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Perceived Social Support, Re-injury Anxiety and Psychological Readiness to Return to Sport in Soccer
Players

Highlights:

1. Perceived social support predicts psychological readiness to return to sport following injury in soccer players.
2. Re-injury anxiety during rehabilitation is a mediating psychological factor in the perceived social support-psychological readiness to return to sport relationship.
3. Increasing positive perceptions of social support and decreasing re-injury anxiety during rehabilitation may help soccer players be more psychologically ready to return to sport.

5 **Abstract**

6 The burden of sports injury in soccer is high, while return to sport outcomes following injury
7 are often poor. This is compounded by a current lack of understanding surrounding the
8 factors that may optimise psychological readiness to return to sport. Consequently, in the
9 present study, we aim to further our understanding of these issues by examining the role of
10 perceived social support in predicting psychological readiness to return to sport. In doing so,
11 we extend previous research by examining whether re-injury anxiety is a mediating factor in
12 this relationship. A sample of 150 previously injured soccer players (mean age = 25.32 years)
13 completed measures of perceived social support (PASS-Q), re-injury anxiety during
14 rehabilitation (RIA-R), and psychological readiness to return to sport (I-PRRS). Mediation
15 analyses showed that re-injury anxiety partly accounted for the positive relationship between
16 perceived social support and psychological readiness to return to sport. These findings
17 suggest that injured soccer players with higher perceptions of social support will experience
18 less re-injury anxiety during rehabilitation and, as a consequence, will be more
19 psychologically ready upon return to sport.

20 *Keywords:* Social support, re-injury anxiety, soccer, return to sport, rehabilitation

21 **Introduction**

22 Within soccer, the burden of sports injury is high.¹ At the same time, return to sport
23 outcomes for players sustaining injury are often poor (e.g., rates of return to pre-injury sport,
24 return to pre-injury performance, and re-injury).² Ideally, a player should only return to sport
25 when they are both physically and psychologically ready to do so.³ However, in comparison
26 to the physical factors predicting optimal return to sport, psychological factors are less well
27 understood.⁴ In this regard, both theory and research suggest a prominent role for social
28 support.^{4,5} Therefore, the purpose of the present study was to examine the role of social
29 support in psychological readiness to return to sport following injury in soccer players. In
30 doing so, we aimed to extend previous research by examining whether re-injury anxiety is a
31 mediating/explanatory factor in this relationship.

32 **Psychological Readiness to Return to Sport**

33 There is a growing body of literature examining psychological readiness to return to
34 sport.⁶ Generally, psychological readiness is poorly defined. However, in the context of
35 soccer, psychological readiness to return to sport may be considered to be a players'
36 confidence in their ability to perform soccer activities well and to remain injury-free.⁷
37 Psychological readiness predicts which players return to competitive sport following injury,⁸
38 functional performance upon return to sport,⁹ and the risk of re-injury.¹⁰ Psychological
39 readiness is therefore an important determinant of optimal return to sport.³ Understanding the
40 factors that promote psychological readiness to return to sport may help practitioners better
41 support injured players.⁶

42 Currently, we have a limited theoretical and empirical understanding of how
43 psychological readiness to return to sport is either developed or diminished.⁷ One possible
44 theoretical explanation lies with the biopsychosocial model of sport injury rehabilitation.⁵
45 Broadly, this heuristic model suggests that biological (e.g., hormonal, circulatory),

46 psychological (e.g., emotion, cognition), and socio-contextual factors (e.g., rehabilitation
47 environment, social support) predict sports injury outcomes (e.g., functional performance,
48 psychological readiness to return to sport). Furthermore, the model posits that this occurs via
49 mediating biopsychosocial processes (e.g., pain, function).

50 There is evidence to support the biopsychosocial model in context of psychological
51 readiness to return to sport. For example, research has found that biological factors (e.g., limb
52 symmetry)⁹ psychological factors (e.g., motivation)¹¹ and socio-contextual factors (e.g.,
53 injury to surgery interval)⁶ are associated with psychological readiness to return to sport. As
54 sports injury rehabilitation is a social process involving many people (e.g., coaches, medical
55 staff, teammates), one potentially important factor contained within the biopsychosocial
56 model is social support.

