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1 **Educate, involve, and collaborate: Three strategies for clinicians to empower athletes**
2 **during return to sport**

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24 All authors contributed to the scoping meetings for the ideas within this editorial and to the

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11 Empowering injured athletes is a critical concept within sport and exercise medicine to
12 optimise patient experiences and return-to-sport (RTS) outcomes.^{1,2} Unfortunately, scant
13 attention has been given to how clinicians can facilitate a sense of athlete empowerment
14 during rehabilitation and RTS.

15 Drawing on existing empowerment literature, we consider empowerment to be an individual
16 and social process whereby athletes are provided with the means to become more self-aware
17 and health literate, which can in turn, facilitate greater self-management, freedom, and
18 control over decisions and actions affecting the course of injury rehabilitation.^{2,3} We contend
19 an empowered injured athlete is one who volitionally engages in their rehabilitation and
20 experiences a sense of personal control over RTS decisions; perceives themselves to be
21 competent or capable of achieving rehabilitation milestones; and experiences a sense of
22 connection to others (e.g., rehabilitation providers, coaches, teammates, family). Given these
23 three features of empowerment, we base our recommendations for enhancing empowerment
24 through a framework addressing its components: the Basic Psychological Needs Theory
25 (BPNT).⁴

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Basic Psychological Needs Theory

The BPNT is an empirically tested sub-theory of the larger Self-Determination Theory, that articulates the relevance of autonomy, competence, and relatedness.⁴ Deci and Ryan suggest that environmental support for individuals' basic psychological needs contributes to self-determined motivation, well-being and adaptive behavioural outcomes.⁵ There is value and need to develop supportive contexts which foster greater self-determined motivation, emotional well-being, effective psychological processing of the injury event, and personal growth following traumatic injury.⁶

Informed by BPNT and recognising the value of an empowered athlete in facilitating rehabilitation adherence and clinical/RTS outcomes⁵, we offer three strategies designed to support clinicians in facilitating athlete empowerment: education; involvement in rehabilitation processes; and autonomy-supportive, collaborative communication (Figure 1). The strategies offered were selected based on theory and research demonstrating their efficacy and ability to support the basic psychological needs outlined in BPNT^{4,5,6-8}.

Strategy 1: Educate the athlete about the injury and RTS protocols

Educating athletes about their injury will empower them to complete the rehabilitation by building a knowledge base, develop a sense of personal control over and investment in the recovery process, and facilitate adherence with treatment tasks (see Supplement: Injury Education Guidelines). In so doing, athletes will be more likely to perceive themselves as key stakeholders in their rehabilitation and RTS efforts.⁵

One example of a benefit of injury education is helping the athlete understand the possibility of treatment plateaus throughout the rehabilitation period. This knowledge could help the athlete understand that rehabilitation progress is not always linear, mitigate

1 frustrations during plateau periods or setbacks, and maintain motivation to engage in
2 appropriate/recommended treatment exercises.

3 **Strategy 2: Involve athletes in rehabilitation and RTS decisions**

4 Involving injured athletes in the rehabilitation and RTS decision-making process facilitates
5 perceptions of volitional engagement in rehabilitation and greater rehabilitation adherence.^{7,8}
6 Such involvement also provides athletes with an opportunity to share their thoughts and
7 perspectives about recovery and allows clinicians the chance to show that they recognise the
8 athlete's perspectives.^{1,7} Demonstrating that one cares about the athlete's perspectives and
9 viewpoints, can positively influence an athlete's motivation to engage in recommended
10 exercises, enhance the athlete's ownership of the experience, and increase their confidence
11 upon RTS.^{7,8} These benefits have all been shown to influence the quality of rehabilitation
12 outcomes (clinical and performance).⁷ Example strategies for facilitating athlete involvement
13 include: inviting athlete input regarding relevant functional progressions and rehabilitation
14 milestones, ensuring athlete involvement in establishing RTS criteria, and articulating ways
15 in which an athlete can productively contribute to RTS-decisions in conjunction with key
16 stakeholders. Additionally, helping athletes see the connection between their rehabilitation
17 behaviours (e.g., use of coping skills, adherence) and their rehabilitation outcomes can elicit
18 greater athlete involvement and engagement in their rehabilitation.⁶

19 **Strategy 3: Adopt collaborative, non-controlling forms of communication and** 20 **interaction**

21 Clinicians may unintentionally adopt controlling language and behaviours that can undermine
22 athletes' perceptions that they are volitional in their rehabilitation efforts.⁸ Phrases such as
23 'you need to...', 'you must...' can make the athlete feel disempowered and undermine
24 psychological satisfaction within the injury rehabilitation context. Equally, repeatedly
25 highlighting areas of physical deficiency or slow progress can inadvertently undermine

1 athlete motivation to engage in rehabilitation regimens or lead to poor decision-making on
2 the part of the athlete (e.g., trying to expedite rehabilitation progressions).

3 We offer several suggestions to help clinicians avoid using problematic controlling
4 language and replace this with more autonomy-supportive and collaborative (i.e., relatedness-
5 building) solutions. First, clinicians can openly invite questions from athletes regarding topics
6 that may require further clarification (e.g., criteria for injury progress; benefits of particular
7 techniques). Second, clinicians can draw on principles of participatory learning by
8 embedding andragogical (adult learner-focused) or pedagogical (teaching and learning-
9 focused) activities into their practice (e.g., creating shared aims, shared decision-making,
10 session conferences, and injury homework). Such activities may foster discussion, feedback
11 and self-awareness. Third, clinicians can create a psychologically safe environment in which
12 athletes are encouraged to discuss the clinician’s suggestions and any barriers to actioning
13 these suggestions that the patient anticipates. This environment can allow the clinician and
14 patient to co-create solutions to perceived barriers. Towards this end, clinicians can use terms
15 such as “we” rather than “you” to create the feeling that rehabilitation is a collaborative
16 endeavour.

17

18 **Conclusion**

19 In the spirit of multidisciplinary collaboration, we have drawn on our collective experiences
20 in sports therapy, physiotherapy, and sport psychology, to offer strategies that clinicians can
21 adopt to empower athletes during rehabilitation and RTS. If clinicians want to empower
22 athletes to effectively engage with rehabilitation and RTS regimens, we encourage them to
23 educate, involve, and collaborate.

24

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