

FIONAFORD INTERNATIONAL TRIATHLETE BACK ON TRACK

HOW I RECOVERED FROM A LIFE-CHANGING ACCIDENT AND GOT BACK ON THE PODIUM



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A serious bike accident whilst out training in 2012 put an end to her competitive career as a pro triathlete. She spent two years on rehabilitation and recovery from multiple injuries to resume her sport and coaching. Three years after the accident, she is once again competing in triathlons.

Back on Track

Dedication

This book is dedicated to my parents, Robyn and Gary, my partner Steve and a small army of friends for their amazing support. Thank you for the positivity and help you all brought to a lengthy but successful recovery process.

Credits

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PREFACE

Endurance, n

Definition: The fact of enduring (pain, hardship, annoyance); the habit or the power of enduring; often absol. as denoting a quality, longsuffering, patience.

Oxford English Dictionary

The year of the London 2012 Olympics I had enjoyed over a decade in the sport of triathlon, transitioning from marathon runner into multisport. While teaching in Poplar, East London, I ran the London marathon a number of times earning a championship start time and encouraging my pupils to take up (any) sport. One of my students, Perri Shakes-Drayton, competed at the London 2012 Olympics. To watch her race a decade on from challenging me to races up and down the school playground was an absolute pleasure. On marathon day in 2003, as a 12 year old, Perri ran the length of Poplar High Street with me as the route passed by the school gates. I appreciated her positive attitude as I managed and taught a challenging class the year I decided to run my last London marathon.

Embracing triathlon in 2002, I raced for Great Britain in age group teams at ITU World Championships for 4 years, culminating with winning 'double', the Aquathlon and Triathlon in the same week. I finished third and fifth overall respectively in the women's age group events, a few minutes behind Chrissie Wellington in the ITU Triathlon when all the age group results were amalgamated together.

With the support of a bike sponsor, Planet-X, and coached by Spencer Smith, I was encouraged to turn to long course triathlon racing. My first Ironman® event in 2007 was ® France. I finished in the top 10 overall, setting a new age group course record and qualifying for the World Championships in Kona, Hawaii. I finished top 10 in my age group after injuring myself in the early stages of the race taking evasive action to avoid a crash on the road outside the transition between swim and bike. I still managed to run a sub 3:30 marathon off the bike, always relishing the ability to harness discomfort in the familiar rhythm of endurance running.

Over the next four years I trained consistently and raced in the pro ranks producing Ironman[®] top 10 finishes while also working full time.

In 2010 I made the leap of faith to set up a full-time coaching business, leaving the security of my role as an educational consultant. I naively expected that doing what I loved full time would provide me with a more optimal training focus. However, if anything, more time was required in the first 2-3 years setting up a business from scratch. Time was preciously unavailable for me to invest in logging training hours. A quality over quantity approach prevailed.

In 2009 and 2010 I produced two sub 10 hour Ironman® finishes. I was averaging 13 hours training per week due to putting in 60 hours work! My race calendar in the season featured just a handful of events to peak for as a result. In 2011 I experimented with racing back-to-back Ironman® events just 4 weeks apart. As a coach I sought to gain insight into the leanest possible timescale of a standard recovery process. I finished fourth at Challenge Vichy and tenth at Challenge Henley, earning prize money at each event I raced.

In 2012 I was keen to make a podium at an Ironman® event and had made tough decisions to improve key aspects in my life that were having a significantly negative impact on my well-being. As a result of making one difficult change, my training had responded better than ever to an altitude training block in the alps with my coached athletes. I had mapped out a season ahead of me and was eager to make the next leap in performance to a step on the podium. My business was becoming nicely established and I hoped to bring some balance into the work–training–life equation in 2012 to race up another level.

And then on an ordinary weekend training ride, on an ordinary British summer day, against the backdrop of the country's finest year of cycling, a car knocked me off my bike.

I snapped my right collarbone, shattered my pelvis, broke my sacrum and fractured some vertebrae. I grazed off approximately half a metre of skin. My helmet shattered down the middle leaving a long, large lump on the side of my head, cutting off my hair in the same place. The impact was so intense that I wore the rectangular imprint of my iPhone on the skin and flesh on the side of my back like branding for six months.

I was told I would never be able to run again, never be able to do a marathon. I feared I would never be able to walk.

