Coaching Athletes with Epilepsy

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As science increases our knowledge of medical illnesses and their treatment, young athletes with conditions that previously would have limited them to a spectator’s role are now able to participate in sports. Young people with epilepsy are part of this growing group of athletes who require awareness from their coaches to help them participate safely.

What is epilepsy?

Epilepsy is a brain disorder that causes recurrent seizures. According to Dr. John Gates in “Epilepsy and Sports Participation” (The Physician and Sportsmedicine, 1991, 19 [3], pp. 98-104), there are three types of seizures to which coaches may have to respond:

- Generalized tonic-clonic seizures, in which the person falls to the ground and experiences uncontrollable shaking of the limbs, lasting from 50 to 90 seconds
- Absence attacks, which cause a person to stare blankly into space for 3 to 10 seconds
- Complex partial seizures, lasting for 1 to 5 minutes, which cause a lack of awareness, a blank facial expression, and aimless movements, gestures, and noises

In all three types, the person will have no memory of the seizure. After a tonic-clonic seizure, a person may be tired and have a headache; after the latter two types, the person may appear confused and disoriented.

Epilepsy and sport participation

Dr. Jeffrey Kyrouac, a sports medicine specialist at Carle Foundation Hospital in Urbana, Illinois, says “the best approach is an individualized one” when considering the type of sport and the amount of activity that athletes with epilepsy can safely perform. Kyrouac advises coaches to ask athletes about the type and frequency of their seizures and any medications they are taking. If you notice that these athletes are experiencing more or different types of seizures while participating, notify the parents immediately. In addition, some epilepsy medications cause fatigue, decreased coordination, and mental confusion, all of which can affect performance. If you notice that side effects may be causing accidents or falls that are jeopardizing athletes’ safety, discuss your concerns with them and their parents immediately.

In general, Kyrouac says, “there is no need for coaches to create special training routines” for athletes with epilepsy unless their physicians recommend otherwise. However, he adds, keep in mind that each athlete is unique, and be willing to create individualized programs, if necessary, to allow him or her to continue to participate.

What to do if a seizure occurs?

Because epileptic seizures usually occur without warning, coaches need to respond to them quickly and correctly. Kyrouac says that “in the case of tonic-clonic seizures, your main concern should be to protect the athlete from harm.” Prevent athletes from hitting their head
on the ground, clear the area of sharp or hard objects, don’t put anything in their mouth, and don’t attempt to restrain them—let the seizure run its course. Remain with athletes after the seizure is over until they are fully awake.

According to Dr. Gates, in the case of absence attacks and complex partial seizures, you should remove harmful objects from their path or coax them away without trying to restrain them. Athletes may be aggressive during the seizure; don’t approach them if you are alone. Remember that athletes may be confused after these types of seizures; be sure to remain with them until they are fully alert.

There is usually no need to call for emergency help for athletes with known seizures unless they are having difficulty breathing, have injured themselves, or are having one seizure after another. However, athletes who have no history of seizures should be taken to a physician for further medical evaluation.

Kyrouac says “there is no need to announce to the entire team the names of the athletes who have epilepsy.” Instead, devote a practice early in the season to emergency first aid, and include how to help a person having a seizure. That way athletes can choose whom they want to tell about the condition, at their own discretion, without being singled out as “different.”

The best thing coaches can do, according to Kyrouac, “is provide a supportive environment” for all their athletes. Athletes with epilepsy want to lead as normal life as possible without being singled out for special treatment. Unless medical necessity or common sense tells you that athletes with epilepsy are endangering themselves by participating, treat them as you would any member of the team.

This article appears in the April 1995 issue of *Technique*, Vol. 15, No. 4, p. 5.