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Inhibition of pain during the rehabilitation of knee ligament injuries: an interpretive phenomenological analysis. UNIVERSITY of Miller

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Introduction: In the UK, on average, 1-1.5 million people per year are use Accident and Emergency services as a result of injuries sustained during sporting participation (Boyce and Quigley, 2004). Many of these admissions reveal long-term injuries requiring extensive rehabilitative work. Much research in the broader rehabilitation domain has emphasised a strong link between individual psychology and pain management during such processes. Indeed, it has been noted that as many as 80% of *amputees* still experience – and therefore have to manage - pain in limbs that are no longer neurologically attached to the body (Davidson et al., 2010.). The bulk of pain-related literature in the specific area of sport rehabilitation, however, remains strongly anchored to physiological questions and solutions, with psychological investigations (and particularly qualitative variants thereof) in a distinct minority. Concerns from Sport Injury Rehabilitation Professionals (SIRP) have also been raised that they feel inadequately trained in order to deal with the psychological distress associate with injury (Stiller-Ostrowski et al. 2010).

Methodology: This paper, using Interpretative Phenomenological Analysis, reports qualitative findings on experiences of pain,

strategies for pain management, and how these interact with an injury rehabilitation process among a purposive sample of five male amateur soccer players, aged 20-60 years old, from the North West of England.

-	Superordinate theme	Subordinate themes
	Rhythm of life	Routines Life's demands Age (maturity, immaturity) Responsibility
	Pain experience	Emotion Regret Reflection Bravado
	Pain control	Coping mechanism Learnt experience Isolation Self distraction

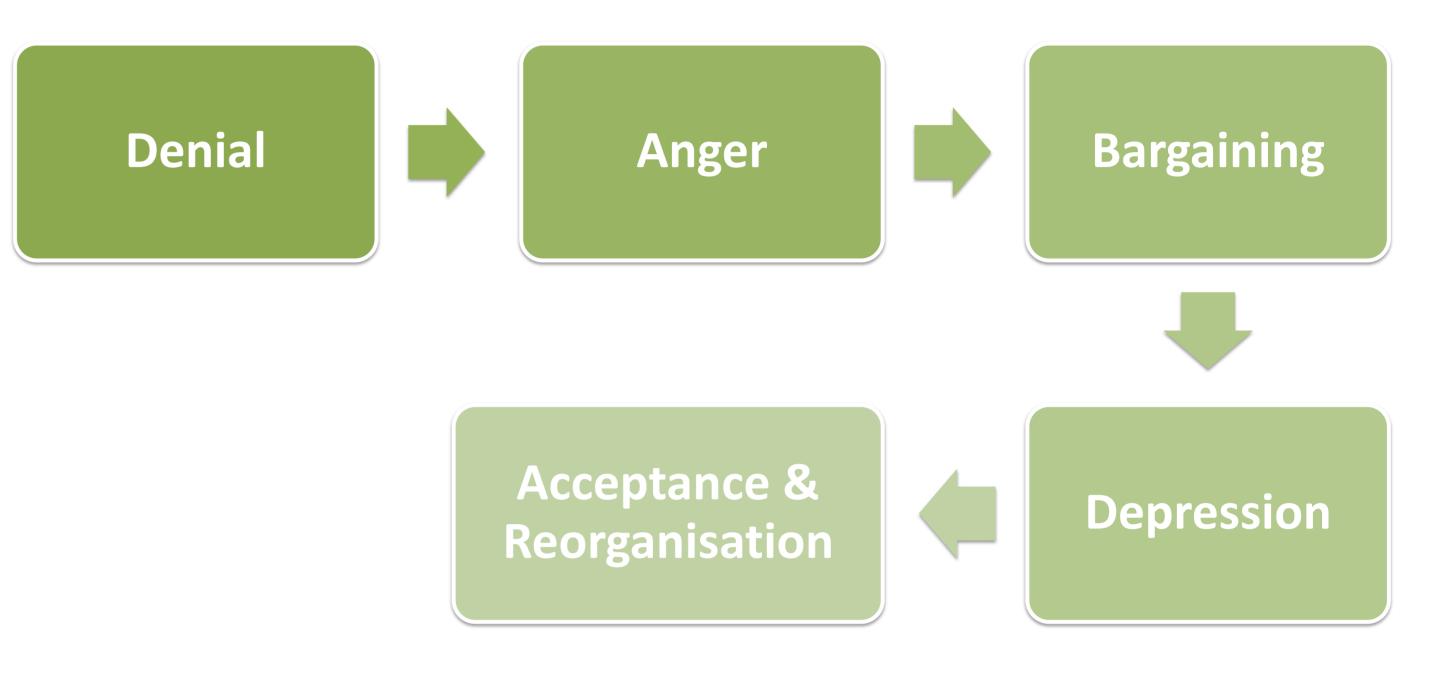


Table 1: Themes established from interviews.