In the two to three seconds it took for my body to smash into the tarmac at 35 kph everything changed: My life altered irrevocably by a careless, thoughtless, bike-blind driver. I was left facing an endurance challenge that had ever-changing rules and a finish line that kept moving further and further away. At 1:30 pm on June 23 suffering, hardship, pain and endurance all took on a new significance.

My wonderful, extraordinary life had been turned upside down. My livelihood, home, quality of life and even the ability to look after myself independently were all under threat. I was at the bottom of an unfamiliar mountain I couldn't see a summit of – with an arduous climb ahead.

Over the past two years I have endured a lengthy process and continuous challenge. By having a new start line defined for me, unsure of the journey I would take to reach the finish, I relied on belief. Belief that I knew the direction I needed to head in and an understanding that I should aim to keep on moving toward the summit, continually climbing, however slowly.

Previously defined limits paled into insignificance compared to starting over again – teaching myself to walk, to swim, to run and to bike all over again. The journey to return to an active life again has been helped at

many stages by medical professionals, physiotherapists, sports trainers, massage therapists, my coached athletes, friends, family and a supportive partner.

My greatest source of strength when the chips were down was applying principles from a previously active, athletic life to a recovery process without frustration that I could not train or wasn't racing. Having serious injuries provided an opportunity to evaluate the important things in life.

This is my personal story of my recovery from a serious bike accident and guide to making the transition from rehabilitation back to functional movement and back into training. It is intended to assist any injured active person, whether an athlete or sports enthusiast, to prepare for an event that is not clearly defined and doesn't have a finish line.

My intention by writing this book is that the reader will see that endurance, determination and consistency is rewarded not with medals and trophies or accolades but with a result that is arguably much greater.



CHAPTER 1:BICYCLE VERSUS CAR

Biggest achievement: Surviving high-speed bike crash

Top speed: 51.5 kph Elevation gain: 797 m Distance: 64.54 km

1:30 pm Saturday 23 June 2012

Maintaining an easy cadence and effort over the rolling hills of Surrey I regularly glanced back to check my friend Tania who was happily pedalling on my wheel. She had made light work of the Surrey hills on a trip to visit London; after all she was used to riding in her home environment of the French Alps.

We had planned a low-key training ride on the London 2012 Olympic road cycle route, taking in the Box Hill 'climb', factoring in an obligatory cake-and-coffee stop mid route. In just a few weeks the same roads would be lined with cycling-crazy fans in a year in which the UK embarked on a serious love affair with the sport thanks to a landmark Tour De France win for Bradley Wiggins.

My newly built, custom-specced race bike had proved to be a flawless ride on its third outing. I felt at one with the bike as it cruised through training miles even though I had only sat on it a handful of times. I couldn't wait to see what it could do when the summer season kicked off for my fourth year racing as a pro.

My attention turned to the increasing traffic levels around the middle of the day, and I checked on Tania again as we swooped up over the railway bridge at Oxshott. I soft-pedalled before cresting over the top of the small rise and sensed her closing down the small gap between us. My time trial bike was eager to be off and I allowed it to run a little on the slight descent, feathering the brakes lightly.

As I approached a junction I spotted a dark blue car stopped on the left waiting to turn into the road we were travelling along. I floated out into the road and stared at the driver's side window to try to make eye contact. It was a tactic I used all the time to make sure I was spotted

easily by motorists. The relentless flow of oncoming traffic made me confident the driver could not and would not pull out.

But then he did. Just metres from my front wheel.

What happened in a tenth of a second all unfolded in hideous, silent slow motion. My mind quickly presented me with two options, and neither of them was great. Option A: hit the front brakes, which would mean a trip over the handlebars onto his car and then probably into the oncoming traffic. Option B: use the emergency *squeezetherearbrake* technique and hope like hell I could use my years of race-honed skills to dodge him.

My subconscious immediately chose option B. I applied the back brake and aimed the front wheel slightly towards what I hoped would present itself as a small gap as the car moved forwards. Then the rear wheel of my bike left the road, and I sensed both the bike and I were airborne. I closed my eyes when I realised the bike was out of control, and I would be taking the full impact of a high-speed crash on the right side of my body. There was nothing more I could do. It seemed a long tenth of a second.

