eating are on a continuum, much like the behaviors that constitute the disorder itself. Initially, performance may improve. Do not be deceived. The negative effects may be very subtle. A seemingly simple decline in training or competition performance may be accompanied by the loss of the menstrual cycle. The risk of injury increases due to thinning bones. Injuries take longer to heal, and infection risks rise. Eventually, electrolyte disturbances, liver dysfunction, and heart beat abnormalities can lead to death. Incidentally, individuals with eating disorders also have an increased rate of alcohol and drug abuse, including ephedrine-containing supplements, laxatives and diuretics.

The body will defend itself to an amazing degree. Even with the demands of training, it will perform for a long time. That's one of the things coaches, parents and physicians have to understand. Do not ignore the red flags. Just because she is swimming great does not mean she does not have a major problem.

"The saddest thing I have ever seen is a kid who is swimming wonderfully, only to get to their Senior year and have a terrible season due to injury, illness or fatigue. It is catching up to them finally. They have just worn their body out because they are not giving their body the building blocks to repair itself."

Are swimmers with Disordered Eating more susceptible to overuse injuries?

Yes. Food restriction causes a decrease in the energy and building blocks required to repair the daily wear and tear brought on by training. They are not taking in enough calories to maintain all of the systems. You don't see what's going on inside the body when a swimmer is in this relative starvation stage. Team Physicians definitely see more overuse injuries in these kids. The kids who are not eating as well can swim a great workout and feel pretty good. It is because they get this great surge of catecholamines (ex. adrenalin). They get this little "high" while they are swimming. But when they get out, they can't walk up a hill to go to class because they're so drained. These swimmers get a lot more shoulder injuries. They start having knee problems. It is because they go home from workout and they do not have any energy sources to repair what they damaged during practice. When do you see them start to breakdown? Junior and Senior year at college. They come in as Freshman and Sophomores busting all of the doors down. But by the time they get to be Juniors and Seniors, you start seeing them wear down.

There are a lot of clues that tell you that these kids are not getting the job done with their nutrition. But the young, healthy body is so capable of withstanding this. The saddest thing a Team Physician ever sees is a kid who's swimming wonderfully, only to get to their Senior year and have a terrible season due to injury, illness or fatigue. It is catching up to them finally. They have just worn their body out because they are not giving their body the building blocks to repair itself.

"I had no idea how to lose weight. I was eating fat-laden, greasy dormitory food and I said I cannot eat this, I will just have a salad. Meanwhile, I am training 20 hours a week. I needed much more than a salad for dinner. So that set me up for a binge at night. I would binge and purge. Used laxatives. Eventually diet pills. Whatever I could to try to lose the weight."

GENDER

Advertisers have recently realized that men, the other half of potential consumers, have remained untargeted. Men are therefore being bombarded by the ideal image of thinness similar to how women have been for decades.

Is this only a "female" thing? Should boys and girls get separate information?

Disordered eating is NOT only a "female" thing. The issues surrounding disordered eating are rising VERY fast with our male athletes, due to the magazines and star images. Everyone is shaved, cut and waxed. It is plastic surgery mania. The same pressures once thought to target only women are now being placed on boys and young men.

While 90% of eating disorder sufferers are said to be female, men have become increasingly at risk. Over the last few years there has been an explosion in the number of men with eating disorders, body image issues, and compulsive exercise. Advertisers have recently realized that men, the other half of potential consumers, have remained untargeted. Men are therefore being bombarded by the "ideal" images of thinness and fitness similar to how women have been for decades. Researchers believe eating disorders are on the rise for men.

Body Dysmorphia is one particular syndrome recognized more recently in males. Dysmorphia is an altered body perception, which includes a desire to achieve that bigger, leaner, 'hypermale' look, despite already being well trained. Males are often less likely than females to admit a problem or get help. It often goes unrecognized because it appears that they are just "conscientious and hard working." They may be seen as "skinny" (not anorexic) or as having a "heartly appetite" (instead of being seen as a binger). Males are less likely to use laxatives and diuretics but are more prone to use steroids and supplements ('fat"-burners and protein drinks in excess). They are also more

likely to over-exercise, spending hours in the weight room or swimming extra laps.

Warning signs in males include being overly conscious and obsessive about appearance, checking mirrors and even window reflections often, limiting fat and calories, eating "clean," waxing the body (other than to reduce drag), amongst the other signs and symptoms discussed in the section on Identification.

How do I manage the young boys who do not know the harm they create in a young girl's mind when name-calling takes place?

Teach them. Lead by example. Discipline and boundary setting have always been within the realm of coaching responsibilities, as is teaching life lessons such as sensitivity. Non-teasing rules or contracts have been very effective in school settings. Addressing language and pointing out that "compartmentalizing" (the singling out and identifying body parts then making comments about them) can be hurtful and diminishes all of us (male and female). We are, after all, more than the sum of our parts and each student/athlete is trying to develop a whole self, one that includes the physical as well as the mental, spiritual, athletic, academic and relationship aspects. This is a good place to start! Do not allow name-calling to take place by anyone on the team. A team environment should be a supportive atmosphere. Young boys and girls should be educated about how seemingly innocent teasing or name-calling can be detrimental to their teammates. Help your swimmers shape their values. These are reflected in how teammates treat each other, what they talk about, and how they approach their work/performance.

