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PSYCHO-THERAPEUTIC REHABILITATION AND MANAGEMENT OF SPORTS INJURY VICTIMS FOR QUICK RECOVERY

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Abstract

Athletes/sportsmen who partake in competitive sports have huge interests to win laurels for themselves, their clubs and their respective countries in the long run in international sports fiestas. This ambition places on individual athletes both psychological and physiological demands as they engage in continual practice schedules and the actual contests. Thus, they often times experience stressful situations in form of over-arousal and other times depression when their set goals become elusive in their determination to achieve greatness. Consequent upon the failure, both psychological and physiological dysfunctions ensue and these phenomena trigger barrage of deleterious and traumatic experiences on the athletes. In effect, there is manifestation of underachievement leading to athletes unhappiness, frustration, boredom and eventually athletic/sport injuries which could be minor, acute, chronic and major when proper preventive methods, therapeutic, rehabilitative strategies and antidotes are not in place to reduce injury occurrences, and their debilitating effects making them to be counterproductive in their respective sports both nationally and internationally. The paper identified categories of sports injuries (i) chronic/over use such as stress fractures, patellar tendonitis, shin-splints, achilles tendonitis; (ii) acute/traumatic such as ankle sprain, contusion, muscle strain/pull, back pain, runners cramp along with their causes. The psychotherapy for rehabilitation of victims were canvassed using goal setting, positive self talk, fostering social support, teaching of psychological rehabilitation strategies, teaching coping skills and building rapport are curiously x-rayed for athletes quick recovery to resume participation shortly.

Keywords: *Psycho-therapy, injury classes, injury types, rehabilitation, management*

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Introduction

Naturally, human beings partake in physical activities that warrant the use of both fine and big muscles in various ways. In sports parlance, the use of big muscles becomes very prominent in individuals chosen sports in soccer, athletics, racket games, swimming and martial arts both in practice and real competitions as sportsmen and women struggle to win laurels for themselves, their clubs and for their respective countries in the long run. The ability to win laurels becomes an herculian task for both trainers/coaches and the athletes as they have to put in all their best physically, mentally and psycho-physiologically. In effect, athletes go through a lot of stressful phenomena in form of over-arousal, aggression, and other emotional, physiological and psychological dysfunctions when their intended objectives for competing are not achieved.

Other times, athletes may wish to over-train, overstress themselves to achieve laurels in the presence of significant others and also to boost their image, self-concept, self-esteem to become economically and socially mobile and gain horizontal and vertical social mobility. Thus, these advantages/significance place on committed athletes a lot of pressure on the field of play. When athletes intended goals of winning elude them concomitant with depression, frustration, anxiety and are unable to control excessive state anxiety, leading to muscular tension and poor coordination, difficulties ensue which metamorphose into muscle soreness, aches and pains leading to tension in critical situations. (Weinberg & Gould, 2006).

Athletes need to have management skills/strategies to enable them manage their emotions, moods, anxiety, thought processes to be able to be at the level of good stability both physically, mentally and psychologically to perform at their optimum best/levels during competition. Generally, adolescents/youths are more fun-seeking than older persons and this characteristic makes them to be more actively involved in competitive sports regularly, locally, nationally and internationally because of gaining fame and international recognition in addition to increasing their financial status thereby increasing their countries gross domestic product (GDP). The increase in sport participation by youths/adolescent in mega sports competitions like the Olympics, and Commonwealth Games increases their chances of sustaining injuries (United Nations Organisation Sports Development Programme- UNOSDP 2012; Strecker, 2010).

Concept of Injury

According to Arnheim (2006) in his book titled Principles of Athletic Training , injury is an act that damages or hurts. Injury could be minor, severe and permanent depending on the seriousness. Minor injuries could be minor cuts, abrasions, graze and contusion /bruises. Some injuries could be severe and in this group dislocations fractures and puncture from javelins are examples. Injuries could affect muscles and skin, as in abrasion; can affect the joints as in dislocations; can affect the bones as in fractures in various patterns and degrees.

Injury Types/Classes of Injury and Anatomical Sites

According to Dehaven and Kinter (1986), Axe Newcomb and Warner (1991) some of the injuries sustained by athletes are in the following extremities:

(i) Lower extremities of the body (legs, ankles, shin, thigh).
(ii) Upper extremities of the body (head, shoulder, elbows, upper back and
(iii) Central body (low back pain, muscle strains, buttock and spondylolysis resulting from repetitive flexing, over-extension, twisting or compression of the back muscles.

Overuse Injuries or Chronic Injuries
These are injuries that athletes sustain as a result of repetitive application of submaximal stresses to otherwise normal tissues (Outerbridge & Michell, 1995).