57 **Social Support**

58 Broadly, social support is defined as an exchange of resources (i.e., activities and the
59 messages arising from these activities) between individuals, that are intended to help one
60 another.¹² Social support is a complex construct comprising of actual (i.e., size of the social
61 support network and the exchanges received) and perceived features (i.e., subjective
62 judgements of the quality of the available social support relative to a player's needs and
63 expectations). Although these features show a moderate overlap, research suggests that they
64 have differential predictive ability.¹³ In regard to the present study, it is perceived social
65 support that is likely most relevant. This is because it is more consistently associated with
66 health-related outcomes (e.g., return to sport outcomes) than actual social support.¹⁴ The
67 operational definition of perceived social support in the present study was taken as the
68 player's subjective judgement that the available social network during injury was sufficiently
69 supportive enough or not, relative to their specific needs.^{15, 16}

70 In context of sports injury rehabilitation in soccer, perceived social support may
71 improve a player's psychological readiness to return to sport. There is some evidence for this
72 notion. For example, a qualitative study of mixed sport players showed that perceptions of
73 social support were related to perceptions of psychological readiness to return to sport.¹¹
74 Similarly, a quantitative study of mixed sport players with severe knee injuries found that
75 social support, in the form of group-based rehabilitation classes, significantly improved
76 psychological readiness to return to sport.¹⁷ Taken together, preliminary research suggests
77 that perceived social support may be an important antecedent of psychological readiness to
78 return to sport.

79 In the present study, we wished to understand why this is the case. According to the
80 biopsychosocial model of injury,⁵ perceived social support will have its effect on
81 psychological readiness to return to sport via indirect mechanisms. In other words, perceived
82 social support affects psychological readiness to return to sport via mediating psychological
83 factors such as emotions. One particularly relevant emotion in the context of sports injury
84 rehabilitation is anxiety.⁴

85 **The Mediating Role of Re-Injury Anxiety**

86 Anxiety is a commonly experienced emotion during sports injury rehabilitation.^{4,11} At
87 its broadest, anxiety is described as the subjective feeling of apprehension, worry, and tension
88 caused by the perception of a situation as threatening.¹⁸ Given the potentially personally
89 meaningful context of injury rehabilitation, anxiety is likely to manifest in relation to the
90 possibility of re-injury.¹⁹ That is, a player will experience apprehension, worry, and tension
91 regarding the possibility of re-injuring themselves during rehabilitation and re-entry into
92 competition.^{19,20} Consequently, re-injury anxiety may be one psychological factor that affects
93 sports injury rehabilitation outcomes (e.g., psychological readiness to return to sport).

94 Re-injury anxiety may be important in relation to return to sport. In support of this
95 proposition, research has found it to be related to numerous actual and perceived sports injury
96 rehabilitation outcomes which include failing to return to sport at pre-injury levels,⁸ greater
97 time-loss from injury,²¹ and heightened concerns upon return to sport.²⁰ In addition, upon
98 return to sport, players with re-injury anxiety are less likely to perform well (e.g., avoid
99 contact situations and give less than required effort levels).²⁰ Pertaining to the context of the
100 present study, then, experiencing high levels of re-injury anxiety is likely to decrease the
101 likelihood of optimal psychological readiness to return to sport.

102 There are several factors that can explain the development of re-injury anxiety during
103 rehabilitation (e.g., injury severity, time to surgery, player age).²⁰ One potentially important
104 factor is a player's perceptions of social support. This is because perceived social support is
105 thought to have a preventative (i.e., inoculating) and palliative (i.e., buffering) relationship
106 with injury-related stress.¹² That is, with lower perceptions of social support, injury-related
107 stress may be amplified, whereas with higher perceptions social support, injury-related
108 related stress may be diminished. As such, higher perceptions of social support activities and
109 messages may help players better cope with the apprehensions, worries, and tensions of re-
110 injuring themselves. In line with this idea, several studies have found that higher perceptions
111 of social support negatively predict anxiety.²² It can thus be inferred that an injured player
112 with lower perceptions of social support (i.e., dissatisfaction) is more likely to suffer from the
113 effects of re-injury anxiety than a player with higher perceptions of social support.

114 In regard to an explanatory mechanism that accounts for the relationship between
115 perceived social support and psychological readiness to return to sport, there is evidence that
116 re-injury anxiety is potentially important. Research has related social support to negative
117 affective states such as re-injury anxiety,²³ and re-injury anxiety to psychological readiness to
118 return to sport.²⁰ Moreover, according to the biopsychosocial model of sport injury and

119 rehabilitation,⁵ re-injury anxiety may mediate this relationship. However, to date, no study
120 has examined these factors in the same study, despite a theoretical and empirical rationale to
121 do so.

