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

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

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

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 outcomes[5], 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

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

Strategy 2: Involve athletes in rehabilitation and RTS decisions

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

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

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

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

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

Conclusion

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

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