How do I deal with the social pressures facing women?

Women and girls face unique social pressures when it comes to how they should act and appear. The higher the self-esteem of these females the less likely they are to succumb to these social pressures. You can provide athletic role models and mentors who are looked up to for their strength of character. Look into programs such as the Go Girls campaign available at schools through The National Eating Disorder Association (NEDA) that help to boost girls self esteem and body image.

As a coach, you have so much going on it is unrealistic to think you can single-handedly change all the social pressures facing women. HOWEVER, you CAN impact the culture and tone of your team and contribute to the independent thought and self-esteem of every athlete. Be consistent in keeping your athletes focused on what is important. Practice and competition *can* and *should* be a safe place for girls and women to compete and realize their potential. It *can* and *should* be a place where they are encouraged to focus on performance and physical and mental achievement...not on weight and looks.

How are boys different from girls with respect to growing into or away from "ideals"?

In trying to best understand the array of factors that contribute to body image and body dissatisfaction, recognize that boys, in general, grow *toward* the idealized male figure (grow taller, more muscular) while girls grow *away* from it (develop hips, gain weight, become "rounder"). Girls also tend to physically mature at a slightly younger age than boys. This is also a developmental time when girls are particularly concerned with comparing themselves and assessing how they fit in. They are extremely vulnerable.



This means girls need to adjust. They need to recognize and learn how to accept their (changing) bodies, even as popular media continues to bombard them with images and messages that for the most part are unrealistic and unattainable.

"Coaches cannot change the social pressures facing men and women athletes, but coaches CAN impact the culture and tone of their team and can contribute to the independent thought and self-esteem of each athlete."

COACH'S ROLE – PREVENTION

"Be consistent in keeping your athletes focused on what is important. Help them shape their values, which are reflected in how teammates treat each other, what they talk about, and how they approach their work/performance."

Is it OK for me to weigh my athletes?

No. There is no reason for you to EVER weigh an athlete. Under certain circumstances (pre-season physical, monitoring hydration, monitoring altitude responses), it may be appropriate for the Team Physician, Pediatrician or Primary Care Physician to obtain a baseline. Even in these cases, you should not be present, nor should you necessarily be privy to the actual value. In some situations, it is not even necessary for the swimmer to be made aware of the result.

What is the latest on body composition measuring (pinching the fat, skinfolds)?

We have a tendency to use cut-offs for weight and % body fat for labeling, instead of using them as a reference point for future assessments. Presenting leanness or

thinness as a "requirement" to swim fast adds to a swimmer's susceptibility to self-criticism related to body image. The outcome can be problematic.

Ask yourself these questions:

1. *Does it really matter what the % body fat is when a swimmer is performing well?*
2. *Does it really matter how much they weigh, as long as they are within a healthy range and/or are losing or gaining weight strategically and healthfully?*
3. *Does it really matter what the skinfold is as long as they are improving their times?*

Regardless of technique, the most critical part of the picture is how changes in body composition affect an athlete's health and performance. It was once believed that an extremely low percent body fat in females was an underlying cause of amenorrhea (loss of the menstrual cycle). However, recent studies have revealed that this is not the case. There are plenty of girls with a low percent body fat who experience a regular monthly cycle, and there are plenty of amenorrheic girls whose percent body fat is higher than most. From a pure health standpoint, it is generally accepted that a very low percent body fat can be detrimental to health for both males and females. However, a specific definition or range of what is "healthy," and therefore "optimal," has yet to be defined.

Perhaps that magic range for percent body fat that will elicit optimal performance in sport goes undefined because there is NO optimal range and NO surefire way to measure it anyway! Basing judgments and recommendations on what the historical founders of body composition equations (Keys & Brozek, 1953) even called "a very rough 'armchair' computation from old anatomical data" is simply not an effective use of body composition in training.

Should I have an Eating Disorders specialist talk to my team or will it trigger eating disorders in swimmers who might otherwise not have problems?

Talking about disordered eating and eating disorders does not make them happen. Creating awareness of this health issue can be beneficial to swimmers at risk. An Eating Disorders specialist can present good information and open the topic up for discussion. We do not say that you should, but you can.

How can we make male coaches more comfortable with this issue?

Discussing eating disorders and disordered eating with both male and female athletes does not have to be a difficult process. Male coaches can become more comfortable discussing

eating disorders by becoming more familiar with the problem. Discussing a topic with a good knowledge base helps to make the dialogue easier and the athlete will have more confidence in the coach. Regardless of your gender, you need to know about disordered eating and the female athlete triad. The reason: You will often be the first one to see the signs and symptoms.

What can I as a coach do to prevent Disordered Eating?

Realistically, you may not be able to prevent every case of disordered eating. As mentioned previously, disordered eating is psychological. Some athletes will already be "loaded guns" because of personal, psychological, bio-chemical and or familial issues. Certain athletes are going to follow that path no matter what you say or do. However, you CAN reduce the risk by creating an environment in which swimmers are comfortable and confident. Focus on performance and how important fuel/food is to enhancing both strength and endurance. De-emphasize weight by eliminating weigh-ins, body composition testing and comments about weight. Avoid talking about appearance, good or bad. An innocent comment like, "you look fit" can be easily misinterpreted. Say instead, "your stroke looks good" or "that was a great set." A negative comment like "you need to be leaner" could be addressed more effectively by addressing the real performance issues. If an athlete is performing well, they may not need to be leaner, and if the athlete is performing poorly it may not have anything to do with weight or body size. Factors such as strength training, technique and sport psychology play key roles in improving performance. Focus on coaching to improve performance, not controlling body type--work with what you have.