When it came, the impact with the road was horrendous. My hip, back, right leg, left knee, right shoulder, right arm, left fingertips, right hand, head and helmet all met the tarmac, ripping the bike from under me, and I skidded along the road for some distance. One of my bike shoes remained clipped into the pedals as my right foot was yanked out of it forcefully.

I finally came to a stop in the middle of the road. When I opened my eyes I saw oncoming traffic, the wheels at eye level, pointed towards my head. Tania's shouts to the driver of the dark blue hatchback, 'stop, stop, stop!' were ringing in my ears as I lay on the road.

I heard a long groan and realised the noise had just come from me. I felt oddly disconnected from the situation as I struggled to make sense of what had just happened. My mind was overloaded with debilitating feedback coming from my crumpled body, and I recognised the signals were indicating a serious state of shock and trauma.

I knew immediately that my right collarbone had snapped, literally like a twig beneath my ear. It was, though, the least of my worries. The pain radiating in relentless waves through my body from my back and my hips was intolerable.

My head pounded inside my helmet.

I could barely control my breathing and had to try to resist the temptation to close my eyes to cope with the high levels of pain. I became aware of a sinister tingling sensation in my lower body and lack of feeling in my legs. It was then that I knew I should not move.



Junction of Warren Lane and Sandy Lane, Oxshott, Surrey, UK

Tania asked one of the motorists who had stopped to help to phone an ambulance. I could hear panic in her voice and wished that I could do something, but all I could do was lie in the middle of the road, feeling extremely vulnerable, and wait until help arrived. A car whizzed past dangerously close to me, impatient at the traffic slowing to a halt where I lay fallen on the road. I felt a rush of panic followed by a wave of adrenaline surge through me as I glimpsed car tyres flashing past within centimetres of my head and back.

Then my right hamstring started to go into an excruciating cramp. The flight instinct had kicked in and with it unconscious initiation of movement. No matter how hard I tried to focus on releasing the tension, the pain seemed to be an insurmountable barrier to initiating any movement in my leg at all. I begged Tania, who was now by my side, to straighten my left leg for me. She grasped my upper leg, knee and ankle and expertly helped the leg relax down on top of the right.

Then help arrived. She was called Debbie and had stopped when she had seen what had happened. Her face suddenly appeared right in front of mine, and she introduced herself then said she would help me until the ambulance arrived. Her simple act of kneeling in front of the oncoming traffic and mounting chaos around me on the road was very reassuring.

She helped me to focus on my breaths to manage the pain somewhat, and every time I attempted to close my eyes, she would lightly bring me back to the present and remind me to continue breathing in and out, with her. During this time she managed to coax from me simple facts such was who I was, where I lived, whether I knew where I was and what had happened to me.

Tania and Debbie had a brief animated conversation about how soon an ambulance would arrive, but I wasn't sure how much longer I could hold on. My eyes kept wanting to close, and I wished I could switch off the mounting pain levels. Debbie helped support my head from the hardness of the road as I lay there, and I used my left arm, slowly and painstakingly with assistance, to take some of the weight off my broken right shoulder.

From my view lying on the tarmac I could occasionally make out the legs of cyclists who were on the side of the road and had obviously stopped to assist. The kit they were wearing seemed familiar, and I tried to focus on that to distract from the pain. I was now having difficulty maintaining concentration and struggled to keep breathing in time with Debbie. Tania reassured me the ambulance was on its way.

'It is very important to gain the help of witnesses at the scene of the accident, recording their contact details in case their help or observations are needed in the future. Don't lose the small window of opportunity when other cyclists, motorists or passers-by are present.'

Tania Cotton

Health in Motion founder, movement analyst, British chartered physiotherapist

After what seemed like hours lying on the road a rapid response vehicle arrived, and the emergency care assistant assessed my situation. My relief turned to panic when he swiftly suggested that I be moved from the road because of the growing traffic jam.

The thought of being moved terrified me. My levels of pain were now off the scale. Fortunately Debbie and Tania were united and robust: no spinal board, no moving. In the end he came round to their view and agreed it was best to wait for an ambulance.

