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#### Forsdyke, Dale ORCID logoORCID:

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# Psychosocial factors related to sports injury outcomes in elite female soccer players

Dale Forsdyke<sup>1</sup>, Dr Adam Gledhill<sup>2</sup>, & Professor Andy Smith<sup>1</sup>

<sup>1</sup> York St John University, York, UK; <sup>2</sup> Leeds Beckett University, Leeds, UK

Twitter: <sup>1</sup>@forsdyke\_dale; <sup>2</sup>@gleds13



## **Background and rationale**

Reported injury incidence between <u>**1.4-23.6</u>** injuries per 1000 hours soccer exposure (Gaulrapp et al. 2010, Giza et al. 2005; Tegnander et al. 2008) with increased reported incidence of <u>**67.4**</u> injuries per 1000 hours elite competition exposure (Junge & Dvorak, 2007)</u>

Return to sport rates from injury is poor in both short <u>46-67%</u> and longer term <u>31%</u> (Brophy et al. 2012; Sandon, Werner & Forssblad, 2015) with poor return to pre-injury performance rates <u>40-</u> <u>65%</u> (Allen et al. 2016; Ardern et al. 2012; Waldén et al. 2016)

**Psychosocial** as much as **physical** factors are associated with injury outcomes across a number of common injuries (e.g. Ardern et al. 2014; Fältstrom et al. 2015; Forsdyke et al. 2016; Mallow et al. 2016; Sonesson et al. 2015)

Much of our empirical and theoretical understanding in sports medicine is derived from <u>male dominated</u> samples (Costello, Bieuzen & Bleakley, 2014)

## **Study methods**

Eight UK-based international female soccer players with severe (>2 months time-loss) MSK injuries took part in retrospective photo elicitation interviews (*M* age 29.63 ±7.26 years, *M* international caps 34, *M* injury time-loss 7.13 ± 4.51 months, *M* interview length 57.5 ±7.16 mins, data yield 202 pages single-lined text)

Four additional participants theoretically sampled (family member, sports clinician, team coach, sport peer)

Iterative cycle of sampling, data collection, transcription, interpretive thematic analysis until adequate saturation (see Braun & Clarke, 2006) and theoretical integration

Rigour and credibility enhanced through peer debrief with research team, member reflections, and multi-vocality (see Tracy, 2010).

#### **Core categories**

Personality

Coping

W

Social support

EORGE'S

#### Sub categories

Study results

Resilience Autonomy High personal standards

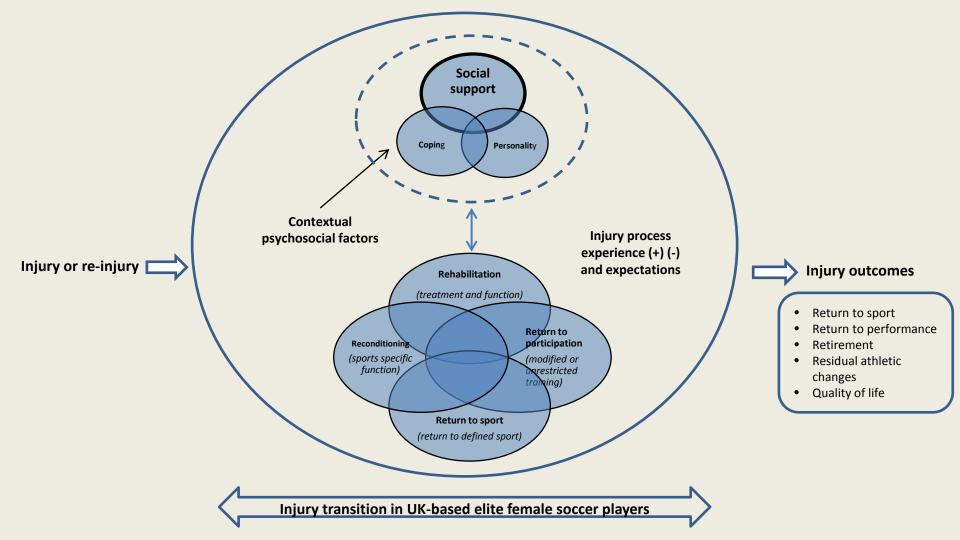
Use of psychological skills Types of coping Previous injury history

Significant providers Cohesiveness of support Nature of support









## Impactful raw data quotes

"there's been a <u>lot of me trying to tell them</u> <u>it's not right and for them to trust me</u>, cos a lot of them say like no it should be right by now but I'm like I've never injured my knee before but <u>I'm sure it should not feel like</u> <u>that...</u>they'd [medical consultants] be telling me <u>they wanna inject it with</u> <u>steroids injections...I've had too many</u> <u>injections to know that it's not helping"</u>

Costa: giving an example how her sense of autonomy was undermined during complex ACL recovery "I was concerned but I was too scared to say anything because I wanted to if he [team manager] was really that interested in helping me he [team manager] would probably have contacted me more...I have told my national coach about my feelings and he's used it against me...I just feel like then they start reading into things...they thought I was weaker than I was...I just keep my feeling to myself it works better that way"

Cherry: explaining why she decided not to disclose how she was feeling about RTS after injury

## Take away messages....

**Psychosocial factors** are related to injury experience and expectations, and ultimately outcomes of sport injury

Perceptions of social support quality (especially provided by sports injury practitioner and team coach) appear most important

Sports injury practitioners should form a <u>cohesive</u> <u>interdisciplinary rehabilitation alliance</u> and regularly monitor psychosocial needs of athletes to enhance sport injury outcomes. XXVI International Conference on Sports Rehabilitation and Traumatology

#### The Future of Football Medicine

Camp Nou, Barcelona • 13th - 15th May, 2017







# Thank you for listening



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