From an athlete's perspective, is there something I as a coach can do to prevent Disordered Eating?

Athlete Perspective: It is important for you to understand the sensitive nature of weight and body image among us. Due to the amount of respect that we have for you, it is crucial that any derogatory comments and/or behaviors about weight be eliminated. Any message that you send me (positive or negative) carries considerable significance. Creating a positive environment that emphasizes the importance of me as a person and contributor to the team will be very beneficial. Get to know us as individuals. Recognizing and praising my efforts outside of my swimming will help me build a strong and healthy self-image. These things along with education regarding "fueling the body for performance" will aid in your efforts in prevention.

DID YOU KNOW...In 2000, a Mayo Clinic study showed that women in sports often derive their self-esteem from their athletic career. Once the athletic career ends, they find themselves lost and have a tendency toward self-esteem-related problems. That is where many of these eating disorders are coming from. We should be preventing girls in sports from deriving their self-esteem solely from their athletic career. We must acknowledge and

encourage success in other aspects of their life as well as in swimming.

Is it a good idea to involve my older girls in a "mentor" type program with the younger girls?

Making high school age girls aware of the mentor-type programs available at their school or through the National Eating Disorder Association can sometimes benefit a program. Programs such as the Go Girls Campaign are very effective in empowering young girls.

What can female teammates do to affect locker room talk since I can't be there for that?

Female teammates can be empowered by their mentors, role models, or coaches to help reduce negative talk and behaviors in the locker room. Sometimes it helps to teach the team that negative talk or behavior is often a symptom of an underlying emotional issue and that it is important to approach someone with concern when they exhibit these signs or symptoms. You might also consider talking to the team as a whole about expectations. Teach each swimmer that she can be a leader by choosing what to talk about, which conversations to participate in and which ones to walk away from. Remember that in the end, being a good leader comes down to setting a good example.

"Discipline and boundary setting have always been within the realm of coaching responsibilities, as is teaching life lessons such as sensitivity."

"All coaches, male or female, need to know about disordered eating and the female athlete triad, because coaches are often the first people to see the signs and symptoms."

COACH'S ROLE – IDENTIFICATION

What are the early warning signs of disordered eating?

- Preoccupation with food; talks about food a lot
- Preoccupation with weight
- Dissatisfaction with body
- Skipping meals
- Repeated comments about "feeling fat"
- Severe food restriction
- Eating only "safe," "healthy," or "fat-free" foods
- Not eating around others

- Often cold or chilled on and away from pool deck
- Wearing baggy clothes
- Binging/purging
- Excessive exercise (i.e. additional exercises after workout which is not part of the program)

Keep in mind that a swimmer can exhibit any of the above signs without having disordered eating. A swimmer who exhibits several signs for an extended period of time (more than one to two months) is the one to be concerned with. This will never be an exhaustive list, but one sign may be a flag to look for others.



At what age should I be concerned?

Signs of disordered eating can appear at any age, but they most often begin as an athlete enters puberty or a growth spurt. Nowadays, children as young as 9-10 years old are overly concerned with body image and appearance. It can manifest at any time during a swimmer's career.

How should I react when I see an early sign?

As a coach, you have a responsibility to step in as soon as you become aware of signs or symptoms of disordered eating or disordered eating patterns.

You can begin by asking questions such as, "Did you eat breakfast or lunch today? Did you eat before you came to practice? Have you been hydrating yourself?" Be direct. If applicable, include a statement like, "I have noticed your practice performance is slipping and I am concerned that you may not be getting enough fuel in your diet." These questions show that you value fuel for performance and that you do not think that skipping meals is acceptable. They need to know that skipping meals is not a way for them to prove they are more dedicated. They need to know that this is not a positive action that is going to help their performance.

Depending on your situation, you may also feel comfortable including a question about the menstrual cycle: "Are you having a normal period each month?" If the answer is no, let the swimmer know that it is not healthy and it is not normal. Let her parents know that you are concerned and encourage them to make an appointment with a physician. It is important to let the athlete know that you will be contacting her parents. Be sure to ask if she wants to be present when you talk to them.

Generally speaking, you want to avoid talking about how the athlete looks, good or bad, and focus on the health and performance issues. If you feel uncomfortable bringing up these issues, get the parents and the health care team involved early (as soon as your suspicions are aroused). In the meantime, generate conversations that reinforce the idea that fueling the body is about performance, not weight. This demonstrates that you value this attribute. Asking these kinds of questions and having these kinds of discussions encourages the swimmer to value what you value...their performance.

COACH'S ROLE – PARENTS

"Some parents may deny that there is a problem or insist that the problem lies elsewhere (i.e. she needs to train harder, she is so busy she does not remember to eat, it is just a teenage phase, etc.) Regardless of denials or excuses, you must 'stick to your guns.'"

