Rehabilitating the athlete not just the injury: Psychological aspects of running injury rehabilitation – workshop

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Key messages from the keynote

Athletes should be **physically, psychosocially, technically, and tactically** ready to return to competition.

(Filterby, Smith, Jones & Gledhill, 2016)

**Decisions about the athlete should involve all stakeholders**

(see Arden et al. 2016, Dijkstra et al. 2016)

Empower your athlete!

Only an **empowered athlete** can positively contribute to **shared decision making** about their injury.

Therefore, it isn't necessarily what you do, it is how you do it.
1. INJURY MANAGEMENT

**STAKEHOLDERS**
- Clinicians, coaches, family organisation, management

**GOALS**
- SMART principles applied

**MONITORING**
- Functional tests, health, well being, motivation

**COMMUNICATION**
- Systematic, efficient, informative → all stakeholders

**ROLES**
- Definition, competence, project leader identified

**NEEDS**
- Assessment & management

**StARRT**
- Tissue health
- Tissue stresses
- Risk tolerance

**SHARED DECISION MAKING**

2. CLINICAL REHABILITATION

**Load**
- Optimal

**Tissue healing**

**Load**
- Excessive

**Tissue damage**

**Psycho**

**Bio**

**Social**

**success**

**RTS**

*Ardern et al. (2016), Shrier, 2015*
What research tells us about how we cater for psychosocial factors in our practice

Appreciation of scope and challenge

Preparedness
- Recognition
- Intervention
- Referral

Workshop task

• Compliance
• Empowerment
• Social support
• Psychological readiness to RTS

- Define what it is?
- Why is it important?
- How can we improve it?
- How can we evaluate it?
“I'm asking you to believe—not in my ability to create change, but in yours.”
(Barrack Obama)

OR

An enlightened practitioner to their injured athletes!
Any questions or feedback?