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What is a Sport Injury?

By: Emily Fiorini

As a rugby player, I see people get hurt often. For a long time I thought that if a player was hurt, it was the same thing as being injured. Then, about a year ago, Campus Recreation asked our team to report all injuries and I realized a player who is hurt is not also injured. This led me to the topic of this paper, how does a player go from just being hurt to being injured? In other words, how does the player's status change? Not only is this a question about status changes in sports but about status changes in general. I began by looking to see if any researchers had answered this question already.

Research on sports injuries is focused on three main topics. These topics are the medical diagnosis and treatment of injuries, the psychological effects of sports injuries on injured players, and coaches' decision making process after assessing an injury. (Bahr & Holme, 2003; Ransone & Dunn-Bennett, 1999; Mechelen, 1992; Smith & Milliner, 1994; Kavussanu & Roberts, 2001). What these three topical areas have in common is a focus on sports injury prevention. The researchers are looking at common injuries, causes of injuries, and how coaches react to an injured player to see what can be done to prevent injuries from occurring in the first place. This research has been sparked by recent attention to the long term psychological and physical damages of concussions and other traumatic brain injuries. Those who receive a concussion are at a greater risk of Alzheimer's disease and psychiatric degeneration. Younger athletes and athletes who sustain multiple concussions are at an even greater risk. (DeKosky, Ikonovic & Gandy, 2010; Van Zomeren & Deelman, 1978; Collins, 1999).

The topic that receives the most attention is the medical diagnosis and treatment of injuries. Some studies look at injuries in certain sports. W. van Mechelen (1992), for example

looked at injuries that are common for runners. He found that the most common injuries affect the lower body, especially the knee. These injuries develop overtime due to overuse and recurrence of these injuries was reported in twenty to seventy percent of the cases in the study. Runners reduced or stopped training in thirty to ninety percent of the cases, but only twenty to seventy percent sought medical attention.

Some researchers don't look at specific injuries, but look at the risk factors that can lead to sports injuries. Bahr and Holme (2003) looked at research by Mechelen to identify risk factors. They found that there are both internal and external factors that may put an athlete at risk. Internal risk factors include age and flexibility. Teammates and opponents, equipment, and the weather are all external factors. Bahr and Holme found that none of these factors can alone cause damage to the body, but a combination of factors can (Bahr & Holme, 2003). Bahr, Holme, and Mechelen performed these studies because they were looking for ways to prevent injuries. They identify potential causes of sports injuries but they do not look into how an athlete who is hurt moves to injured status.

The research on the psychological effects of injuries on athletes is similar to the medical research because it is not concerned with the athlete's status. They are looking at the condition of the body and if it is damaged then the players are considered injured. Researchers look into these effects because they are looking for effective treatment for athletes who have negative emotions toward their injury. Like the medical research, the psychological research does not answer the question of how an athlete achieves an injured status.

Researchers looking from a psychological point of view have found that injuries have positive psychological effects on some athletes and negative effects for others. Collings and

Condon (1996) found a group of athletes who are positively affected by injuries. Inuit hockey players in the Northwest Territories see that their status increases when they are injured, especially when “an injury is accompanied by a clear marker that a great deal of pain has been withstood.” (Collings & Condon, 1996 pp 259). Not only does it show they suffered intense pain, but it also becomes an excuse for failure. If the team loses a game when a player is injured, especially when it is their best player, they are able to blame the loss on the fact that they lost a player to an injury. A player’s status is also increased when they play with an injury. If they win the game it means they are much better than the players on the other team because they beat them when their bodies weren’t functioning at one hundred percent. If they lose the game they are able to save face and blame the injury for not allowing them to play to their best ability.

Unfortunately, not all athletes experience these positive effects of injuries. Smith and Milliner (1994) learned that some athletes who are injured suffer post-injury depression which puts them at risk of suicide. Post-injury depression can be caused by a number of factors. For some athletes, being an athlete is their identity, and getting injured can take that away from them. Other athletes become depressed because they cannot spend as much time with their friends, and their coaches replace them with other players so they no longer feel needed. For some athletes, it has nothing to do with watching their team move on. Playing a sport is a way that people let out their stress and aggression. When they become injured, there is nowhere for these feelings to go. Smith and Milliner found that though athletes may become depressed after being injured, their depression decreases as they recover.