How do I approach and talk to the parents if I suspect there is a Disordered Eating issue with a swimmer?

If you have observed signs of disordered eating or suspect that there is a problem with one of your club swimmers, it is important to notify the parents. Talk to the swimmer first. Then speak with the parents. Share your concerns and observations.

To minimize the "threat" of such a conversation, and risk of denial, your discussion should communicate the following:

- Your genuine concern for the well-being of the athlete, not only for her performance.
- Specific observations suggestive of problems with respect to the swimmer's eating patterns, food anxiety, and/or body image.
- Your intentions not to label the swimmer, nor to harm her swimming career or scholarship potential, but to encourage getting help toward optimizing the swimmer's health.

When speaking with the parents, insist that a physician see the athlete. Parents can also benefit from reading the Disordered Eating pamphlet that can provide them with basic information, so you may want to give them a copy to take home and digest.

What can I do if parents deny there is a problem even after I have spoken with them about my concerns?

Some parents may deny that there is a problem or insist that the problem lies elsewhere (i.e. she needs to train harder, she is so busy she does not remember to eat, it is just a teenage phase, etc.) Regardless of denials or excuses, you must “stick to your guns” and if necessary refuse to allow the swimmer to practice until she has seen her doctor, nutritionist, or therapist. Ask the parents to follow-up with you after the doctor’s visit so that you know it is okay for the athlete to be training. At all times, emphasize your concern with performance and the well being of the athlete.

Document your discussions with parents with at least a brief description of content. If parents fail to follow-up with any concrete action, do not give up after one or two conversations. They may feel overwhelmed or stigmatized by your information. There may also be family dynamics thwarting efforts to take action. There may also, however, be a time at which you must acknowledge your limitations as a coach, knowing that at least for now you have done all you can to bring to the parents’ attention the problem you perceive.

If I have a nutritionist speak to my team, should I include the parents?

Yes. Parents and swimmers alike can benefit from a general nutrition presentation. It is more important to gear the talk to the age of the swimmers. Age groupers will have different abilities than 12-and-overs. Nutrition talks are especially beneficial when there are changes in training, such as pre-season, holidays, taper, and off-season, so plan accordingly. Including the parents ensures that everyone is receiving the same information.

Should parents come to an Eating Disorders discussion?

Parents would certainly benefit from this type of presentation. A suggestion would be a presentation with parents, swimmers and coaches, followed by discussions where the parents and coaches are separated from the swimmers. This promotes more open discussion within all three audiences.

“There may be a time at which you must acknowledge your limitations as a coach, knowing that at least for now you have done all you can to bring to the parents’ attention the problem you perceive.”

COACH’S ROLE – ACCESSING HELP

"I still know coaches who under the guise of wanting to help their females to be better athletes feel like they need to weigh them. They think they need to do skinfolds on them. I do not think these coaches understand the buttons they are pushing when they do this."

At what point do I step in?

As mentioned previously, you have a responsibility as a coach to step in as soon as you become aware of signs or symptoms of disordered eating or disordered eating patterns. Your course of action will depend on your club situation. Ultimately, however, you must turn the situation over to a professional.

Once I have identified a swimmer who I think has issues with eating, what steps should I follow in getting help and is this different for club coaches versus college coaches?

First, recognize that the protocol for getting help may differ between club coaches and college coaches. For all coaches, the first step is to talk with the swimmer frankly, in private and without confrontation. As mentioned previously, this conversation should be used to express your concern for her health and well-being. Reassure her that you care about her health first and her performance second. Tell the swimmer what you know. State your observations of signs and/or symptoms and/or behaviors in a non-judgmental manner. Do not diagnose...just state your observations. Example: "I have noticed that you eat only salads, and I am concerned that this is not enough to fuel your workouts." Or "It has been brought to my attention that you are throwing up after meals." If you have observed just one sign or a sign that does not necessarily persist, consider referring the swimmer to a book or nutritionist. If your feeling is that the situation is more serious than that, outline the next step.

For club coaches, this next step is telling the swimmer that you will be calling her parent (s) tonight. Identify to the parents your specific concerns for the swimmer's health. Have a list of resources available for the parents to use in getting help. Agree to a plan of action, which might include referral to a physician, nutritionist, therapist and a sport psychologist. Follow up with the parents at a specified time for feedback.

For college coaches, this next step is telling the swimmer that you will be contacting the team physician or designated healthcare professional. Contact the appropriate medical personnel, and schedule another meeting with the swimmer to confirm that she is getting help and to reinforce your concerns for her well-being.

In both situations, make it a point to reassure the swimmer of your support. Let her

know you are there for her, supportive of her getting healthy, and that you believe in her ability to do so. Reassure her of her position on the team and confidentiality of the situation. Tell the swimmer how you will follow-up. This demonstrates your genuine concern and desire to see a positive and responsible outcome. This may be as simple as saying you will call a parent tonight and check in again with her tomorrow. Or that you will call the Team Physician and would like the swimmer to call for an appointment...and that you will check in with them in a couple of days.

What if the athlete is in denial?

