

Chapter 9: Helping the Injured Athlete Psychologically

- Mind is also affected when the body is injured
- Negative psychological response to injury often results in longer and more difficult period of rehabilitation
- Appropriate psychological care provided by the sports medicine team may facilitate the athlete's return to competition
- Must work together to get the mind and body ready to return to competition

Athletes Psychological Response to Injury

- Athletes deal with injury differently
 - Viewed as disastrous, an opportunity to show courage, use as an excuse for poor performance, or to exhibit courage
- Severity of injury and length of rehab
 - Short term (<4 weeks)
 - Long term (>4 weeks)
 - Chronic (recurring)
 - Terminating (career ending)

“5 Responses to Injury” by Kubler-Ross in book on Dying and Death

- Denial
- Anger
- Bargaining or Rationalizing
- Depression
- Acceptance

Losses associated with Injury:

- Control
- Safety
- Identity

- No matter the length of time, three reactive phases occur:
 - Reaction to injury
 - Reaction to rehabilitation
 - Reaction to return to play or termination of career
- Other matters that must be considered are past history, coping skills, social support, and personal traits
- Injury may impact a number of factors socially and personally
 - Be aware of possible self-esteem issues

Predictors of Injury

- Some psychological traits may predispose athlete to injury
 - No one personality type
 - Risk takers, reserved, detached or tender-minded players, apprehensive, over-protective or easily distracted
 - Lack ability to cope with stress associated risks
 - Other potential contributors include attempting to reduce anxiety by being more aggressive or continuing to be injured because of fear of failure or guilt associated with unattainable goals

Stress and Risk of Injury

- Stress - positive and negative forces that can disrupt the body's equilibrium
 - Tells body how to react
- A number of studies have indicated negative impact of stress on injury, particularly in high intensity sports
 - Results in decreased attentional focus, creates muscle tension (reduces flexibility, coordination, & movement efficiency)

- Sports can serve as stress to athlete.
 - Athlete will walk a fine line between reaching and maintaining performance
 - Must be able to handle peripheral stressors imposed
 - Expectations
 - Stress from school, family, and work can also lead to emotional stress.

- Injury prevention is physiological and psychological
 - Athlete under stress emotionally is prone to injury compared to one that is adjusted emotionally
 - Example
 - Angered athlete may attempt to take out frustrations on other players, and lose perspective on desired and approved conduct
 - Skill and coordination could be sacrificed resulting in injury that may have been avoided



Recognizing and Dealing with Stress

- Coach is often first to notice athlete that is emotionally stressed
 - Changes in personality and performance may be indicator of need for change in training program
 - Conference may reveal need for additional support staff to become involved

- Athletic trainers and coach must be aware of counseling role they play
 - Deal with emotions, conflicts, and personal problems
 - Must have skills to deal with frustrations, fears, and crises of athletes and be aware of professionals to refer to
- Team physician may also play a role in athletes who are overstressed
 - Many psychological responses, thought to be emotionally related, are caused by physical dysfunction
 - Physician/psychologist referral should be routine

Overtraining

- Overtraining is the result of imbalances between physical load being placed on athlete and his/her coping capacity
- Physiological and psychological factors underlie overtraining
- Overtraining can lead to burnout!

- Staleness: the deterioration in the usual standard of performance
 - Numerous reasons including training too long and hard w/out rest (mental and physical)
 - Attributed to emotional problems stemming from daily worries and fears
 - Anxiety (nondescript fear, sense of apprehension, and restlessness)
 - Athlete may feel inadequate but unable to say why
 - May cause heart palpitations, shortness of breath, sweaty palms, constriction of throat, and headaches
 - Minimal positive reinforcement may make athlete prone to staleness

- Burnout

- Burnout is a syndrome related to physical and emotional exhaustion leading to negative concept of self, job and sports attitudes, and loss of concern for feeling of others
- Burnout stems from overwork and can effect athlete, athletic trainer, and coach
- Can impact health
 - Headaches, GI disturbances, sleeplessness, chronic fatigue
 - Feel depersonalization, increased emotional exhaustion, reduced sense of accomplishment, cynicism, and depressed mood



