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## **Sports Injuries: Its Impact & Psychological Rehabilitation**

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### **Abstract**

The paper examines the post-injury responses and affects of injuries on athletes. Most of the times emotional responses of athletes towards injury, accompanied by depression, tension, anger, low self-esteem, mood disturbances, and sometimes suicide ideation resulting ruining of sports career. The paper also explores the role of sports psychologists, when injured athletes are rehabilitating. Rehabilitation from sports injury involves not only physical, but psychological considerations. The Psychology of sports injury rehabilitation is a relatively new field. Although, the psychology of sports injury has made a significant impact on the sports medicine team, the practical aspects of how and when to refer patients to psychologists need to be better understood. An appreciation of mind-body interactions and how they function regarding stress and sports performance. Sports injury is fundamental to the acceptance of psychological techniques in the medical arena. The psychology of sports injury has emerged from several previously established areas of psychology including behavioral medicine, rehabilitation and sports psychology. The athlete attitude towards recovery, social support, support from coaches and other teammates and effective communication between the injured athletes and medical professionals are also discussed.

### **INTRODUCTION**

Injuries, while hopefully infrequent, are often an unavoidable part of sports participation. While most injuries can be managed with little to no disruption in sports participation and other activities of daily living, some impose a substantial physical and mental burden. According to the National Athletic Trainers Association, “In the last 10 years, college sports have flourished, with athletes required to train and complete year -round rather than seasonally, at the same time, athletes are getting bigger, stronger and more physical- which leads to a greater risk of injury”. In addition to the physical pain of an injury, an athlete struggles psychologically. Because psychological variables influence injury onset, duration and



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recovery. Many researchers have conducted that “rehabilitation from sports injury involves not only physical, but psychological considerations” (Crossman, 1997).

Athletes can be expected to experience a variety of emotional responses and stress upon being injured. They will attempt to interpret injury-relevant medical information, come to terms with being injured, and engage in coping responses. There is no predictable sequence of emotional reactions to athletic injury. For many athletes, exercises and physical activity serves as a primary coping mechanism and outlet for dealing with psychological issues. In these athletes, an injury may result in ever greater emotional upheaval. Emotional responses to injury include sadness, feeling of isolation, irritation, lack of motivation, frustration, anger, alteration in appetite, sleep disturbances and feeling disengaged. Problematic emotional reactions occur when symptoms do not resolve or worsen over time, or the severity of the symptoms seems excessive relative to other injured athletes.

It is important for athletic trainers and team physicians, as well as athletes, coaches and administrators, to understand that emotional reactions to injury are normal. However, problematic reactions are those that either do not resolve or worsen over time, or where the severity of symptoms seems excessive. Some of the problematic reactions or symptoms which commonly seen in athletes after injury are-

#### **I. Problematic Emotional Reactions**

The emotional responses to injury varies greatly among athletes. While it is apparent that some injured athletes struggle emotionally, not all athletes experience an observable or measurable emotional disturbances and ‘take injury in stride’. Some researches have attempted to generalize the emotional response to injury. However, the post-injury reactions of athletes are more complex and varied than original thought (Grossman, 1977; Smith, 1990).

Although reactions to injury vary, some emotions are commonly reported than others. Frustration, depression, anger and tension appeared most often and were the highest ranked emotions (Crossman, 1997).

Athletes can be expected to experience a variety of emotional responses and stress upon being injured. They will attempt to interpret injury-relevant medical information, comes to terms with being injured (Smith, 1990). Among injured athletes of collegiate or elite status, common responses to injury were disbelief, fear, rage, depression, tension, and fatigue (Weiss & Troxel, 1986). Johnston and Carroll (2000) studied differences between injured and



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uninjured athletes and reported that injured athlete disclosed greater negative affect, lower self-esteem, and higher levels of depression and anxiety. In congruence with Johnston and Carroll's findings, research on psychological consequences of athletic injury among high level competitors revealed that injured athletes exhibited greater depression and anxiety and lower self-esteem than control groups immediately following physical injury and at follow-up sessions (Leddy, et.al., 1994). Injured athletes express some of the common reactions seems in trauma victims outlined by the United States Department of Veterans Affairs and include fear, anxiety, avoidance, anger, irritability, grief and depression (Foa, .et.al., 2005).