Another place to look at the psychological effects on injuries on athletes is the book *Emotions in Sport*, edited by Hann (2000). This book draws attention to the affective cycle of emotions in the injured athlete. According to the affective cycle, injured athletes go through three

emotional stages. The first stage is distress. During this stage the athlete has feelings that they are consciously aware of. During when they enter the second stage of denial, the feelings are not acknowledged but they still influence how the athlete behaves. In many cases the result of this stage is being unable to accept the severity of the injury. Eventually the athlete is able to accept their injury and they move into the final stage of determined coping. It is in this stage the athlete actively learns new skills, explore other options and look for resources. How long it takes an athlete to move between the stages varies between athletes.

The third major topic that researchers have focused on in relation to injuries is one that does not look directly at the injured player. Researchers are studying the abilities of coaches and trainers to make medical assessments and the decision process of coaches based on these assessments. Like the psychological and medical research, this research is not concerned with the status change of the player. They are concerned with the damage done to the body.

Ransone and Dunn-Bennett (1999), after studying the first aid knowledge of high school coaches found that coaches do not have the proper training to accurately assess their players. Ransone and Dunn-Bennett came to the conclusion that more first-aid training could help coaches, but it would be better if the coaches had another person on the field that was responsible for the care and assessment of injured athletes. Even if coaches are better trained to assess injuries, they would still be distracted by their other duties, such as coaching a game and trying to win. This goal to win is a major factor in whether or not a coach is willing to allow an injured player to continue playing. Ransone and Dunn-Bennett found that if the player that is injured is their star player and the game is close, the coach will allow them to continue playing. If the team is winning or losing by a wide margin, the coach may choose to have the player rest and be ready for the next game. Vergeer and Lyle (2007) found similar results in their study of gymnastics

coaches. These coaches said that they considered the athlete's performance level, risk involved in competing, doctor recommendations, parents' wishes, and the kind of experience they would have if they did or did not compete when choosing if they would let an injured gymnast compete. (Vergeer & Lyle, 2007). Some coaches also considered the pain threshold of the gymnast.

In order to accurately judge a coaches' decision process, and for medical researchers and psychological researchers to accurately find ways to prevent and treat injuries, it is important to know how they became injured in the first place. This means we have to look beyond the event on the field that gave the player their injury. It is also important to look beyond the player, and at the other people who are involved in giving a player an injured status.

When researchers look at injuries from medical and psychological perspectives, they are looking at the injury as an objective thing that needs to be fixed. Medical researchers see injuries simply as something that is wrong with a body part and their goal is to fix it. It is true that injuries are problems with the body, but not all things that are wrong with the body are considered injuries. What is considered an injury changes between and within sports. Medical researchers do not look at the way an injury becomes an injury and so how do they know that what they are treating is actually an injury? Psychological researchers are looking at how the thing that is wrong with the body is affecting the player mentally. They believe the injury and not being able to compete are what cause the players to become depressed, but there is more to it than that. The players are depressed because injuries have social consequences as well as physical consequences. When a player becomes injured their status on the team changes and people treat them differently. People treat injured players a certain way based on their own interpretations of the injury and on the player themselves. These judgments influence how an injury becomes an injury and psychologists need to understand what is considered when making

these judgments in order to really understand what is causing players to become depressed after injuries.

Methods

To learn about how a player is given an injured status, I used Grounded Theory. Grounded Theory is a qualitative research method developed by Corbin and Strauss (1990). Grounded Theory is different from other methods in that the theory is derived from the data. Researchers who use other methods develop a theory and then find data to prove or disprove their theory.

When using Grounded Theory, researchers must analyze the data as soon as it is collected. Data is gathered in the forms of interviews and observations which are immediately analyzed for patterns and themes. Themes and patterns that are repeated in more than one interview become relevant data that will shape the questions in the next interviews and what that researcher focuses on in later observations.

Once the data is analyzed, the raw data is given a conceptual label. The raw data is analyzed as “indicators of a phenomenon” and so the conceptual label is labeling the phenomena represented in the data. (Corbin & Strauss, 1990 pp 420). The concepts are then compared to one another and those that represent similar phenomena are grouped together to form categories. As the categories and concepts become more narrowly defined throughout the study, they begin to relate to each other and the researcher can start to form a theory.

For this study, I interviewed eight student athletes and used the knowledge I gained through my own experiences as a student athlete. With only nine subjects, the claims in this study are fairly restricted. However, the claims made in this study can be used in further research

that can make greater claims. Each interview was audio recorded. The recordings were transcribed and given a number. No names are used in this study. Each student is referred to by the number given to their transcription.

Along with interviews, I observed games, practices, and competitions. I took field notes about what people did when someone was hurt, who was involved and what the extent of their involvement was and the duties they performed. These field notes were analyzed for patterns and themes and compared to the transcriptions to form concepts and categories.