Goal Setting as a Motivator

- Effective motivator for compliance in rehab and for reaching goals
- Athletic performance based on working towards and achieving goals
- With athletic rehabilitation, athletes are aware of the goal and what must be done to accomplish
- Goals must be personal and internally satisfying and jointly agreed upon

- To enhance goal attainment the following must be involved
 - Positive reinforcement, time management for incorporating goals into lifestyle, feeling of social support, feelings of self-efficacy
- Goals can be daily, weekly, monthly, and/or yearly

Coach's Role in Providing Social Support to the Injured Athlete

- Coach is often one of the first people to interact with the athlete following injury
 - Must show athlete he/she cares – not just a member of a team, a person as well
- Athlete's perception of coach will also impact rehabilitation
 - Must respect coach before trusting him/her in the rehabilitative setting

- Be a Good Listener
 - Active listening is a critical skill
 - Listen to athlete beyond complaining
 - Pay attention to fear, anger, depression, or anxiety
- Be Aware of Body Language
 - Coach must be concerned and should look athlete in the eye with genuine interest when meeting with them
 - Will be meaningful and help develop trust and respect

- Project a Caring Image
 - Consider the athlete an individual not just an injury
 - Relationship should be person to person
 - Treat athlete as an equal – will help athlete take ownership and accept responsibility for rehabilitation
 - Establish rapport and a sense of genuine concern

- Neglecting the athlete will give them the perception that they are “outcasts”
 - May contribute to injury or re-injury
 - Some will limit contact of other athletes until injured athlete is ready to return
 - While effective with some players and minor injuries – causes major adjustment difficulties for athletes suffering serious injury
- Some coaches will refuse to talk to athlete or tell others athlete isn’t tough enough or doesn’t want to play
 - Creates more frustration and separation between coach and athlete
 - Athletic staff will either support athlete and gain loyalty and dedication or undermine athlete’s trust setting the athlete up for a let down (may result in athlete underperforming out of spite)

- Find out what the problem is
 - Allow the athlete the ability to discuss their injury – be a good listener
 - Take everything into consideration and discuss the situation with the athlete
- Explain the injury to the athlete
 - Be certain the athletic trainer or physician clearly explains the injury and its circumstances
 - Provide a clear and simple explanation
- Manage the stress of the injury
 - Stress associated with playing and meaningfulness of sport to the athlete may dictate the rehabilitation process

- Rehabilitation is often more successful if the athlete is engaged fully in the process
- Stress may be a deterring factor
- May be able to use various techniques (imagery, relaxation, cognitive restructuring, thought stopping) to assist athlete in managing stress
- Modifying athlete's perception with regard to the injury may have a positive impact on rehabilitation process

- Keep athlete involved with the team
 - Must work to keep the athlete involved – particularly when long term rehabilitation is necessary
 - Athlete may begin to struggle socially – may also feel that support from coaches and teammates is absent
 - Teammates may pull away – injured athlete is a reminder of what could occur
 - Work to maintain sense of camaraderie and belonging with the team

- To assist in maintaining identity – incorporate sports specific drills, perform rehab during and at practice
- Assist athlete in re-entering team culture
- Rehabilitation is often more tolerable if carryover with sport exists

- Help the athlete return to play
 - Athlete's perception
 - Ready to return and not be allowed or being forced to return too soon
 - Coach should assist athlete and provide facts – may make situation less cloudy
 - Sports and identity often become intertwined
 - Athlete may have difficulty in “different culture”
 - Difficult to determine place in that culture
 - New set of rules

Return to Competition Decisions

- Difficult decision
 - When is the athlete truly ready – is it safe?
 - Athletic trainer and physician need to be part of the process
 - Psychologically the athlete needs to be ready to return
 - Determine if fear of re-injury is present and aid athlete in overcoming fears
- Be cautious of the phrase “you have to play with pain”
 - Could be a dangerous decision

- Athlete vs. non-athlete and the role that pain plays in decision making
 - Athlete is often willing to play through pain while the non-athlete would prefer to treat the pain prior to returning
 - The athlete that continues could do damage lasting a lifetime
 - Athletes often look at the present and the rewards of competition – may pose problems if career ending injury occurs