Athletes with disordered eating will often deny their problem. Many others recognize that their eating pattern or behaviors are not healthy, but don't recognize this as a problem. If this is the case, you should discuss with the swimmer your concerns and observations. It is important to inform the swimmer that medical staff and/or their family will be involved and to emphasize the positive outcomes of getting guidance.

Is it possible for me (the coach) to be in denial?

Yes, it is possible for you to be in denial. With the pressure of coaching and success in today's society, it can be difficult to accept that one of your own athletes has disordered eating. Denial can stem from many places, including lack of understanding of the scope of disordered eating, your role in the athlete's life, lack of awareness of risk factors for disordered eating, or not knowing how to access help for the athlete. Education is the key. You are taking a proactive step by reading this guide.

"We try to be all things to all people, and I think we get ourselves into trouble when we do that. Because sometimes we tell half-truths and sometimes we tell folklore that really is not true."

LANGUAGE

"My coach said that I looked good, healthy. I thought he was trying to tell me that I was fat. Looking 'healthy' means looking 'fat' to me."

"Coaches can do much to influence the culture of their own team by the language they use and the values they promote. Emphasis should be on performance, strength, technique, and endurance rather than on weight or any aspect of appearance."

I have a swimmer who has not been performing well and has also gained weight. How should I address this? How can I safely tell my swimmer that he/she needs to drop some weight?

The short answer is: You cannot. But realistically you have to approach the situation. How you do this may depend on the circumstances.

If the decline in performance has paralleled the weight gain, it is appropriate to address the issue. The best way to begin the discussion is to address the decline in performance. Ask the swimmer about several influences on performance, such as training, sleep, hydration and life stressors outside of the pool. All areas should be acknowledged. The swimmer can also be referred to a nutritionist to assist with optimizing fueling for performance, but be cautious in making such suggestions too often or as the only suggestion. If you have not demonstrated your concern with other training factors as well, some girls will perceive this as your way of saying they are fat. If other factors, such as sleep disturbances or stress management appear to be contributing to the problem, a therapist or counselor may be an appropriate referral. Note that weight LOSS that parallels a decline in performance should be handled the same way. Any weight change at all should be discussed in the context that it is only one of many factors that might be affecting performance.

Many coaches have concerns about weight gain. We know that weight gain is reflective of normal body changes in the developmental process. So one-way to address this is to address performance and its key components, such as training skills, hydration, sleep and mental training. Given the bell-shaped curve for weight, realize that at any given time, you can have a thinner, lighter athlete who is doing great and a heavier athlete who is doing just as great. It is true that most athletes do better when their weight is within a certain range, but there are always athletes on either end who will succeed. But remember that if a swimmer is obviously over-weight, it is an over-fueling issue. The athlete is simply not fueling herself properly or appropriately.



Also worth noting is that teenage girls are really good at acting like they do not care what you say, but the truth is that everything you say goes into a memory bank, and they never forget it. As mentioned previously, your swimmers respect and look up to you. They want your approval. They want to do you proud. They want to succeed. So you have to be consistent with your language. You cannot stand around on deck with the guys and joke about someone being fat and then take a girl into a room and say, "you need to fuel yourself appropriately." When she hears this, she has 'you are fat' in

her mind.

A Team Physician's Perspective:

"This is a cultural thing that we have to fight. The most successes I have seen are the ones that take the multi-faceted approach. 'What is your goal as a swimmer? What do you want to do? Do you want to swim 'B' times or do you want to make National cuts? Do you want to be first?' And when they determine what their goal is say: 'Here is how we are going to go with this, this is what we do with our most elite athletes. We look at their nutrition. We look at the way that they mentally train. We look at their physical training. We look at their strength.' And that is what I do with an athlete when they come in and I know that they are very high at risk for an eating disorder. I will say; 'I think you have an eating disorder and you need to go to our athlete support group. You know you are not performing as well as you would like. Your Coach has said that you are not performing as well as he/she would like. We need to look at all the pieces of the puzzle to see what we can tweak to make you perform the way you want to perform. I first need to know from you, 'Are you committed to performing at this level?' Because if you are not, let us not waste anybody's time.' And once you kind of give them some of the responsibility and then give them the tools, I am not saying it is going to work with all of the kids, but a lot of them will respond very positively to this. And they hear it in a different language and it makes a big difference. It truly makes a big difference."

How can I teach "fitness" and "fueling for performance" versus restrictive dieting to be thin?

As a coach, you can do much to influence the culture of your own team by the language you use and the values you promote. Emphasize performance, strength, technique and endurance, rather than weight or any other aspect of appearance. We recommend using educational materials and other resources to illustrate how what we eat affects how we perform. This may be something you have experience with, or it may be something better left to a nutritionist. Consider asking a local Sports Nutrition professional to have scheduled talks with the Team. Occasional guest speakers can reinforce healthy behaviors such as adequate sleep, balanced nutrition, hydration and stress management, and even body image. Societal ideals of beauty often focus on thinness over health and performance. However, a swimmer's awareness can be raised to at least question the reality of digitally enhanced photos of celebrities and the advertising media's stake in promoting a sense of inadequacy (without which fewer products would be sold). See the Resources section of this Guide for an educational video to this effect.

