

Overview

1. Concerns of the injured athlete
2. What can you do to help?

Evidence-based return to sport practice is:





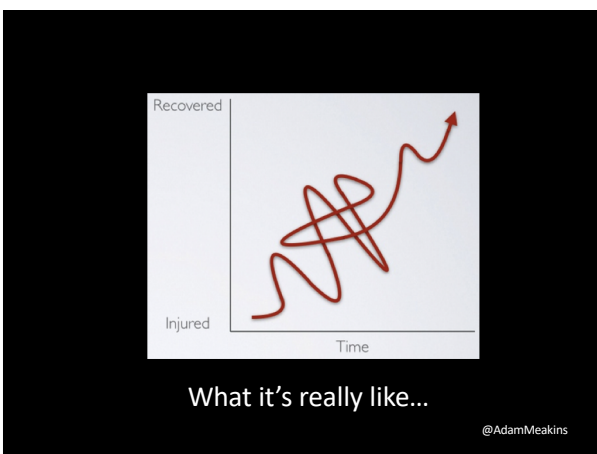
Psychological factors

- ↑ likelihood of return to sport
- Timely return to sport
- Perception of more successful return

Ardern et al. 2013 BJSM










What athletes expect	What really happens
> Good knee function	> Within \approx 85% of "good" leg
> No osteoarthritis	> \approx 20-50% OA 15 years later
> Return to same sport	> 65% return to pre-injury sport
> "Surgery will fix all my problems"	> Patient-reported outcomes and return to sport are similar, surgery or no surgery

Feucht et al. 2016 KSSTA

Low confidence
Avoidance
Fear
Anxiety

Concerns of the injured athlete

-  **Competence**
Ability to perform
-  **Relatedness**
Social connection and support
-  **Autonomy**
Being in control of decision-making

Podlog et al. 2011 Phys Ther Sport

Overview

1. Concerns of the injured athlete


2. What can you do to help?

“But I’m a
physiotherapist, not a
psychologist...”

Remember the return to sport continuum?



Addressing competence (I can do this)

 Build self-efficacy & confidence


- Goal setting
- Modelling behaviour (not the catwalk kind...)
- Relaxation
- Mental practice

Top tip 1: SMART goals

- Specific
- Measurable
- Achievable
- Realistic
- Time limited

"In 3 weeks, I will be able to run 1km without knee symptoms"

Addressing relatedness (I belong)

 Maintain social connections and support

- Rehab content appropriate for training
- Mentoring
- Communication

Top tip 2: focus on the athlete

- Empowerment
- Engagement
- Feedback
- Transparency

1. Empower the athlete

- Education about injury
- Promote recovery (nutrition, sleep)
- Round table meetings chaired by athlete



King et al. 2018 *BSSM*

2. Engage the athlete

- Objectives outside sport
- Athlete contributes to rehab programme
- 'Work-ons' (e.g. technique visualisation)



King et al. 2018 *BSSM*

3. Provide feedback

- Athlete speaks first
- Video to document progress



King et al. 2018 BSSM

4. Be transparent

- Frequent communication
- Honest communication



King et al. 2018 BSSM

Addressing autonomy (I'm in control)

Informed decision-making

- Shared decision-making
- Work collaboratively with athlete

Top tip 3: shared decision-making

Team decision
Share best evidence
Support athlete




Shared decision-making in sports medicine

Support athletes to **consider options**

Clinicians + athlete share **best available evidence**

Achieve **informed preferences**

Elwyn et al. *BMJ* 2010



Benefits of shared decision-making

- Increased patient (athlete) knowledge
- More confidence in decisions
- Active patient (athlete) involvement
- Informed patients (athletes) elect for less invasive treatment options
- Realistic expectations

Stacey et al. *Cochrane Database SR* 2011

Barriers to shared decision-making

- Poor communication
- Low 'health literacy'
- Time constraints
- Cultural background

COMMUNICATION IS KEY!

3 key steps

1. Team talk

Make sure athlete knows he/she has options

2. Option talk

Give more detailed info about each option

3. Decision talk

Support athlete to consider preferences and decide

Tips for measuring psychological factors

- Use a regular monitoring question
- For ACL injuries: ACL-RSI (French version)
- For other injuries:
 - Injury Psychological Readiness to RTS scale (Glazer 2008)
 - Reinjury Anxiety Inventory (Walker et al. 2010)