**Fear** is another emotion prevalent among injured athletes. Athletes are fearful about injury and because of this fear, they may be reluctant to train with full intensity (Shuer& Dietrich, 1997). Some athletes may be reluctant to return to training at all as a result of the fear. Several researchers have investigated possible causes to the injured athletes' emotional response to injury. Being an athlete requires commitment, determination, and most importantly, a passion. An athlete's sport dictates their life and is a component of their personal identity. In the article "Mind over matters" (Ross, 2006), Dr Aimer Kimball testifies, "A lot times the sport is so important to the athletes, it is like they are losing a significant part of themselves". "Getting injured is a traumatic experience for athletes; what they have devoted so much time and energy to, can be suddenly, without warning, taken away" (Gossman, 1997).

According to Little (1979), athletes are predisposed to neurotic illness when mandatory deprivation of exercise is necessary because of a preoccupation with fitness or sport. Often times an athlete will use physical activity to cope with stress. When athletes are injured and unable to engage in physical activity they may have difficulty dealing with their daily stresses. Smith (1990) states that " the development of neurosis in fitness fanatics deprived of exercise was at least partially because their life stress prior to injury had been managed by physical activity rather than by articulating emotional concerns". Furthermore, the injury can actually produce additional stress that may include emotional disturbances. Hardy (1992) suggests that, " the major sources of stress that have been reported by sports performers include fear of failure, concerns about social evaluation by others, lack of readiness to perform and loss of internal control over one's environment



**Separation from the team** takes an emotional toll on injury athletes. Athletes enjoy camaraderie among teammates and they rely on each other for support. Consequently, “an injury that even temporarily halts participation causes tear in the fabric of well-being through which uncomfortable or unacceptable feelings may emerge” (Deutch, 1985). Wilkerson and Dodder (1982) believe it is through sports that the individual seek to reunite with the collective consciousness. A disturbance to the fulfillment of that need causes anxiety and may be traumatic in the extreme.

### **Psychological Rehabilitation and Role of Sports Psychologists**

A recent survey of 20 sports medicine physicians indicated a high degree of psychological or behavioral concerns occurring in conjunction with sport injuries, and an increased interest in the services of clinical sport psychologists.

Several studies have revealed that athletes are hesitant to seek out psychological counseling. Athletes are reluctant to seek help for several reasons. Many view emotional disturbances as a weakness. Smith (1990) suggests that athletes may prefer the physical discomfort occurring with injury to any emotional discomfort. As said by Crossman (1997), “while many athletes spend hours and much energy each day physically preparing for competition, more often than not they are unprepared psychologically to handle the stress associated with an unforeseen or unexpected injury”. Athletes have access to resources for physical rehabilitation, but often the psychological distress caused by injury goes untreated. According to Smith et al., & Chan (1990), “emotional disturbance does occur post-injury and injured athletes should be given the opportunity to discuss their feelings.” Infact, patients express relief at being given the opportunity to confide concerns privately, away from the presence of persons who may have a vested interest in their athletic performance. Injured athletes treated with a comprehensive rehabilitation program that includes addressing issues experience less stress. Also some studies have suggested the use of



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psychological strategies such as goal setting, positive self-statements, cognitive restructuring, and imagery/visualization is associated with faster recovery.

However, rehabilitation may be affected by problematic emotional reactions, the most common of which are loss of identity, fear, anxiety, and a loss of confidence.

