



*Providing information to individuals and teams seeking optimal performance*

## Sport Psychology and the Injured Athlete

With the possible exception of retirement from sport, perhaps the most challenging aspect of being an athlete is recovering from an injury. Major injuries can have the impact of a traumatic event, and even relatively minor injuries can take an athlete out of their rhythm and interrupt a season.

During the 2005-2006 academic year, it was estimated that 7.2 million athletes participated in high school sports (NFHS, 2007). Interestingly, during the same academic year, a separate study funded by the CDC (2006) and conducted by the Center for Injury Research and Policy in Ohio indicated that "participation in high school sports resulted in an estimated 1.4 million injuries at a rate of 2.4 injuries per 1,000 athlete exposures (i.e., practices or competitions)."

When an athlete is injured, the sports medicine team responsible for helping the athlete recover and return to play frequently includes an orthopedic surgeon, a primary care physician trained in sports medicine, a physical therapist, an athletic trainer, and, of course, the athlete. A sport psychologist can also play an important role in the injured athlete's adjustment to, recovery from, and return to play from his or her injury.

### *The Psychology of Athletic Injury*

A significant part of an athletic injury involves coping with loss. Per Carr (2006), when an injury occurs, athletes lose their place in the line-up, at least temporarily, and are not able to participate in something that is a major part of their life and identity. Webber-Moore (2005) notes that injury often results in the injured athlete becoming isolated from important others – coaches and teammates – while they recover. Finally, a more subtle but no less important loss is that of structure. Most athletes are on a fairly predictable schedule of practices, games, travel, bedtimes, etc. This very often changes when an injury occurs and the life of the athlete then becomes less structured and less "familiar."

Additionally, John Heil describes an affective cycle of injury which "assumes that emotional reactions to injury are stage-like but also

cyclical and vary based on daily experiences" (Heil, 1993, 2007). The three components of this cycle are: distress (such as anxiety or depression), denial, and determined coping (for instance, engaging in productive behaviors).

Combining Steadman's (1993) stage model of medical injury and Heil's affective cycle of injury, Carr (2006) demonstrates how common it is for negative emotional states to occur during the stages of injury. At the point of injury, athletes frequently experience shock, emotional disorganization, and denial. When treatment decisions are made and implemented, uncertainty and increased anxiety are common. After surgery (if needed) and during the rehabilitation process, anger, withdrawal, and depression can all be present. Finally, as the athlete prepares to return to play, fears of re-injury and of being able to compete are common. Negative emotions are common when recovering from an injury, but if they become the athlete's main response, rehabilitation can be artificially slowed down or can fail altogether.

### *How Sport Psychology Can Help*

The sport psychologist is uniquely qualified to help the athlete deal with the emotional and mental aspects of injury and recovery. Through the use of education, goal setting, social support, and mental training, the sport psychologist helps guide the injured athlete towards the state of determined coping during rehabilitation.

Education focuses on the process of injury and of rehabilitation. Knowledge of these processes allows the athlete to set realistic goals and expectations, thereby allowing him or her to commit to recovery and to put full effort into rehabilitation.

Goal setting helps by keeping the athlete focused on rehabilitation tasks. As goals are met, progress is demonstrated and motivation is enhanced. This is especially important during times when setbacks occur.

Social support is critical in the recovery and rehabilitation process. Injured athletes feel

isolated enough by being injured. An injured athlete's support network includes not only family, friends, and significant others but also teammates and members of the coaching staff. I emphasize the importance of contact with team members during the recovery process as this helps to counter feelings of isolation. It will also help the athlete to more easily reintegrate with the team when he or she is ready to return to play.

The recovery period also is an ideal time to work on mental skills – this keeps the athlete mentally "in the game" even when they can't physically participate. Heil (2007) notes that some athletes even experience a "remarkable recovery" in that they achieve new levels of performance by learning new physical and mental skills that are then applied to their future training and competitive efforts. This occurs through a combination of physical rehabilitation and mental skills training and practice.