Causes of Overuse/Chronic Injuries are as listed below

- Repeated forearm flexion and extension;
- Long duration activity and of high intensity;
- Over-training and exposure to excessive levels of physical activity;
- Poor or improper technique;
- Uneven terrain;
- Jumping or running on hard surfaces;
- Improper footwear;
- Growth spurt or an imbalance between strength and flexibility;
- Excessive activity (e.g. increased intensity, duration, or frequency of playing and/or training);
- Playing the same sport all year round or multiple sport during the same season;
- Improper technique (e.g. over extending on a pitch);
- Unsuitable equipment (e.g. non-supportive athlete shoes);

Some examples of over-use/chronic injuries in sports are Lateral Epicondylitis of the elbow (tennis elbow), medical epicondylitis; achilles tendonitis, ankle sprain, stress fractures, runner s knee, Osgood-schlatter disease, shin splints, shoulder impingement, patellar tendonitis, anterior knee pain, little league elbow, spondylolysis, etc.

Acute/Traumatic Injuries
Acute injuries otherwise called traumatic injuries are injuries that occur suddenly on the field of play concomitant with a lot of trauma undergone by the person because of the suddenness, unexpectedness, the impact and concussion with which they occur. In younger children, acute injuries typically include minor bruises/contusions, sprains and strains. Teen athletes are more likely to sustain severe injuries and this include broken bones and torn ligaments (Outerbridge & Michell, 1995). More severe acute/traumatic injuries that occur regardless of age include eye injuries, including scratched corneas, detached retinas and blood in the eye, fractures, ligament injuries, brain injuries, concussions, skull fractures, brain hemorrhages and spinal cord injuries.

Traumatic/Acute Injury Causes
Acute/Traumatic injuries often occur because of;

- Lack of proper equipment or use of improper equipment,
- Unsafe environment / or playing surfaces,
- Rough play by persons involved in a game/an activity,
- Lack of adherence to the rules of the sport/game,
- Collision between two players or more players,
- Inability to assess the risks of certain activities especially kids as fully as adults,
- Improper/deficient preparation and or warm up,

Some types of acute/traumatic injuries are: Muscle pull/ muscle strain-most common which can happen to any muscle; back strain/back pain; contusion/ bruise; neck pain; arch pain etc.

Common Anatomical Sites Injured Secondary to Children/Adolescents Sports Participation

Anatomical sites means the three major sites in the physical structure of a person/an athlete that are more susceptible to injury in the body. These are:

(i) The lower extremities
(ii) Upper extremities and
(iii) The central body

When all sports are considered, the lower extremities are at an overall greater risk for sport injuries than either central (back, neck, and head) or upper extremities. (De Haven & Lintner, 1986, Newcombe and Warner, 1991). This is according to them, due to the emphasis of most sports on the lower extremities to provide locomotive power and speed to the entire body. This emphasis is seen in both children's and adults sport participation regardless of age. For most sports, the knee and the ankle are the joints most commonly injured. (Kuajala, Taimela & Antti-Poika, 1995). Although the skeletally immature knee anatomically resembles the adult knee, there are some important biomechanical and physiological differences that result in mild variations in injury patterns (Smith & Tao, 1995).

Injuries of the lower extremities that are unique to or occur more frequently in children and adolescents include the following:

- Slipped capital femoral epiphysis.
- Musculo-tendious avulsions about the pelvis
- Distal femoral physical fractures;
- Avulsion of the circulate ligamerits;
- Distal eminence fractures;
- Osgood-schlatter disease
- Sinding-Larsen Johansson disease
- Ankle sprains secondary to maturing tarsal coalition and
- Physical injuries of the foot and ankle

Psychotherapeutic Rehabilitation and Management Strategies

The psycho-therapeutic rehabilitation of accident/injury victims takes a lot of dimensions/strategies from the psychological therapist which can be copiously utilized on the athlete/athletes who have sustained injuries on the field of play and /or competition. For the interventions to yield good result a lot of conditions must be fulfilled on the part of the athlete/athletes who are involved ranging from the athletes positive mindset, focus, concentration, thought processes and confidence. The underlisted strategies are some of the psychological therapies for rehabilitation and management of sports/athletic injury victims for quick recovery.

Imagery (Mental Preparation)

One use of imagery is to help athletes build confidence and positive thinking. Trainers and coaches with the collaboration of sport psychologist can help injured athletes build

confidence by having them imagine getting back in the field and performing well. (Weinberg & Gould, 2006 & LeUnes, 2008). In addition, mental imagery/mental practice is used for maintaining mental freshness during injury. It also allows the athlete to prepare and practice his/her response to physical and psychological problems that do not occur normally, so that if they occur, the athlete/person respond to them competently and confidently (Plessinger, 1992 & Adeyeye, 2005).

Imagery can be used to train athletes in psychological skills such as stress management, distraction control/management, concentration to fine-tune actions for an athletic event and anxiety management. Positive healing and/or performance imagery is an adjunct to positive healing and faster recovery time from injury in addition to helping athletes fight through pain threshold and focus on the race (long distance) and technique instead of the pain.

Goal Setting:

Setting realistic and achievable goals is important to recovery, and a watchful eye on the over-zealous goal setter is warranted. Some competitive individuals by their nature are prone to re-injuries themselves in a mis-guided rehabilitation regimen where they try to do too much too soon. (Lellness, 2008).