Diagram 1: Five stage grief process (Kübler-Ross, 2005)

Discussion: Participants highlighted, during the recovery process, many nuanced difficulties in accepting and accommodating with their pain experiences, and corollary physical restrictions and limitations. It was suggested by some that they may have benefitted from being more supported psychologically, but it was also evident that greater maturity, life experience and responsibility, which might typically be associated with positive outcomes for the recovery experience, could actually hinder as well as help. Athletes are more likely to experience fear of re-injury as a result of mentally compartmentalising the injury, appose to addressing. Athletes at times believe that SIRPs should know exactly what the athlete is thinking without the athlete themselves discussing any psychological difficulties (Tripp et al. 2011). Furthermore if SIRPs administered psychological support through subtle goal setting, it seems to have a much more positive affect, however the emphasis appears to be on the term 'subtle' psychological support (Tripp et al. 2011). It was also found that the amount of support an athlete may require or accept during recovery was heavily dependant on what stage they were at in terms of acceptance of their injury, as well as life experience and personal situations. Previous research by Kübler-Ross (2005) suggested that it is when patients are stuck in the 'Denial – Anger' phase that this fear of re-injury is rises, once again increasing the potential chance of re-injury (see diagram 1). Similarly, Clement et al. (2015) also found that the level psychosocial support varied and who the support network was, as the injury recovery progressed.

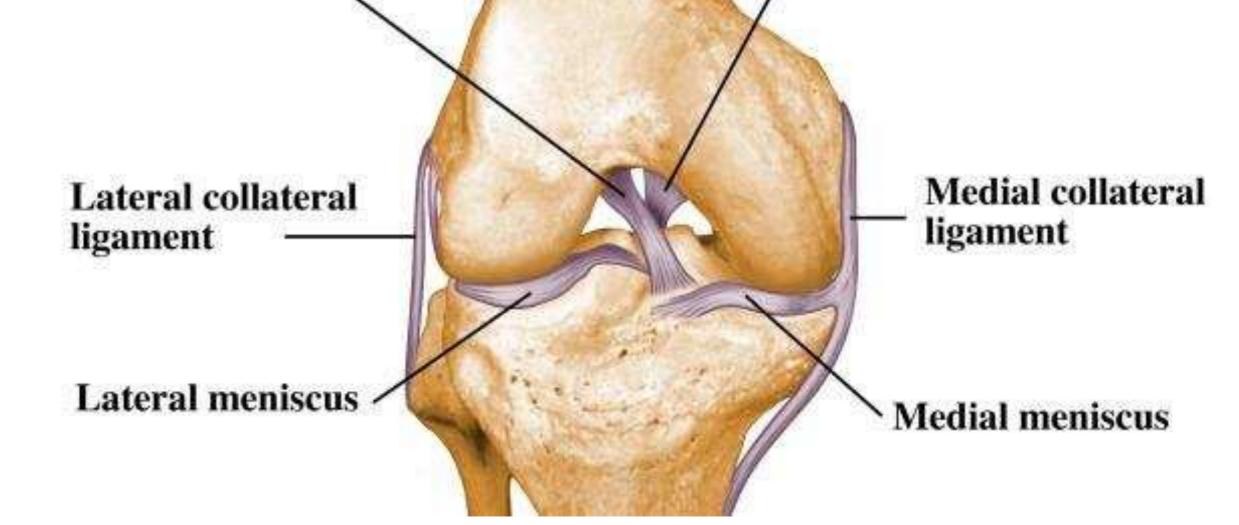
Conclusion: It is proposed that this research answers some practice-focused questions and raises others regarding (a) the extent *to* which and (b) the manner *in* which pain might psychologically impact upon injury recovery, and for whom. As a result enabling SIRPs to be trained and better equipped to diagnosing psychological distress and supporting athletes through the recovery process, thus improving the quality of care athletes receive, and reducing the time away from sport.



Anterior cruciate ligament



Posterior cruciate / ligament



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