Commitment and motivation are very important to an injured athlete’s adherence to rehabilitation. Athletic therapists can enhance the athlete’s commitment and motivation by making sure the athlete plays an active role in the design and implementation of the rehabilitation program.

If an athlete perceives himself or herself as an integral part of the process, he or she is much more likely to be committed to the program.

One way to make sure an athlete feels he or she is part of the process is to have him or her help set the rehabilitation goals. Setting goals is not new to athletes. Most are continually driven to become better at their sport and thus are naturally goal-directed (Heil, 1993). Their focus on goal achievement can be transferred to include the establishment of rehabilitation goals.

**Goal Setting as a Psychological Strategy**

Goal setting helps the injured athlete by (a) facilitating a faster return (DePalma & DePalma, 1989); (b) motivating one’s effort and persistence (Weiss & Troxel, 1986); (c) providing a sense of accomplishment (Fisher, Mullins, & Frye, 1993); and (d) increasing adherence (Fisher, Mullins, & Frye, 1993).

Effective goal setting requires a systematic approach (Boyce & King, 1993), which few have employed despite the abundance of articles in support of this strategy. A systematic approach can enhance the athlete’s commitment and motivation in several ways:

- It clarifies each person’s role in the rehabilitation process.
- It gives the athlete an active role both psychologically and physically in his or her rehabilitation.
- It helps the athlete understand the importance of the rehabilitation exercises.
- It provides optimal challenges.
- It gives the athlete a feeling of being back in control.
- It holds the athlete accountable for a given standard of performance.
- It increases the athlete’s self-confidence.
- It breaks the rehabilitation process into manageable steps.
- It decreases anxiety by focusing on what needs to be done.

**Goal Setting Model**

This paper presents a three-phase (planning, implementation, evaluation) process that can be broken down into seven steps adapted from the work of Boyce and King (1993), Martens (1987), and Botterill (1983). The three phases are outlined in Figure 1.

In Phase 1 the therapist and injured athlete collaborate to design a goal-setting plan (Steps 1–5). In Phase 2, implementation, they develop a monitoring system for goal attainment (Step 6). In the final phase, evaluation, the therapist provides information on goal attainment (Step 7). The sidebar on p. 23 lists several guidelines that enhance the effectiveness of the goal-setting strategy.

**Planning Phase**

The planning phase begins immediately after the injury occurs. In this phase the athletic therapist and the injured athlete must follow five steps:

- Step 1: Identify the exercises, treatment, and responsibilities (e.g., time commitment, attitude, effort).
- Step 2: Determine how the goal can be measured.
- Step 3: Set the goal.
- Step 4: Clarify the goal.
- Step 5: Develop a strategy for achieving the goal.

In addition, potential barriers such as boredom, time constraints, severity of the injury, and plateaus in recovery must be identified and addressed.
Early in Phase 1 the therapist and the injured athlete discuss the severity of the injury, the duration of the disability, the expected recovery level, and the athlete’s role in the rehabilitation process. The time spent in planning can enhance adherence by clarifying each person’s role in the process.

The following five steps will explain how the athletic therapist and the athlete can collaborate to establish a positive experience.

**Step 1: Identification of Exercise, Action, Responsibilities.** One way to ensure the athlete’s active participation in this process is to jointly identify the exercise (task), action, or responsibility (the goal) to be undertaken. Although the severity of injury may dictate the type of goal, an effort should be made to ensure that the athlete understands why achieving the goal is critical for successful rehabilitation. The athlete must also perceive the goal as meaningful, otherwise he or she may not accept it and this could hinder his/her commitment (Heil, 1993).

Just as one must individualize the rehabilitation prescription according to the severity of the injury, the goal must also be individualized. Characteristics such as intrinsic motivation should be noted when identifying the rehabilitation goal. Athletes with low internal motivation may need more help in identifying and setting their goals, and more support as they work to attain those goals.

In addition, the athletic therapist should ensure that the rehabilitation goal is controllable or performance oriented as opposed to an outcome oriented goal. Performance oriented goals are specific behaviors that are directly under an athlete’s control; they focus on the rehabilitation process. An example is when an athlete sets a performance goal of lifting 210 lbs on the leg press for 10 reps.

Outcome goals are not directly under the athlete’s control and may not be attainable. An injured athlete could set a goal of regaining his or her starting position on the team, but there is no guarantee this will happen since this decision is up to the coach.

**Step 2: Measurement.** Once the task, action, or responsibility has been identified, one must make sure it is objective and specific. An objective goal can be measured by...