You may also ask simple questions to see if swimmers skip meals and whether or not

they are getting their pre- and post-workout snacks. By doing this, you promote healthy eating and training habits. Ask simple questions such as, "Are you eating at least every three to five hours?" or "Did you have a snack before workout?" or "Where's your sports drink for practice?" These questions indicate what behaviors you value, just as not weighing swimmers or measuring body composition communicates that weight is not a focus. Avoid making references to appearance, both negative and positive. Talk about performance. After all, that is why you are coaching them.

Is it okay to compare my swimmer to another swimmer (for example, the event winner) in a "positive" way?

No. Swimmers are individuals with different body types. Trying to make comparisons between swimmers' bodies is not an effective way to improve performance. They see themselves the way they see themselves. Recall the old adage, "They do not care how much you know, unless they know how much you care." It fits for so many girls. Rarely is there a patient who suffers from anorexia or bulimia that does not have a severe self-esteem problem. The paradox is that swimmers try so hard to do everything they can to be fast. They derive a huge sense of personal satisfaction and value from that. Yet they are at risk for doing what could actually be counter-productive to becoming fast. It is really a tough thing to do, but as a coach you must validate her not just for her swimming performance, but also for her individuality. You cannot accomplish this by comparing her to others. Competition is inevitable, but you can accomplish more by focusing on competing in the water instead of out.

Remember...Body dissatisfaction is one of the greatest predictors for disordered eating. If a swimmer has persistent self-image issues and/or distorted body image, he/she is in need of referral.

How do I deal with body weight versus fueling for performance? Example: I want my swimmer to gain muscle, but she refuses to get bigger, and she will not eat meat. She has a burning desire to be good, but she will not listen to me.

First, be careful. Ask yourself, "How did I evaluate her need to gain muscle? Does performance indicate a need?" Remember, it is not up to you to determine ideal weight, but to set performance goals. If performance is not progressing as planned for the season, talk to your swimmer about what factors may be contributing to this plateau. If she needs more strength, talk about conditioning. If she refuses to strength train for fear of getting too big or gaining weight, her desire to stay "thin" is likely not performance-based and is now interfering with performance goals. At this point, it is time to enact the policy/procedure for referral.

What "language" should I use?

When discussing training goals and progression with your swimmers, we recommend using terms like "performance," "splits," and "strong" or "strength." Avoid terms such as "weight," "fat," "lean," and "fit." Emphasize strength, flexibility and technique rather than focusing on factors that cannot be directly linked to swimming performance.

How can I use weight or body composition in enhancing performance without putting the swimmer at risk?

The simple fact of the matter is, you cannot. Remember that in terms of body composition, a specific definition or range of what is "healthy," and therefore "optimal," has yet to be defined. The magic range for percent body fat that will elicit optimal performance in sport goes undefined because there is NO optimal range and NO surefire way to measure it. Basing judgments and recommendations on what the historical founders of body composition equations (Keys & Brozek, 1953) even called "a very rough 'armchair' computation from old anatomical data" is simply not an effective use of body composition in training.

Remember... Teenage girls are really good at acting like they do not care what you say, but the truth is that everything you say goes into a memory bank, and they never forget it. The minute you mention body composition, she hears "body *fat*," and that can scar a girl for life. Focus on performance and training components.

"I was floating on my back in the water, resting between sets. My coach came up and said, 'it is nice to see fat floats.' I was devastated."

"We were so scared to step on this big freight scale every morning. Once a week we would be told who was progressing towards their goal weight and who was not. I was always in the blubber club because I was never progressing towards my weight. So there was a lot of shame, a lot of denial that I had a problem. And secrecy."

RESOURCES

"Talking about disordered eating and eating disorders does not make them happen. Creating awareness of this health issue can be beneficial to swimmers at risk. An Eating Disorders specialist can present good information and open the topic up for discussion."

Is there a list of written materials or websites that I can review to learn more about Disordered Eating?

Yes. The following websites offer very good information at a variety of levels. Most of this information is suitable for coaches' education.

- www.something-fishy.org
- www.paysonroad.com
- www.edreferral.com
- www.edrecovery.com
- www.renfrew.org
- www.bulimia.com

In addition to the above websites, the following books can be used as general Sports Nutrition references:

- Ultimate Sports Nutrition by Ellen Coleman (2003, 4th Ed)
- Sports Nutrition for Endurance Athletes by Monique Ryan
- Endurance Sports Nutrition by Suzanne Girard Eberle (2003)
- Sports Nutrition: A Guide for the Professional Working with Active People, by Chris Rosenbloom (editor) and the American Dietetic Association
- Nutrition for Sport and Exercise by Jacqueline Berning and Suzanne Nelson Steen
- Making Weight, by Arnold Anderson, Leigh Cohn and Thomas Holbrook (a good book for males)

There are also several videos that may be appropriate to share with your athletes:

"Behind Closed Doors"

This video demonstrates the process by which virtually all fashion and advertising photos are digitally corrected to enhance appearance, making models/celebrities closer to the societal ideal of "thin is beautiful." The focus of the video is on women rather than all models. Length: Approximately 10 minutes. www.remudaranch.com

"Still Killing Us Softly – Advertising's Image of Women"

