Guidelines for Using Sport Psychology in Rehabilitation

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Research with sport/athletic trainers, athletic therapists, and sport physiotherapists has revealed that, during rehabilitation, athletes exhibit a number of dysfunctional emotional and behavioral responses that influence the effectiveness of their treatment (Ford & Gordon, 1997; Gordon et al., 1991; Larson et al., 1996).

Furthermore, these sport-injury rehabilitation personnel have signaled a desire to learn more about the psychology of injury and to participate in educational programs aimed at increasing awareness of and competence in the use of psychological strategies that facilitate a more holistic recovery.

In response to this, we offer the following guidelines. They are designed to both assist the development of appropriate training programs and improve the theoretical knowledge and applied practice of sport psychology on the part of athletic therapists.

Key Points

- Injured athletes often experience dysfunctional behavioral responses that detract from the effectiveness of their treatment.
- Athletic therapists can help injured athletes apply the same mental skills they use in sport to make gains in treatment.
- Athletic therapists must understand the psychological processes that follow injury and use appropriate strategies to help athletes toward a holistic recovery.

Mental Skills

Injured athletes can apply the same mental skills they are trained to use to enhance sport performance and cope with competitive stress. Good mental or psychological skills enhance performance in the treatment room. Outlined below are brief descriptions of mental skills identified by trainers and therapists that facilitate recovery from sport injury.


Goal Setting. Athletic therapists should help injured athletes set specific, positive, realistic, process-oriented goals for both home and clinic. Goal setting, as a motivational and organizational tool, allows athletes to translate commitment into specific and relevant actions (Ford et al., 1993; Gilbourne, 1996). Consequently, it can speed recovery and improve compliance from injured athletes (Ievleva & Orlick, 1991).

Communication/Counseling Skills. What athletic therapists
actually say and how they say it can significantly affect an athlete’s response to injury and approach to recovery. Clear, controlled communication at all stages of treatment is needed (Wiese-Bjornstal & Smith, 1993). By effectively communicating with their patients, athletic therapists can engage positive action, thoughts, and feelings about rehabilitation through trust, education, and instruction.

Athletic therapists should be empathic and reassuring; they should provide honest, realistic information in comprehensible language. Active listening in particular is a relatively simple skill that athletic therapists can learn and apply to promote communication with injured athletes (Grove & Gordon, 1995).

Confidence/Assertiveness Training. Injury casts doubt, uncertainty, and fear in an athlete’s mind and can erode his or her confidence. By appreciating and understanding techniques that build self-confidence, athletic therapists can ensure that injured athletes approach their recovery and return to sport as a challenge and a test of their capabilities rather than inadequacies.

Athletic therapists can encourage injured athletes to develop a positive self-image through successful experience during recovery by using goal-setting, positive self-talk (e.g., affirmations), imagery, and role-modeling (Williams, 1993).

Arousal Control/Anxiety Management. Athletes often experience anxiety both in responding to injury and during the recovery process. Worry and concern can have a detrimental effect on rehabilitation performance. Therefore athletic therapists should help athletes learn to control their emotional state in order to optimize performance.

Incorporating cognitive techniques such as relaxation, imagery, and positive self-talk in the recovery program can promote appropriate arousal levels and manage the anxiety experienced. Athletic therapists should encourage athletes to focus on what they can control, and should also ensure that athletes maintain some involvement in their sport (Williams, 1993).

Other Relevant Mental Skills. Additional skills that athletic therapists could teach injured athletes to use include the following:

- Relaxation techniques (e.g., abdominal breathing, progressive muscle relaxation, autogenics), which help reduce stress and tension, thereby conserving energy, increasing blood circulation, and enhancing visualization;
- Imagery/visualization, which allows mental practice of skills related to treatment and sport, promotes healing, and helps the athlete deal with difficult situations;
- Cognitive restructuring (e.g., affirmations, thought stopping, rational-emotive training), which develops self-affirming beliefs and challenges negative and counterproductive thinking;
- Concentration/attention control, which includes the use of trigger words and cues to focus the athlete’s attention on the task at hand.

Specific Education Areas

Their close liaison with athletes gives athletic therapists an excellent opportunity to educate and counsel them on potential problem areas encountered during rehabilitation. For example, they should inform their athletes on the nature of the injury and the realistic prospects for recovery and return to sport.

Effective communication will not only ensure that the athlete is aware of what is occurring at all stages of rehabilitation but will also provide candid explanations on some of the phenomena outlined below. Of course, as alluded to in previous research, the athletic therapist’s level of involvement will influence which of these skills is most applicable.

Grief Response. Following their injury, athletes may experience a sequence of predictable psychological reactions that are characteristic of the grief response (Kubler-Ross, 1969). This includes: disbelief, denial, and isolation; anger; bargaining; depression; and, acceptance or resignation.

Once athletes become resigned to the limitations imposed by their injury, they can begin to focus on what needs to be done to facilitate recovery. At this point they become actively involved in their rehabilitation. Athletic therapists should try to hasten the acceptance/resignation stage while also acknowledging the emotional and behavioral challenges the athlete will likely experience.

Because injury threatens an athlete’s physical, social, and emotional well-being, it is important that athletic therapists be