IN THE PRESENCE OF an athletic trainer, athletes find it relatively easy to commit to rehabilitative training and appropriate restorative behaviors. Outside the athletic training room, however, athletes might be less likely to engage in such behaviors. This “disconnect” is a critical challenge to consider because any work accomplished in the clinic is only the beginning of the process of rehabilitation and return to play. Therefore, helping athletes succeed outside the athletic training room should be a priority for athletic trainers. Accomplishing such a task requires a keen understanding of the athletic therapist’s role, a thoughtful assessment of the athlete’s lifestyle and individual needs, an anticipation of the kinds of events that can minimize adherence to a rehabilitation program, and the provision of clear and creative feedback. This column aims to provide the reader with the tools to facilitate this process.

Appreciating the Athletic Trainer’s Role

In the rehabilitation process, the athletic trainer is not the agent of healing; the agent of healing is the athlete. The athletic trainer has the understanding of the modalities necessary for health and healing and creates the treatment plan, but the athlete must put this plan into action. Therefore, an important question an athletic therapist needs to consider is, “What am I doing to make the athlete feel responsible for his or her health and the healing process?” Athletes who believe that their healing comes from the electrostimulation machine or the wise athletic therapist are unlikely to maintain healthy behaviors outside the athletic training room or, for that matter, regain the most efficient functioning. Helping athletes feel empowered during the healing process is an important role of the athletic trainer. The existing evidence clearly shows that feelings of personal control lead to adherence to tasks, good health, healing, and happiness. Athletic trainers can promote such feelings by teaching athletes healthy behaviors and skills they can apply when at home, as well as on the playing field.
Considering Individual Lifestyles

The most comprehensive strengthening, active-resting, and flexibility-development program has very little benefit if it does not take into consideration the athlete’s individual lifestyle. Understanding athletes’ social, developmental, and personal needs is an important contributor to successful maintenance of postinjury training behaviors.5 When beginning the treatment of an injured athlete, the athletic trainer should conduct a thorough screening of the individual’s physical state. In order to ensure adherence to rehabilitation routines and guidance outside the clinic, the athletic therapist should also assess the athlete’s lifestyle. Understanding the athlete’s passions, distractions, and schedule of activities outside the clinic can help the athletic trainer find ways of enhancing the quality and effort of training behaviors.

For example, a client who self-identifies as an “athlete” might have little patience or enthusiasm for “basic” weight-bearing exercises or other activities that appear better suited for “nonathletes.” The athletic ego can be quite strong. A wise athletic trainer keeps this in mind when developing and introducing home exercise programs. Seemingly simple prescribed movements must be “sold” to the athlete by illustrating how they relate to movements on the playing field or how they represent a foundation for advanced strength-training exercises. Prescribing exercises that can be done on or around the playing field with teammates can also facilitate compliance. Athletes who feel separated from their team or their teammates’ activities tend to neglect rehabilitative programs when at home.6 A lifestyle assessment can also help athletic trainers determine the best way to fit rehabilitation activities into an athlete’s daily schedule.

We are in a day and age of busy-ness. An athlete might leave the clinic with the best intentions of performing home rehabilitation exercises but, once he or she returns to the daily grind, might fail to “find the time” to engage in the activities. With this in mind, the athletic therapist should take the time to sit down with athletes before they leave the clinic, ask them to open their planners, and help them actively budget training time into their daily schedules. That way, the athletic therapist coaxes a “public” commitment from the athlete that is more likely to produce adherence to rehabilitation activities away from the clinic.

Expect the Unexpected

When putting together a home program, effective athletic trainers use 20/20 foresight. Teaching athletes exercises to increase their range of motion, flexibility, and strength is obviously necessary. Equally important, however, is educating clients in the kind of behaviors that will make the neglect of training less likely. Just as individuals need to be educated in relapse prevention when trying to avoid unhealthy behaviors such as smoking, drinking, or unhealthy dieting,7 athletes returning from injury need to learn new training behaviors that might not necessarily be enjoyable for them. Therefore, athletic trainers must use preventive foresight to identify possible obstacles to healthy behaviors and diminish the possibility of a return to nonhealing behaviors. The sidebar provides examples of such behaviors.

By providing athletes with a plan for adherence and the skills for achieving healthy behaviors outside the clinic, athletic trainers can be catalysts for increased motivation and confidence. Each time athletes successfully cope with threats to maintaining rehabilitative behaviors, they become more confident that they will overcome such obstacles in the future.2

Feedback and Accountability

Functional gains made during rehabilitation are often small and occur slowly. Therefore, it is important to provide athletes with as much tangible evidence of progress as possible in order to increase their confidence and their commitment to rehabilitation. Recovering