(An update of the original "Killing Us Softly") Using examples of ads from magazines, newspapers, album covers and billboards, this 30-minute documentary is based on the lectures of Jean Kilbourne and is a concise and important analysis of a \$130 billion a year industry that preys on the fears and insecurities of consumers. "Still Killing Us Softly®" is as important for men as it is for women. Although the focus is on the image

of women, the film explores the effects of this image on men. With an intriguing mixture of statistics, humor, insight and outrage, Dr. Kilbourne shows her audience that ads may seem harmless and funny by themselves, but they add up to a powerful form of cultural conditioning -- and their message is deadly serious. www.cambridgedocumentaryfilms.org

"Beyond Killing Us Softly – The Strength to Resist"

Beyond Killing Us Softly: The Strength to Resist" is a 33-minute educational video about the image of women in advertising. The film presents the ideas of girls and young women as well as those of the leading authorities in the fields of psychology of women and girls, eating disorders, gender studies, violence against women, and media literacy--and focuses their ideas on practical solutions and the best tactics for reclaiming our culture. www.cambridgedocumentaryfilms.org

Is there a list of eating disorder specialists I can call to help me manage my athlete?

Yes. The USA Swimming website provides the Sports Medicine and Science Network on-line searchable database. You can locate Nutrition and Eating Disorder specialists in your home state and around the country. To access the search, go to www.usaswimming.org. The searchable database is in the [Sports Medicine](#) section under the Coaches Tab.

Where do I find other swimmers who will share their experiences? Is this a good idea for the whole team, or should I limit it to the ones I know have issues?

Bringing in a swimmer who will share her experience is tricky for several reasons. You really need to know her story, how she relates it and how far along in recovery she actually is. If, for instance, she had an eating disorder while she was competing and medaled, regardless of her struggle AFTER her medal, the young swimmer is likely to focus on the fact that the veteran competed successfully with such a disorder and may be tempted to try the same. Remember, an athlete is often of the mentality to win at all costs. That is her focus, and future consequences often seem too distant to be of concern to her.

If resources are limited and you must choose, the recommendation is to bring in a sports nutritionist or sports psychologist (with experience in treating eating disorders). These professionals should be able to talk with the entire team, helping all members get to a better place than where they currently are. In doing so, no one group of "challenged" swimmers is identified and yet all benefit.

"...when it comes to evaluating the quantity and quality of somebody's nutritional patterns,

we are not qualified. I do not think we should be going into that arena at all, in ANY form. Other than being general advocates of a quality nutrition program, we should defer to nutrition professionals because that is what they do."

LEARNING EXERCISES

Learning Exercises #1-3 were adapted from a manual presented by the National Athletic Trainers' Association Research and Education Foundation: *Disordered Eating Among Athletes, The Athletic Trainer's Role* was designed as a self-study course and published by Human Kinetics in 1997. Learning Exercise #4 was provided by one of the coaches who assisted in the review process of this Guide.

Learning Exercise #1 – Identification

Susan is an 18-year old nationally ranked swimmer. She is attending your college on an athletic scholarship, and her parents and coaches have high aspirations for her. You have noticed that she has lost a few pounds. She was trying to lose weight before swimming at Nationals. She was told that losing weight would make her swim faster. When asked about her eating habits, she states that she eats a balanced diet with lots of fruits and vegetables and has been doing extra running to keep her weight down. When pressed, she admits to eating some donuts when anxious, and this has made her worry that she will gain weight back. She heard her teammates talking about taking laxatives, so she tried it a couple of times after eating too much. She also admits she has started to skip meals the days of meets because she wants to look good and does not want to feel fat when she races.

List the signs that Susan may be suffering from disordered eating. Check your responses with the paragraph that follows.

Indicators that Susan may be experiencing problems with disordered eating include:

- the connection she makes between losing weight and looking good in her swimsuit.

- her admission to a relationship between food and her moods (she eats donuts when anxious).
- the use of laxatives to control her weight.
- the feelings of fear and guilt related to food intake.

Note that Susan does not fit the clinical profile for an eating disorder, but her behaviors (binge eating, compensatory weight-loss) indicate that further assessment by or referral to a practitioner with expertise in eating disorders is warranted.

Learning Exercise #2 – Coaches as Role Models

Coaches have tremendous influence on the young athletes in their charge. Athletes remember the words of encouragement as well as the words of criticism from their coaches long after the words are spoken. For this reason, it is very important for coaches to be aware of the impact of their words and actions on the athletes they work with.

This learning exercise is designed to encourage you to examine the issue of body weight in swimming and how you might fine-tune your own skills as a coach based on what you've learned from this Guide and other people in the sport. Record as many notes as you feel are necessary.

- Think about the BEST approach you have seen a coach or team leader take in trying to help athletes on the team lose weight or increase muscle mass and describe the effect(s) this approach seemed to have on the athletes?
- Think about the WORST approach you have seen a coach or team leader take in trying to help athletes on the team lose weight or increase muscle mass and describe the effect(s) this approach seemed to have on the athletes?
- How do you feel about body weight, muscle mass, and/or body composition on swimming performance? Has your perspective changed since reading this Guide? If so, how and why?

Learning Exercise #3 – Rehearsing an Initial Meeting

Confronting a swimmer you suspect of having disordered eating may be one of the most uncomfortable situations you find yourself in during your coaching career. To do your best at handling it, BE PREPARED.