122 **The Present Study**

123 Against this background, the first aim of the present study was to further examine the
124 role of perceived social support in psychological readiness to return to sport following injury
125 in soccer players. The second aim was to extend previous research by examining whether re-
126 injury anxiety during rehabilitation is a mediating factor in this relationship. Based on the
127 preceding theoretical and empirical underpinnings, we hypothesised that; (i) perceived social
128 support would positively predict psychological readiness to return to sport and (ii) re-injury
129 anxiety during rehabilitation would mediate this relationship (see Figure 1).

130 **Methods**

131 **Participants**

132 Participants were 150 adult soccer players (83 male, 67 female; *M* age = 25.32 years,
133 *SD* = 4.28) who had sustained at least one injury within the last 24 months leading to a
134 minimum injury time-loss from soccer training or matches of eight weeks or more.¹¹ The
135 sample demographics by sex are presented in Table 1. The mean injury time-loss (i.e., the
136 length of time from injury occurrence to full return to training and competition) caused by
137 sport injury was 17.17 weeks (*SD* = 12.22). Participants were drawn from a range of levels of
138 performance (international, *n* = 11; professional, *n* = 11; semi-professional, *n* = 30;
139 recreational, *n* = 98). Most of the injuries reported were traumatic (i.e., sudden onset of
140 symptoms such as a sprain or strain; *n* = 119) vs. overuse (i.e., insidious onset of symptoms
141 such as tendinopathy or periostitis; *n* = 31) and were considered a new injury (*n* = 126) to the
142 participants versus a re-injury (i.e., same injury type and location after returning to sport; *n* =
143 24).

144 Procedure

145 A university ethics committee approved the study. Informed consent was obtained from
146 all participants prior to the commencement of the study. Our study employed a cross-
147 sectional design. Prior to distribution, the questionnaire was piloted on two separate
148 individuals focussing on the quality of the content, presentation, ease of completion, and then
149 consequently revised. Participants voluntarily completed either an online version of the
150 questionnaire (82%; Qualtrics, Provo, UT, USA) or an identical paper copy (18%). All Likert
151 scales were fully labelled with verbal anchors to be more robust than partially labelled scales.
152 Participants responded to the questionnaire by retrospectively reflecting on their experience
153 of rehabilitation (i.e., perceived social support and re-injury anxiety) and their return to sport
154 following injury (i.e., psychological readiness).

155 Measures

156 *Perceived Social support.* To measure perceptions of social support, we used the
157 Perceived Available Support in Sport Questionnaire (PASS-Q)²⁴. The PASS-Q contains 16
158 equally distributed items which assess dimensions of emotional (e.g., “show concern for
159 you”), esteem (e.g., “boost your sense of competence”), informational (e.g., “give you
160 constructive criticism”), and tangible support (e.g., “help with travel to training and
161 matches”). To contextualise the scale to the injury experience, the items were preceded by the
162 stem: “Think about your overall experience of injury rehabilitation. If needed, to what extent
163 would someone...,” with responses scored on a 5-point Likert scale ranging from 0 (not at
164 all) to 5 (extremely so). Based on conceptual suggestions together with previous empirical
165 work we created a total score of perceived social support by averaging across subscales.^{12,13}
166 For example, it is plausible that each dimension of perceived social support serves multiple
167 functions.¹³ This was termed total perceived social support. The PASS-Q has demonstrated
168 reliability and validity in previous studies with independent samples ($\alpha = .79 - .89$).²⁴

169 *Re-injury anxiety.* To measure the intensity of re-injury anxiety, we used the Re-Injury
170 Anxiety Inventory (RIAI).¹⁹ Due to the retrospective nature of the study the following
171 amended from original generic stem sentence preceded the items: “Think about your overall
172 experience of injury rehabilitation. To what extent do the statements reflect how you felt?”
173 The RIAI is focussed upon anxiety over re-injury during rehabilitation (RIA-R) and re-entry
174 back to training/competition (RIA-RE). Given our interest in examining a theoretically⁵ and
175 empirically informed sequential process, only the 13-item RIA-R subscale was used (e.g., “I
176 am worried about becoming re-injured during rehabilitation”).^{20, 23} Participants responded on
177 a 4-point Likert scale ranging from 0 (not at all) to 3 (very much so). The subscale score was
178 calculated by summing items. The RIA-R subscale has demonstrated reliability and validity
179 in previous studies with independent samples ($\alpha = .98$).¹⁹