Warning signs characterizing poor adjustment to injuries include:

- Un-reasonable fear of re-injury.
- Continued denial of injury severity and response to recovery.
- General impatience and irritability.
- Rapid mood swings
- Withdrawal from significant others
- Extreme guilt about letting the team down
- Dwelling on minor physical complaints
- Obsessions with the question of return-to-play

The levels and types of emotional reactions experienced also change over time, from the initial onset of injury, through rehabilitation, to return-to-play.

A number of factors should be considered when treating injured athletes. These factors include:

- **Building trust and rapport with the injured athletes**

Injured athletes often experience a range of emotions that make it difficult for athletic care network members to establish rapport and build trust, listening to the athlete is particularly important, not only to make a medical diagnosis but also to assess and monitor their emotional state.



- **Educating the athlete about the injury**

Injured athletes must understand and process injury-relevant information, often at a time when they are experiencing emotional upheaval. It is critical that explanations of injuries be presented in terms that the injured athlete can understand. An effective method to assess this understanding is to ask the athlete to provide their interpretation of information given to them.

- **Identifying misinformation about the injury**

Injured athletes often obtain inaccurate information from a variety of sources (e.g. parents, coaches, teammates, internet) which may contribute to confusion and emotional upheaval.

- **Preparing the athlete and coach (only with athlete's permission) for the injury recovery process**

The injury recovery and rehabilitation process is variable due to characteristic of injury, treatment provided, presence of complications and psychological issues. Therefore, the athlete and coach should be educated that an injury is best managed on an individual basis. In addition, coaches should be encouraged to help the injured athlete avoid isolation from the team.

- **Encouraging the use of specific stress coping skills**

Injured athletes can experience considerable stress throughout the injury and rehabilitation process. Psychological as well as physical strategies will enhance the recovery process.



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### Selected Techniques for Coping with stress

<b>Cognitive based techniques</b>	<b>Somatic Based Techniques</b>	<b>Cognitive Behavioral Techniques</b>
<ul style="list-style-type: none"><li>• Thought stopping</li><li>• Thought replacement and imagery</li><li>• Positive self-talk.</li></ul>	<ul style="list-style-type: none"><li>• Slow, deep, or controlled breathing</li><li>• Progressive Muscle relaxation</li><li>• Biofeedback training.</li></ul>	<ul style="list-style-type: none"><li>• Goal setting</li><li>• Stress management training</li></ul>

It is essential, the team physician:

- Recognize psychological factors play a role in injury rehabilitation.

It is desirable, the team physician:

- Understand athletic injury rehabilitation programs and should incorporate psychological as well as physical strategies.
- Coordinate a comprehensive rehabilitation program that addresses physical and psychological issues, including provision of psychological support services as needed.
- Coordinate graduated return to practice and play to promote psychological readiness.
- Assess an athlete's social network.
- Educate athletes, parents, families, friends, and others about the importance of a supportive social network.



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### **Psychological Issues and Return-to-Play**

Psychosocial readiness is one criterion for return-to-play. Emotional reactions, including a lack of confidence, apprehension and fear, may accompany an athlete's return-to-play. These reactions may become problematic, interfere with performance and increase the probability of re-injury. The team physicians should assess not only physical factors, but emotional reactions, when making the return-to-play decision. In conjunction with medical care, the supportive social network can help reduce the emotional upheaval and stress accompanying an injury and its rehabilitation.

#### **It is essential the team physician understand:**

- Physical clearance to return-to-play may not correlate to psychological readiness.

#### **It is desirable, the team physician:**

- Coordinate the athletic care network to monitor the psychological readiness of athletes who are preparing to return-to-play or have returned-to-play.
- Coordinate efforts to maintain the athlete's contact with the team to enhance psychological readiness.
- Coordinate psychological support services as needed.

### **Conclusion**

Psychological factors have been shown to be an important antecedent to the onset of athletic injuries and also play an important role in injury rehabilitation and ultimately successful return-to-play. Team physicians must consider psychological as well as physical factors, when treating and coordinating care for injured athletes.



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