This exercise requires the cooperation of a colleague. Set up a role-play situation where you and your colleague simulate an initial meeting between the coach who suspects disordered eating in one of his swimmers and the swimmer who might have or is

denying the problem.

First, play the role of the coach. Discuss with your colleague the typical reaction an athlete might have that could make the meeting difficult. During the role-play, focus on the goal of establishing open, honest communication with the athlete.

After 10 minutes, stop the role-play and discuss it. Reverse roles. Have your colleague play the role of the coach while you play the part of the swimmer. Again, discuss the role-play when you are finished.

The time you invest in this role-play exercise will be time well spent. We can only hope you will never have to use it.>/P>

Learning Exercise #4 – Assessing Team Environment

How often does time allow you to simply look around and take it all in? Not very often. Today, treat yourself. After the last workout of the day, take a few minutes alone or with an assistant coach to reflect on what goes on in your pool. Think about the following:

- What kind of language do my swimmers use with one another? Do they use kind and decent words, or are their words hurtful? Does their language communicate respect?
- How many of our Team traditions focus around food and/or body image? Is there something I can do to ensure my athletes always feel confident in their surroundings?
- Do I provide educational opportunities for my swimming parents? What about for my athletes? Is this something I can manage or assign to one of my assistant coaches?
- Are there any signs of dangerous pressures here in the pool or in my program? Is there anything I should be re-evaluating or am I comfortable with everything we do?
- Am I aware of the “non-swimming” factors surrounding each of my athletes? Am I familiar with parent behaviors, school stresses, etc? Am I showing interest in my swimmers as people? As individuals?
- Is there anything in my program that I can do better?

Reflection. Sometimes it can do you more good than anybody else!

CRASH COURSES

Crash Course I

Unhealthy Weight Management Practices in Sport Settings

- Group weigh-ins
- Arbitrary weight or body composition goals
- Punishment for not making weight
- Careless or unfeeling remarks about ANY athlete's weight or appearance
- Associating weight loss with enhanced performance
- Minimizing the detrimental and unhealthy effects of rapid weight gain or loss

Crash Course II

Warning Signs for Athletes with Bulimia

- engages in secretive eating (or you notice food is missing)
- avoids team meals or restaurant trips
- visits the bathroom after meals
- engages in very obsessive or excessive exercise routines
- frequently talks of being too fat
- uses diet pills or weight loss products
- constantly talks about weight or food

Crash Course III

Common Reactions by Coaches to an Eating Disorder

- **FRUSTRATION.** When you have worked with an athlete and invested a significant amount of time in the relationship, it is natural for you to be upset and angry if an eating disorder occurs.
- **DISAPPOINTMENT.** You might be disappointed in an athlete for "letting" the problem get out of control. You might be disappointed in yourself for not noticing the problem earlier or for not taking more immediate action.
- **GRIEF.** If the swimmer must stop participating in order to deal with the eating disorder, you may feel sad that she has to leave the team.
- **DISTANCING.** In an attempt to protect yourself from the strong emotions related to the eating disorder, you may act disinterested in the swimmers and in the treatment process. Swimmer's who perceive this attitude can feel slighted and rejected.
- **RESISTANCE.** You may want the swimmer to continue to practice and therefore you might resist attempts to label her with an eating disorder problem.

- GUILT. Naturally, you will question your own actions and will wonder if you said something or behaved in a way that contributed to the problem.
- SUPPORT. After dealing with your own reactions to the news of an eating disorder, you will likely want to support the swimmer. Your level of involvement after treatment has been initiated must be decided case-by-case. Sometimes an athlete must learn to separate from the team, but often the coach or team can provide valuable support over the long-term.

High Risk Profile for Disordered Eating

- Perfectionist
- Compulsive
- Highly Driven
- Swimming Is His/Her Identity
- Depression* (see Red Flags below)
- Parental Pressure to Excel
- Success (especially early success)
- Family with High Expectations/Successful Siblings
- Thinks "All or None" or "Black and White"
- Does not Express Feelings; Family Does not Express Feelings
- Never Complains
- Pleaser
- Poor Body Image* (see Red Flags below)

CAUTION – These may be your best kids!!

Identifying Depression – Your Red Flags

- Negative self-talk by the swimmer/LI >
- Negative talk from parents
- Withdrawn
- Unusual quietness
- Loss of interest in activities
- Loss of motivation
- Reduced concentration
- More "risky" behavior
- Sleep problems
- Changes in weight
- Changes in appetite
- Changes in academics

Identifying Poor Body Image – Your Red Flags

- Compartmentalization [dissatisfaction with particular body part(s)]
- Baggy clothes
- Clothes/colors to hide or change body shape
- Always wraps in a towel and is last one in the water
- Negative self-talk
- Critical of own body
- Radical changes in appearance (ex. new make-up or hair color every week)

IT TAKES A GREAT PERSON TO MAKE A GREAT SWIMMER.

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“For me, talking has really lead to healing. That is really important because there is so much shame in struggling with an Eating Disorder.”

Special thanks goes to all of the athletes, coaches and staff who contributed to and edited this guide. To the athletes in particular, we thank you for sharing so bravely and commend you on your road to success.

GO USA!

For additional copies of this Guide, please call USA Swimming at (719) 866-4578.

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