180 *Psychological readiness to return to sport.* To measure psychological readiness to
181 readiness to return to sport, we used the Injury–Psychological Readiness to Return to Sport
182 Scale (I-PRSS).⁷ Owing to the retrospective nature of the study the scale was preceded by an
183 amended from original generic stem sentence: “Based on your overall experience of returning
184 to soccer after injury, to what extent do you agree with the following statements”. The I-
185 PRSS contains 6 items measuring self-confidence relating to performance (e.g., “confidence
186 in my skill level/ability”) and injury (e.g., “confidence in the injured body part to handle the
187 demands of the situation”). Each item response was recorded using a scale from 0 (no
188 confidence) to 100 (utmost confidence). A total score for psychological readiness was
189 derived summing the six items and dividing by 10. The I-PRSS has demonstrated reliability
190 and validity in previous studies with independent samples ($\alpha = .94$).²⁵

191 **Data Screening**

192 First, we examined the data for missing values. Due to relatively few missing items ($i =$
193 15), we replaced missing responses with mean imputation of the item responses from the

194 corresponding scale. Secondly, we calculated Cronbach's alpha for each of the study
195 variables, all of which were acceptable ($> .70$; see Table 2). Finally, we followed procedures
196 described by Tabachnick and Fidell,²⁶ data were screened for univariate and multivariate
197 outliers. No univariate or multivariate outliers were found.

198 **Analytic Strategy**

199 To address the aims of our study, data analyses had several stages. First, demographic
200 variables of age, sex, injury time-loss, and injury type (i.e., first time injury or re-injury) were
201 analysed for potential confounding effects. Second, we computed means, standard deviations,
202 and bivariate correlations for all variables (see Table 2). We used Cohen's effect size
203 thresholds to interpret the correlation coefficients.²⁷ Third, following Baron and Kenny²⁸ we
204 conducted a regression analysis to examine whether the combination of total perceived social
205 support and re-injury anxiety during rehabilitation predicted psychological readiness. This
206 approach highlights three conditions in order to support potential mediating effects: (i) the
207 independent variable predicting the dependent variable; (ii) the independent variable
208 predicting the mediating variable; and (iii) the independent variable and mediator variable
209 predicting the dependent variable. In Step 1, we entered total perceived social support, and in
210 Step 2 we entered re-injury anxiety during rehabilitation. Finally, to further test whether re-
211 injury anxiety during rehabilitation mediated the relationship between total perceived social
212 support and psychological readiness to return to sport, we examined the size and significance
213 of the indirect effect using the PROCESS macro for SPSS (version 28, IBM). We ran the
214 mediation model with bias-corrected bootstrapping (5000 resamples) using 95% confidence
215 intervals (CI).²⁹ For statistical modelling the sequence of the variables was informed by
216 processes described in the biopsychosocial model of sport injury rehabilitation.⁵

217 **Results**

218 **Preliminary Analyses**

219 *Demographic analyses and descriptive statistics*

220 To examine potential confounding effects of demographic variables (e.g., sex, age,
221 time-loss, injury type) we inspected mean scores for sex and injury type, and then computed
222 correlations coefficients (i.e., with Pearson and Eta correlations) between sex, age, injury
223 time-loss, and injury type and the study variables. By examining mean scores there were only
224 marginal differences between male and female participants across all study variables other
225 than females, on average, reported slightly lower psychological readiness scores (−4.45 points
226 on a 0-100 scale, see Table 1). All correlation coefficients between sex, age, time-loss and
227 injury type and the study variables were not significant ($p > .05$, $\eta < .20$). Additional partial
228 correlational analysis between the study variables controlling for injury time-loss and age
229 indicated very little influence on the direction and significance of relationships when
230 compared to zero order correlations. According to published cut-offs, on average, participants
231 reported that they had experienced moderate levels of re-injury anxiety during rehabilitation
232 ($M = 29.57$; $SD = 9.96$) with low-moderate levels of psychological readiness upon return to
233 sport ($M = 37.02$; $SD = 12.15$).^{7,19}

234 **Perceived social support and re-injury anxiety during rehabilitation in psychological**
235 **readiness to return to sport**

236 *Bivariate correlations*

237 Table 2 displays the bivariate correlations between the variables and the effect size of
238 these. Total perceived social support showed a significant small-to-medium negative
239 correlation with re-injury anxiety during rehabilitation (i.e., on average, players with higher
240 total perceived social support had lower re-injury anxiety) and demonstrated a significant
241 medium-to-large positive relationship with psychological readiness to return to sport (i.e., on
242 average, players with higher total perceived social support had higher psychological readiness
243 to return to sport). Re-injury anxiety during rehabilitation showed a significant medium-to-

244 large negative correlation with psychological readiness to return to sport (i.e., on average,
245 players with high re-injury anxiety had lower psychological readiness to return to sport).

