ENHANCING REHABILITATION OUTCOMES: NUTRITIONAL AND PSYCHOLOGICAL APPROACHES TO HELP THE INJURED ATHLETE



Dr. Les Podlog, Ph.D, M.A., B.A., Associate Professor, Department of Health & Kinesiology, University of Utah

Injured athletes experience a range of psychological challenges. As a sports health professional, you can adopt a range of support and communication strategies that fall within your scope of practice. These strategies address common injury challenges and can facilitate psychological readiness to return to sport.

INJURY CHALLENGES

- Autonomy: injured athletes lose a sense of control over their body, the course of their recovery and pressures to return to sport that undermine their sense of autonomy.
- Competence: doubts about the impact of injury on one's sport skills, physical fitness, and ability to reach or surpass pre-injury goals contribute to feelings of incompetence.
- Connectedness: injured athletes may become disconnected from their sport environment leaving them feeling alienated from their identity as "athletes."



AUTONOMY SUPPORTIVE COMMUNICATION STRATEGIES



- Rationales for recommendations: understanding the reasoning or benefits underlying a recommendation can increase internal motivation to undertake it.
- Choices or options when feasible: providing choices or options for recommended treatments or supplements can increase athletes' perceptions of volitional control.
- Soliciting athlete perspectives: soliciting athlete input and perspectives on their recovery will help them feel heard and understood and increase perceptions of control.

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FOSTER PERCEPTIONS OF COMPETENCE, AUTONOMY AND RELATEDNESS USING THE INJURY EDUCATION GUIDELINES INSTRUCTION

Provide injury education guidelines below for your athletes and have them meet with a treating rehabilitation specialist (e.g., Athletic Trainer (AT), physiotherapist). Using the education guidelines below, the athlete should ask the rehabilitation specialist to identify key points for each bullet point listed in the table. Have your athlete record points relevant to their injury in the table below. At the next appointment, ensure your athlete has a follow up discussion with the treating rehabilitation specialist on the key points he or she took away from the initial question-answer session. Doing so will help reinforce key take home messages as the athlete begins the rehabilitation process.

INJURY EDUCATION GUIDELINES

- Basic anatomy of the injured area
- · Changes caused by injury
- · Active and passive rehabilitation methods
- Mechanisms by which rehabilitation methods work
- Description of diagnostic and surgical procedures (if necessary)
- · Potential problems with pain and how to cope with these
- Differentiation of benign pain from dangerous pain
- Guidelines for independent use of modalities (i.e., heat, cold)
- Plan for progressing active rehabilitation (e.g., resistance training)
- Anticipated timetable for rehabilitation
- Possibility of treatment plateaus
- · Purposes of medication with emphasis on consistent use as prescribed
- Potential side effects of medication with encouragement to report these to the physician
- · Rationale for limits on daily physical activities during healing
- Guidelines for the use of braces, orthotic devices, or crutches
- Injury as a source of stress and a challenge to maintaining a positive attitude
- · Rehabilitation as an active collaborative learning process
- Methods of assessing readiness for return to play
- Deciding when to hold back and when to go all-out
- Long-term maintenance and care of healing injury

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ASSESS READINESS TO RETURN TO SPORT USING THE INJURY- PSYCHOLOGICAL READINESS TO RETURN TO SPORT SCALE

Reference: Glaser, D.D. (2009). Development and preliminary validation of the Injury-Psychological Readiness to Return to Sport (I-PRRS) Scale. Journal of Athletic Training (44) 2, 185-189.

Instructions: have the athlete rate their confidence to return to sport on a scale from 0 - 100. 0 = no confidence at all; 50 = moderate confidence; 100 = complete confidence

1.	My overall confidence to play is
2.	My confidence to play without pain is
3.	My confidence to give 100% effort is
4.	My confidence to not concentrate on the injury is
5.	My confidence in the injured body part to handle the demands of the situation is
6.	My confidence in my skill level/ability is
Scoring: Add total and divide by 10 =	
To calculate a total score for psychological readiness, the scores from the 6 items are	

To calculate a total score for psychological readiness, the scores from the 6 items are summed and divided by 10. The maximum score is 60. A score of 60 implies that an athlete has the utmost confidence to return to sport at that time; 40, the athlete has only moderate confidence; and 20, the athlete has low overall confidence.