Positive Self-Talk

This is a copious ally of athletes trying to overcome obstacles. Athletes should replace defeatist thoughts verbal cues with positive ones as stated below:

S/N	Positive self-talk	Negative self-talk
(1)	I can whip this injury	I ll probably always limp on this bad leg.
(2)	My leg is getting better all the time.	It looks like my muscles are shrinking.
(3)	My physical therapist knows his stuff.	I am not sure any one can help me with this injury.
(4)	I ll work my tail off to get better.	Most of these exercises are okay but some are really stupid.
(5)	I am a fast healer	I may not get over this injury.

Extensively, in the literature of psychological therapy of healing of injured athletes the virtues of positive self-talk, positive thoughts and an opportunistic explanatory style have been extolled. In turn, they are an extremely important component in speeding up the healing process in sport/ and exercise related injury (LeUnes, 2008).

Fostering Social Support for the Injured Athlete

Social support is critical in the rehabilitation process particularly with moderate to severe injuries. Too often when athletes are kept away because of injury, they feel that their teammates and time have marched on. Whatever states of identification the athletes have, family and friends can come to respond to the athletes primarily through their role as athletes. In many cases, friendship is based exclusively along these lines particularly with other teammates or with other athletes (Williams, 2001) Specifics of the support could be: emotional support from friends and loved ones; informational support from a coach or

sport psychologist (e.g. You are on the right track) or tangible support (e.g. money from parents or teammates).

- Also the coach and physical therapist/sport psychologist must help to ensure that normal contacts are maintained.
- The coach and sport psychologist should be reassuringly optimistic about recovery and also encourage injured athletes to discover other bases of support for themselves.

Teaching specific Psychological Rehabilitation Strategies

The same mental skills and techniques such as goal setting, mental imagery, arousal regulation, stress management that help athletes to succeed in their sports can play significant roles in successful rehabilitation from injury. Helping athletes to see the opportunity for personal learning and growth will enhance the process of recovering from injury. These strategies are very crucial for coaches and sport psychologists/exercise psychologists and which they should not do without when athletes experience set backs. (LeUnes, 2008).

Teaching Injured Athletes to cope with Setbacks

Injury rehabilitation is not a precise science. People recover at different rates and set-backs are common concomitants of injury. It is extremely important for the coach in conjunction/collaboration with the sport psychologist to prepare the injured athlete to cope with such state of injury. The athletes should be informed during the rapport stage that set-backs will likely occur and at the same time encourage them to keep positive attitude towards recovery. Let the athlete/athletes realize that set-backs are normal and not a case for panic and that there is no reason to be discouraged. Similarly, rehabilitation goals should be evaluated and periodic redefining from the start also be done. To help teach coping skills, encourage them to inform significant others (friends, parents etc) when they experience set-backs. By discussing their feelings, they can receive the necessary social support.

Build Rapport with the Injured Athlete

When athletes get injured they often experience disbelief, frustration, anger, confusion, anxiety, depression and vulnerability. Affected by all these emotions, it can be difficult for anyone to establish rapport with the injured athletes. Establishing rapport helps to put oneself in the condition of the athletes psychologically/cognitively/mentally and therefore showing of empathy; that is trying to understand the injured athlete, with visits, phone calls and show interest. Caution must be taken by the psychologist such that the psychologist should not be overly optimistic about a quick recovery. The therapist should give this encouraging and empathizing statement to the injured This is a tough break, John and you will have to work hard to get through this injury; but I am in this with you and together we will get you back .

Conclusion

The process of athletic injury rehabilitation is an integrated one whereby psychological therapies alone may not be able to get the recovery as expected. This means that as the medical treatment is ongoing, the psychological therapies should be integrated into the treatment programme, which is dependent on the nature, severity, duration and site of injury. Some injuries like skull fracture would definitely need surgery while others like sprains, strain, contusion, back pain may only require physical therapy of RICED which means rest, ice, compression, elevation and then diagnosis and if need be referral.

The reason why medical and psychological therapies should complement one another is because the mind is in the body and are not separable. What affects the mind definitely affects the physical body. When the mind is psychologically attuned to the psychological rehabilitation and recovery regimen, and the injured judiciously adheres to them, practices them along with medication, the recovery process will be faster.
The cardinal role of sport psychologist/exercise psychologist is to prepare and initiate teaching and coaching practices that will help to prevent the onset of injuries, assist in the injury coping process when athletes sustain injuries and provide supportive psychological intervention environment to facilitate recovery.

Recommendation

It is recommended that for the sake of rehabilitation and management of injured athletes, the expositions in this discourse are advanced for utilization in sports injury recovery regimens which include:

- building rapport;
- educating the injured athlete about injury and recovery process;
- teaching the athlete psychological coping skills
- fostering social support for the injured athlete;
- imagery (mental practice), relaxation training and positive self-talk (verbal cues) among others.

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