246 **The mediating role of re-injury anxiety during rehabilitation**

247 *Regression and mediation analysis*

248 Results from regression analysis indicated that total perceived social support $F(1,148) =$
249 $32.41, p < .001, R^2 = .19$, and re-injury anxiety during rehabilitation $F(1,148) = 38.21, p <$
250 $.001, R^2 = .21$, predicted psychological readiness to return to sport. Moreover, when we
251 added re-injury anxiety during rehabilitation was added to the stepwise multiple linear
252 regression model, the effect of total perceived support was reduced in size (from .43 to .33)
253 which is indicative of mediation (see Table 3).²⁸ These findings are summarised in Figure 2.
254 We then further tested whether re-injury anxiety during rehabilitation mediated the
255 relationship between total perceived social support and psychological readiness to return to
256 sport, as suggested by the regression analyses. Results showed that the mediation effect was
257 significant (indirect effect = 0.11 [95% CI = 0.19, 0.38]). The R^2 value was .32 indicating that
258 this model accounted for 32% of the variance of the response data around the mean.

259 **Discussion**

260 The primary aims of the present study were to further examine the role of perceived
261 social support in psychological readiness to return to sport following injury in soccer players
262 and extend previous research by examining whether re-injury anxiety during rehabilitation is
263 a mediating factor in this relationship. As hypothesised and in line with both theory⁵ and
264 research¹⁷ we found that perceived social support was a significant positive predictor of
265 psychological readiness to return to sport. Furthermore, we found support for the mediating
266 role of re-injury anxiety during rehabilitation.

267 **The Mediating Role of Re-Injury Anxiety**

268 To date, this is the first study to examine one psychological process underpinning the
269 relationship between perceived social support and psychological readiness to return to sport.
270 In congruence with theoretical propositions,⁵ we found that re-injury anxiety during
271 rehabilitation was a significant mediator of this relationship. In other words, an injured player
272 with higher perceived social support will experience less re-injury anxiety during
273 rehabilitation, and consequently they will be more confident in performing well and
274 remaining injury-free upon return to sport (i.e., more psychologically ready to return to
275 sport). Drawing a comparison to other empirical studies is challenging. However, one similar
276 study by Wadey and colleagues²⁰ found that social support seeking was not significantly
277 related to re-injury anxiety or return to sport outcomes, in the form of return concerns and
278 renewed perspectives, and was not a significant mediator in the re-injury anxiety – injury
279 outcome relationship. The direction of the relationships were however consistent with our
280 findings. Therefore, the findings from our study are potentially important given the relatively
281 poor rates of returning to competitive sport (e.g., only 41% playing their pre-injury sport at 2-
282 years post-surgery),⁸ the negative impact of injury on future performance level,² and the
283 factors we examined being related to a subsequent increased risk of injury on return to
284 sport.^{10,20}

285 **Other Possible Mediating Pathways**

286 After accounting for the mediating role of re-injury anxiety, we found a significant
287 positive direct relationship between total perceived social support and psychological
288 readiness to return to sport. In other words, the relationship was not fully explained by re-
289 injury anxiety. This finding is suggestive of the potential for other factors to explain this
290 relationship. Revisiting the biopsychosocial model of injury,⁵ there are several factors that
291 may be relevant in this regard. For example, other psychological (e.g., rehabilitation

292 behaviour) and biological (e.g., rate of injury healing) factors may mediate this relationship.
293 These alternative factors are certainly worth considering for future research in this area.