While a thorough discussion of the mental skills used in rehabilitation is outside the scope of this issue of the newsletter, the mental skills that I find are the most helpful in the recovery process with athletes include relaxation, attention control, imagery, and self-talk. Self-talk was discussed in the March and June 2007 issues of this newsletter. The other skills will be discussed in future issues of this newsletter. One additional activity that I ask injured athletes to do is to recall what it is about their sport that attracted them to it in the first place. I ask them to write these reasons down on a card, carry it around with them, and read it when they need a motivational boost during their rehabilitation.

In summary, an injury is often disruptive to an athlete on many levels. In addition to the physical aspects of recovery, emotional and mental aspects also need to be addressed. A sport psychologist can play an integral role as a member of the treatment team by helping with the mental and emotional aspects of an athlete's recovery and return to play.

---

For more information about this topic or any other topic related to mental skills or sport psychology, contact your local sport psychologist.

## Dr. Moncier's Upcoming Speaking Engagements

Date/Time	Location	Topic	Contact
January 24, 2008 6:00-7:00	4920 University Square, Suite B Huntsville, AL	An Introduction to Sport Psychology	Laura Chase 256-837-5425

<p>This quarterly publication is being offered to you free of charge. You may share this newsletter with others as long as it is distributed in its entirety. If you prefer not to receive a copy, either call 256-551-4479 or send an email to <a href="mailto:moncierj@uasomh.uab.edu">moncierj@uasomh.uab.edu</a>. Use these same methods to request additional copies of <i>Performance Enhancement News</i>, to request an electronic version, or to be placed on the mailing list. Back issues of <i>Performance Enhancement News</i> can be found on the web at: <a href="http://www.monciersportpsychology.com">www.monciersportpsychology.com</a>.</p>	<p><b>Dr. Jim Moncier</b> is a licensed psychologist in Alabama and Florida. He is an assistant professor of Psychiatry and Family Medicine at the University of Alabama School of Medicine, Huntsville Campus. He is a Certified Consultant of the Association for Applied Sport Psychology and is a member of Division 47 (Exercise and Sport Psychology) of the American Psychological Association. His sport psychology practice includes work with athletes, coaches, and teams in junior high, high school, and collegiate sports</p>	<p>such as basketball, cheerleading, football, golf, soccer, softball, swimming, tennis, track, volleyball, and wrestling.</p> <p>To schedule a sport psychology consultation with Dr. Moncier, call 256-551-4479. Questions regarding sport psychology services can be directed to Dr. Moncier via email at <a href="mailto:moncierj@uasomh.uab.edu">moncierj@uasomh.uab.edu</a>. Further information about either sport psychology in general or Dr. Moncier's practice in particular can be found at: <a href="http://www.monciersportpsychology.com">www.monciersportpsychology.com</a>.</p>
---	---	--

### References

- Carr, C.M. (2006). Sport psychology: Psychologic issues and applications. *Physical Medicine and Rehabilitation Clinics of North America*, 17, 519-535.
- Centers for Disease Control (2006). Sports-related injuries among high school athletes – United States, 2005-2006 school year. *MMWR Weekly*, 55, 1037-1040. Downloaded from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5538a1.htm> on 12/26/07.
- Heil, J. (1993). *Psychology of Sport Injury*. Champaign, IL: Human Kinetics.
- Heil, J. (2007). Psychology of sport injury. Workshop presented at the annual meeting of the Association for Applied Sport Psychology, Louisville, KY on October 24, 2007.
- National Federation of State High School Associations (NFHS). (2007). 2006-2007 High School Athletics Participation Survey. Indianapolis, IN: NFHS. Downloaded from <http://www.nfhs.org/sports.aspx> on 12/26/07.
- Steadman, J.R. (1993). A physician's approach to the psychology of injury. In J. Heil, *Psychology of Sport Injury* (pp. 25-32). Champaign, IL: Human Kinetics.
- Webber-Moore, N. (2005). Track and field injuries: Psychological guidelines for coaches, athletic trainers, and athletes. In Vernacchia, R.A. & Statler, T.A. (eds.), *The Psychology of High-Performance Track and Field* (pp. 262-273). Mountain View, CA: Tafnews Press.

This publication © 2008 by UAB Sport Psychology

<p>Performance Enhancement News                  Dr. Jim Moncier                  UAB Sport Psychology                  301 Governors Drive, Suite 150                  Huntsville AL 35801</p>
---