He tried to fit a breathing device to provide me with gas pain relief. It didn't work. We ran through the questions: Where are you? Who are

you? What happened? Then he asked me to move my left arm from under my right shoulder because he wanted to trace where the blood on the road underneath me was coming from. Moving triggered another wave of nauseating, excruciating pain. The source of the bleeding: the skin had been scraped off my left fingertips as I skidded along the road.

Despite the warmth of a summer day I could now feel myself getting cold very quickly and noticed I had started to shake uncontrollably. It had not occurred to me to ask for something to keep me warm. Tania suggested to the emergency responder that he should find a blanket to cover me as I was going into shock.

By now my mouth was completely dry and swallowing was an effort. The athlete in me recognised that having been riding for three hours I was now in need of water or fluids. Thirst indicates that the body is already slightly dehydrated and over many years of honing fuelling strategies on long rides and runs it was efficient and automatic to drink little and often on endurance sessions. I'd gone past the point of having anything in my control and all my senses seemed on high alert. I was desperate for water.

'Individuals will react differently when it comes to managing high pain levels and uncertainty at the scene of an accident. If at all possible it is best to focus on remaining calm and breathing. Panicking, although difficult to prevent, will waste energy and make the situation more difficult for those with you to do their job, which ultimately impacts on your care. Focus on things that are important to you, friends and loved ones. Try to reassure yourself that help is on its way and that pain relief will come with that too.'

Kate McCombe, consultant anaesthetist, Frimley Park Hospital

Finally I saw the welcome sight of blue flashing lights on top of stripes of fluorescent colour. A large lumbering ambulance was squeezing its way along the road towards me. My eyes closed as a wave of relief passed over me. When I opened them again I saw four women medics heading in my direction armed with medical kit. Debbie slipped away after explaining she was handing over to the new arrivals. Thank you seemed such an insignificant gesture for all she had done. I would never see her again.

Six ways to help yourself in an accident, applying athlete-honed skills and principles:

- 1. Use your skills as a competitor to stay focused on what you can do, not on what you cannot do.
- 2. Draw on controlled breathing strategies used in training and racing to help you focus on staying present and controlling your pain levels.
- **3.** Prioritise. Think about what you need and in what order.
- **4.** Remember pain is temporary. Recall those training sessions and races where you went through the pain barrier. You are more resilient than you think.
- **5.** Think positive. Tell yourself: 'You are alive, you survived' and avoid letting the mind think about the implications of your injuries.
- **6.** Think family. Use thinking about your friends and family as a coping strategy to combat fear and anxiety.

I was asked to describe the pain and explained I knew I had broken my right collarbone and was worried that I could neither feel nor move my legs. They concluded I needed pain relief immediately. Finally. By the time they started to get to work I was feeling strangely disconnected from the whole scene. It was like I was watching them from above as they attempted to insert an IV drip into my arm, failing on numerous attempts because of the dehydration before considering trying to get a catheter in my foot. Either option was fine with me. I willed them to find success.

The lead medic explained I was about to be rolled onto a spinal board to move me safely into the ambulance where I could be treated. I would also have a neck brace fitted and be supported by an 'inflatable' bean bag around my legs, hips and body. At this point I sharply rejoined reality. Me, move? My broken helmet was carefully removed in preparation.

I became acutely aware of a number of people around me, and I could feel the board being slid next to me on the road. I was gripped by a moment of fear as hands were positioned along my legs, hips, back, shoulders and head. Deftly, decisively, on a count of three, I was rolled onto my back. I screamed involuntarily as I felt the indescribable pain of my bones crunching through my hips and back.

I lay there quietly looking at the sky as I felt the 'bean bag' pack out around me. A neck brace had also been fitted with difficulty, but the pain was subsiding.

A medic retrieved my phone and house keys from the pocket of my cycling jersey. I could vaguely feel heightened discomfort along my lower spine once I had been rolled. As she pulled the shattered mobile free from underneath my body she was alarmed to find it covered in a sticky dark liquid. Quickly she started to investigate before I stopped her and assured her it was not blood but, judging from the smell, one of my

energy gels that must have exploded as I hit the ground. It was a muchneeded moment of levity before the rear doors of the ambulance closed.

The inside of the ambulance felt surreal and calm, which was a welcome contrast from the chaos of lying injured on the road. The medics set about checking my condition and recording details. They discovered I still had one bicycle shoe on and there was some speculation as to where the other shoe was. Presumably still clipped into the pedal on my bike. I had to talk them through the complicated clasp system so they could remove it. As I couldn't feel my feet or move them, all I could do was consider how much was force required to rip a foot cleanly out of a tightly fitting bike shoe.

