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<https://orcid.org/0000-0003-4283-4356>, Gledhill, Adam and Smith, Andy (2017) Psychosocial factors related to sports injury outcomes in elite female soccer players. In: The Future of Football Medicine - Isokinetic, 13th - 15th May 2017, Camp Nou, Barcelona.

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The Future of Football Medicine

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

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Background and rationale

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

Return to sport rates from injury is poor in both short 46-67% and longer term 31% (Brophy et al. 2012; Sandon, Werner & Forssblad, 2015) with poor return to pre-injury performance rates 40-65% (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 male dominated 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).

Study results

Core categories

Personality

Coping

Social support

Sub categories

Resilience

Autonomy

High personal standards

Use of psychological skills

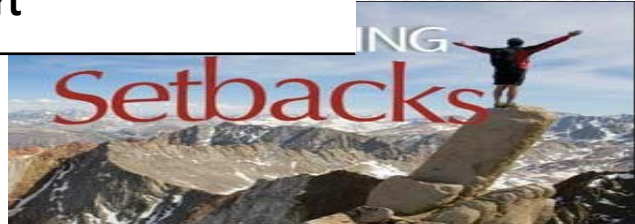
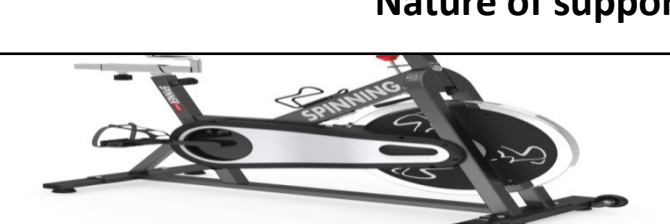
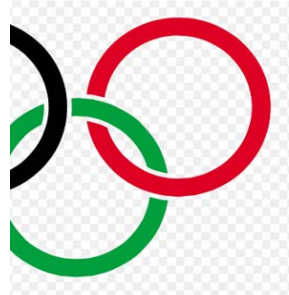
Types of coping

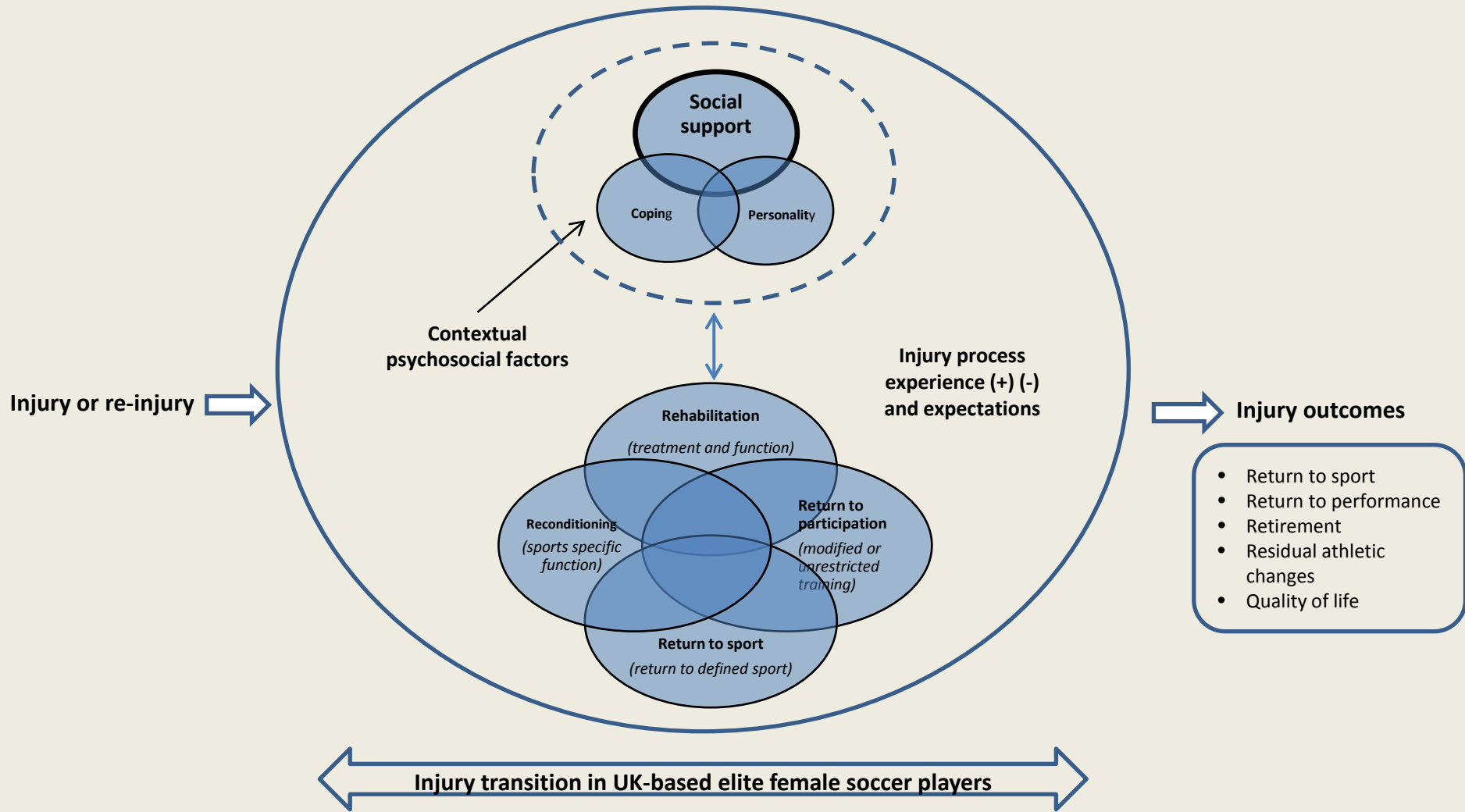
Previous injury history

Significant providers

Cohesiveness of support

Nature of support





Impactful raw data quotes

“there’s been a lot of me trying to tell them it’s not right and for them to trust me, 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 I’m sure it should not feel like that...they’d [medical consultants] be telling me they wanna inject it with steroids injections...I’ve had too many injections to know that it’s not helping”

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 cohesive interdisciplinary rehabilitation alliance and regularly monitor psychosocial needs of athletes to enhance sport injury outcomes.

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Thank you for listening

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