294 Previous research may also provide some direction for further explanatory factors.
295 These factors include motivation,¹¹ pain perceptions,¹⁴ and adherence to rehabilitation
296 activities.²¹ For example, a soccer player with higher perceptions of social support may be
297 more motivated to return to their pre-injury sport and adhere to their prescribed rehabilitation
298 program. Previous research has rarely accounted for the complex interplay between
299 psychosocial factors and return to sport outcomes. Therefore, examining these variables
300 together with re-injury anxiety or as alternative factors to re-injury anxiety may provide
301 further understanding of the relationship between perceived social support and psychological
302 readiness to return to sport. Future research should aim to test these assertions too.

303 **Limitations and Future Directions**

304 The present study has several limitations. First, we used a cross-sectional design
305 collecting retrospectively recalled and self-reported data (i.e., reflecting on the injury
306 experience). This approach precludes establishing causality, temporality (e.g., change to over
307 time) and can be open to recall bias. Additionally, the RIAI and I-PRRS scale were originally
308 created to gain prospective and concurrent data to support clinical decision-making and not
309 with the intention of being used retrospectively. Although we mitigated this and the scales
310 demonstrating good internal consistency, using state-based measures in this manner may have
311 biased our findings. Future research should seek to use prospective longitudinal designs to
312 better address causal and temporal precedence. Such an approach may better examine the
313 dynamic nature of perceived social support where its effect is thought to be enhanced when
314 its provision is optimally matched with specific needs which likely change through the return
315 to sport process.¹⁶ Second, we only measured perceived social support. It is currently unclear
316 whether received social support is important for psychological readiness to return to sport.

317 However, including measures of both perceived and received social support may provide a
318 more comprehensive understanding of the role of social support in psychological readiness to
319 return to sport. A third limitation relates to how representative the study sample is of the
320 available population. Specifically, this study relied on participants to actively volunteer to
321 complete the questionnaire. As such, the individuals who met the inclusion criteria but chose
322 not to take part may have contributed different data. Future research should consider
323 adjunctive and alternative methods of recruitment and sampling to garner data from
324 individuals that do not engage in questionnaire research and/or had not been able to return to
325 soccer following injury. Finally, our study was based exclusively on soccer players. It is
326 unclear if the present findings will generalise to other sports and contexts (e.g., individual
327 sports). Future research should aim to examine these relationships in other populations to
328 determine their generalisability and utility.

329 **Applied Implications**

330 The present findings lend themselves to applied recommendations. In this regard, we
331 have two suggestions. First, to optimise psychological readiness to return to sport,
332 practitioners should routinely monitor (i.e., screen) player's perceptions of social support and
333 re-injury anxiety throughout injury rehabilitation (e.g., with the RIAI).¹⁹ Second, practitioners
334 could implement social support interventions with injured players tailored to their support
335 needs in an attempt to diminish feelings of re-injury anxiety. Further research is needed to
336 determine what such interventions should consist of and how effective they can be. However,
337 one practitioner-directed example is provided by Murray et al.,³⁰ who found that a 2 x's 4-
338 hour communication skills intervention directed at sports injury practitioners led to higher-
339 levels of perceived support provided for patients' psychological needs (i.e., autonomy,
340 competence, relatedness). In accordance with our findings, the higher perceptions of social
341 support may limit the experience of re-injury anxiety during rehabilitation, and as such

342 increase psychological readiness to return to sport. This is an excellent starting point for
343 future research. It is hoped that together these suggestions may enable practitioners to better
344 support injured soccer players. Last, while interventions may be appropriate for the injured
345 player, organisations and stakeholders may wish to consider the broader environmental and
346 cultural factors that may foster re-injury anxiety and as such limit psychological readiness to
347 return to sport.³¹ For example, the train or play through pain mentality and risk-taking
348 culture. This indicates that a multidisciplinary team-based approach to providing high quality
349 social support and reducing re-injury anxiety may be required.

350

351

Conclusion

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The present study contributes to our understanding of the relationship between perceived social support and psychological readiness to return to sport following injury in soccer players. The study suggests that perceived social support is important in relation to predicting psychological readiness to return to sport. Moreover, it appears that re-injury anxiety during rehabilitation, at least partly, explains this relationship.