As we rattled along, the medics asked about what sport I did, and I explained to them what Ironman® triathlon was all about. As we continued the 20-minute journey, I tried to keep myself in the present to fend off the rising fears about what the future might hold and the implications of my injuries. All the time hanging in the air was that one question I didn't want to ask but which I knew needed to be answered. What did that sinister tingling and lack of feeling in my lower body mean?

For a fleeting moment I wondered whether I would ever ride my bike again; with Tania I had ridden many kilometres over every mountain pass in the French Alps. I recalled a few of my best world-class performances at races and the feeling of unstoppable strength and speed. I closed my eyes and absorbed the full force of my doubts as we made progress steadily towards the hospital.



Final ascent of Col du Galibier - Route des Grandes Alpes, July 2010

Dos and don'ts

Helping a training partner at the scene of an accident:

DO:

Ensure your own personal safety before helping so you don't end up in a situation with two accident victims not just one.

Call the emergency services (999 in the UK, 112 in European Union countries). Tell the injured person the emergency services have been contacted and help is on its way

Establish if the person is breathing and conscious. If not then check the neck for the carotid pulse (this is just next to the windpipe on both sides) or the radial pulse in the wrist (use your first two fingers, not your thumb, for this).

If the person cannot breathe or is snoring gently carefully open their airway by lifting their jaw forward in a thrust to allow air into the lungs. Be careful not to move their neck. If there is something blocking the airway that can be removed easily then do so but ensure you do not push it further down.

If you can and if necessary then start basic life support with cardiopulmonary resuscitation using chest compressions.

If there are areas where a person is losing blood, apply a piece of rolledup material firmly to the site but do not take it off to check if it's working.

If there is significant bleeding from an arm or leg, tie something, such as a belt, above the bleeding point tightly as a tourniquet.

Cover the patient up and keep them warm.

Talk to your injured friend and make them talk to you. If they are conscious they will have higher levels of adrenaline, which will help them maintain blood pressure to keep their vital organs working.

Find out the victim's full name, age, date of birth and next of kin details and ascertain if they have any medical problems or allergies. This information should be passed to the ambulance crew.

DON'T:

Show panic or stress – it's infectious and will transmit to the injured person. Take a few deep breaths before you approach and tell yourself to stay calm.

Move the patient. Only do so if they are in extreme danger. Moving someone could damage their spinal cord and risk paralysing them.

Take off their cycling helmet – for the same reasons you should not move them.

Remove any glass, metal or other objects lodged in a patient's body – it could be 'plugging a hole', and taking it out could cause bleeding.

Give the person food or drink – they may need general anaesthetic and surgery and to do so would increase the risk of a lung infection.

Source: Kate McCombe, consultant anaesthetist, and Kelvin Wright, consultant in emergency medicine and critical care, Frimley Park Hospital, Surrey.

Top four cycle safety tips:

- **1.** Wear or carry some form of identification containing your name, address, contact details for next of kin and important medical information. There are a number of wristbands available on the market offering a personalised way to display vital information.
- 2. Plan your cycling route to avoid busy areas at peak times of day where possible. Look for quieter back roads or dedicated cycle

route roads. There are lots of apps and online data sharing sites now available to help you do this. Local cyclists will likely have established safe and scenic route options in highly populated areas.

- **3.** Pack items into your cycling pockets safely. Sharp objects could injure your back or sides, so think about where you pack objects like mobile phones and keys. Put things that could be dangerous, CO₂ cartridges, bike pumps, tyre levers, in saddle bags or attach them to the bike frame. Pack your mobile phone in a soft case.
- 4. Always wear a cycling helmet



A helmet could go a long way in saving your life in a high-speed impact with the road or car

'Yesterday is past, tomorrow is another day, today is a gift. That's why it's called the present.'

CHAPTER 2: ACCIDENT AND EMERGENCY

Biggest achievement: Successfully moved from ambulance trolley to hospital bed

Top speed: 2 kph being wheeled on hospital trolley Elevation gain: 1.8 m in hoist for back examination

Distance: 25 km to hospital