Decision should address the following concerns

- Is the structure healed?
- Pain status
- Swelling
- ROM, strength, balance, cardiorespiratory fitness
- Sports-specific exercises/Functional testing
- Taping, bracing, padding
- Responsibility of the athlete
- Predisposition of the athlete
- Psychological factors-confident, anxious

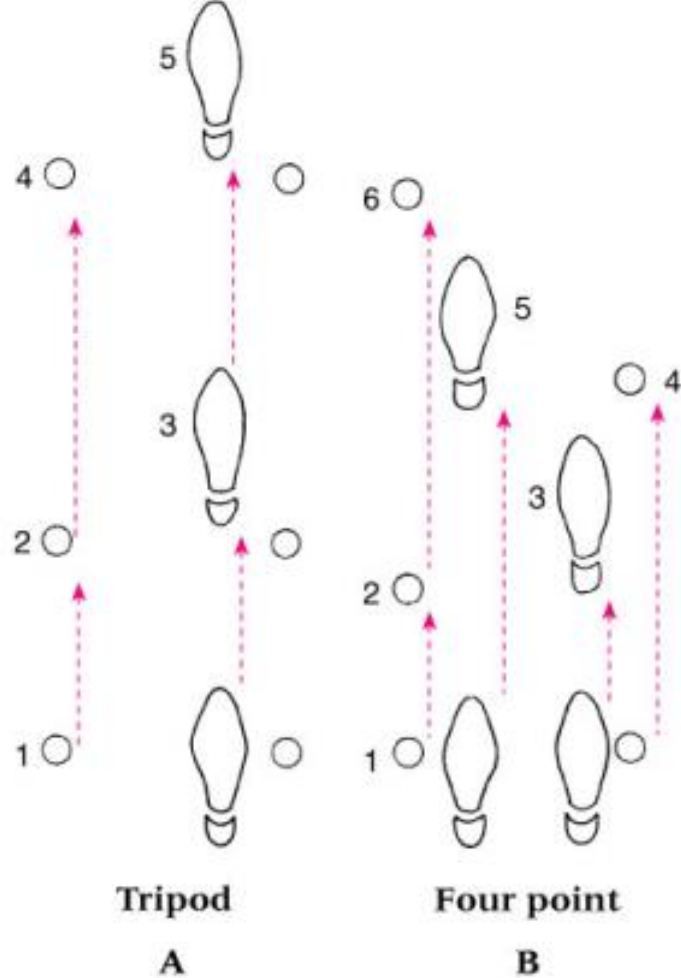
- Return to play decisions
 - Coach = Status and game situation
 - ATC = Status of athlete's injury
- Returning to play too soon may result in a longer absence due to re-injury and may reinforce a coach's decision to play someone else
- Poor performance in competition may illustrate to all involved parties that an athlete is not ready to return
- Utilizing benchmarks/baseline performance data may aid in the decision-making process
 - Use pre-injury and post-injury scores to assess readiness

- Rehabilitation of athletic injuries is more than just physical, emotional or psychological
- Also involves environment, support of the athletic community and the culture involved with participation in sports
- Treating the injury and dealing with the other factors involved is critically important for successful rehabilitation and serve as challenges for the coach involved

Proper Fit and Use of Crutch or Cane

- When lower extremity ambulation is contraindicated, a crutch or cane may be required
- Faulty mechanics or improper fitting can result in additional injury or potential falls
- Fitting athlete
 - Athlete should stand with good posture, in flat-soled shoes
 - Crutches should be placed 6” from outer margin of shoe and 2” in front

- Crutch base should fall 1” below anterior fold of axilla/armpit (3-4 fingers)
- Hand brace should be positioned to place elbow at 20-30 degrees of flexion
- Cane measurement should be taken from height of greater trochanter of the thigh/hip
- **Walking with Cane or Crutch**
 - Corresponds to walking
 - Tripod method
 - Swing through without injured limb making contact with ground
 - Four- point crutch gait
 - Foot and crutch on same side move forward simultaneously with weight bearing



- Stair climbing should be introduced when athlete is able to move effectively on level surface ('up with the good – down with the bad')

Things to Remember

- When using crutches. . .
 - Always put weight on hands and not injured limb!
 - Be mindful of shoe wear- no sandals!
 - Slow and steady does it! Do not swing!
 - Weather precautions- crutch tips can be slippery!
 - Never rest on armpits!