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Table 1. *Sample demographics by sex*

Variable		Overall (<i>n</i> =150)	Male (<i>n</i> =83)	Female (<i>n</i> =67)
Age	<i>M</i> (SD)	25.32 (4.28)	24.53 (4.94)	26.12 (3.22)
Injury time-loss (weeks)	<i>M</i> (SD)	17.17 (12.22)	15.2 (11.18)	19.14 (15.54)
Performance level	<i>n</i> (%)			
International		11 (7.3)	2 (18.2)	9 (81.8)
Professional		11 (7.3)	6 (54.5)	5 (45.5)
Semi-professional		30 (20)	19 (63.3)	11 (36.7)
Recreational		98 (65.3)	65 (66.3)	33 (33.7)
Injury type	<i>n</i> (%)			
Traumatic		119 (79.3)	55 (46.2)	64 (53.8)
Overuse		31 (20.7)	20 (64.5)	11 (35.5)
First time injury		126 (84)	71 (56.3)	55 (43.7)
Re-injury		24 (16)	6 (25)	18 (75)

Table 2. *Descriptive statistics, bivariate correlations and Cronbach's alpha*

Variable	1	2	3
1. Total perceived social support			
2. Re-injury anxiety	-.24***		
3. Psychological readiness to return to sport	.43***	-.46***	
<i>M</i>	3.58	29.57	37.02
<i>SD</i>	0.88	9.96	12.15
Cronbach's alpha	.95	.94	.88

Note. $N = 150$. *** $p < .001$.

Table 3. *Summary of multiple regression analyses predicting psychological readiness to return to sport*

DV = Psychological readiness to return to sport	ΔR^2	β
Step 1		
Total perceived social support	.19***	.43***
Step 2		
Total perceived social support	.13***	.33***
Re-injury anxiety		-.37***

Note. $N = 150$. β = standardised regression weight. *** $p < .001$.

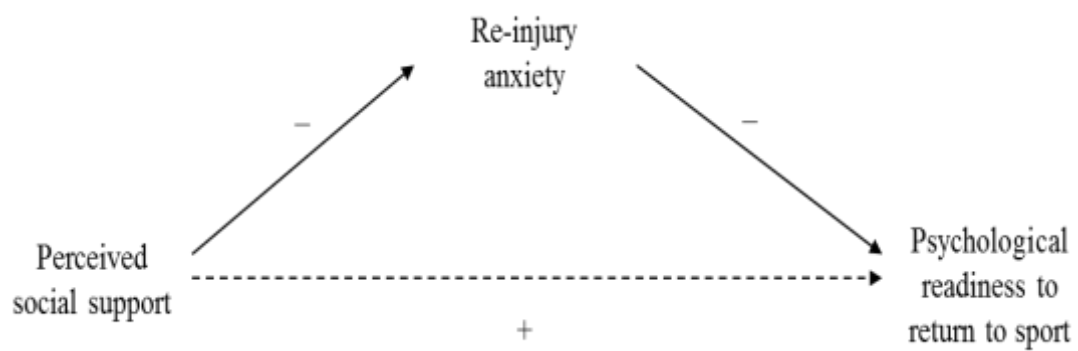


Figure 1. Hypothesised model of the relationship between perceived social support, re-injury anxiety, and psychological readiness to return to sport.

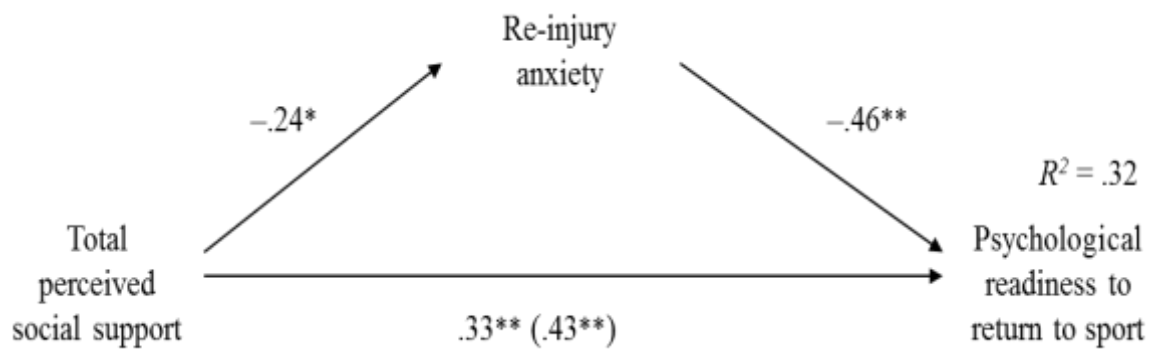


Figure 2. Mediation model of perceived social support and re-injury anxiety predicting psychological readiness to return to sport confidence ($N = 150$). All coefficients are correlations. $*p < .01$, $**p < .001$.