Analysis

I have found that an injury is the result of a social process that involves communication between the player, the coach, the trainers, the doctors, the parents, and other members of the team. I looked at categories of common themes discussed by the players and studied the description of the processes they experienced. I also reflected on my own experiences with injury and used the process I went through as a reference. After comparing the categories derived from the transcripts and field notes, I learned that this process is not a predetermined process that is the same for every player. The player moves through the process as decisions are made about the player and the part of their body that may or may not be injured.

Categories

While interviewing players and learning about the injury process, I learned that there are a number of categories that injuries can be separated into. These categories help players make decision during the process.

Injuries

Injury here refers to the change in the state of the player's body. This change is what the medical researchers are focused on. There are multiple ways players talk about this changed state. Some use medical terminology, while others use colloquial terminology.

- *Medical Terminology* -Types of injuries include sprains, strains, pulls, breaks, tears, concussions, fractures, dislocations, carpal tunnel, arthritis, and tendonitis.
- *Colloquial Terminology* - Players often say something snapped, popped, or cracked. Student Two for example, when asked about their chest injury sustained during a rugby game, said “I went in for a tackle. It was a large individual and they and another teammate fell on my chest and it popped.”

There are three subcategories:

- *First-time injuries* - injuries that can be traced back to a specific point in time and will eventually heal. The injuries in this subcategory are sprains, strains, pulls, breaks, tears, concussions, fractures, and dislocations. Injuries can be put in this subcategory when the player can remember the event that caused the injury and will only have to refrain from playing until the injury heals. The groin injury sustained by Student Five fit into this category. Student Five strained their groin playing ultimate frisbee and had to rest for several days until the pain went away.
- *Recurring injuries* — In the second subcategory are injuries that can be traced back to a specific point in time, will eventually heal, and have happened to a part of the body that has been injured and healed in the past. These injuries are also known as reoccurring

injuries. They are the same as those in the previous subcategory but differ in that the player has injured that part of their body before. This was the case for Student Four who broke their nose six times. The first time, the injury was placed into the first subcategory, but after the next five times the injury was moved into the second subcategory because their nose had been injured previously.

- *Chronic injuries* — The third subcategory contains injuries that cannot be traced back to a specific point in time and can be treated by do not heal. These are chronic injuries. Student Eight's injury is chronic. Student Eight has carpal tunnel. They do not know when it started, but they know it became a problem sometime in the last year. They cannot say the exact cause, but they believe it was due to stress on the wrists from weight lifting.

Severity of injury

When players are talking about different types of injuries they are also including the severity of an injury. The severity of an injury can be thought of in two separate categories; the type of treatment needed for the injury to heal, and the amount of time the player is not allowed to participate in their sport.

- *Treatment type*—The types of treatment in order from most severe to least severe are surgery, casts and crutches, prescription medication, braces and slings, and heating and icing and taking over the counter medication.

- *Time out*—When players consider the amount of time a player is unable to participate, injuries taking a player out of the sport permanently are the most severe. Student One for example mentioned that their injury was the most serious they had seen because they would not have been able to play rugby ever again without surgery. The other time periods mentioned from most severe to least severe were; the player is done for the season, but will return the next season, the player has to miss some practices and some games but will be able to return later in the season, the player has to miss a few practices but will be able to play in the next game, or the player sits out the rest of the game and will be able to play at the next practice.

People Categories

- *Injury assessors* — Usually when a player is saying that something popped or snapped they are telling someone who is assessing the injury. Coaches, parents, trainers, team captains, club safety officers, EMTs, and/or veteran players.
- *People who make decisions about injuries* —Similar to the injury assessors are people who are told about an injury and are involved in the decision process of how an injury should be treated. Coaches, parents, trainers, team captains, veteran players, doctors, or only the player are all people involved in the decision process.

Injury assessors and people who make decisions about injuries may be the same people in some cases. For example, when a player is hurt severely and need help coming off of the field, the coach may go onto the field and assess the injury, and make the decision that the player needs to go to the hospital. In other cases a player may feel pain, tell the coach and rather than assessing the injury the coach may automatically make the decision that the player needs to see a doctor.

- *People blamed for the injury* - Some players blame themselves, while others blame someone on the opposing team. Student Two saying that “a large individual” fell on their chest causing it to pop means that Student Two is blaming the large individual and their teammate for causing the injury.

Assessment Categories

There are other categories that do not relate to the medical aspects of an injury but still contribute to the decisions of whether or not a player will be moved to injured status. These do not assess the altered state of the body, but assess the injury claim the player is making.

- *Illegitimate Injury Claims* – Claims coaches and other players do not find valid based on the following subcategories:
 - Coaches and other players believe that the player is pretending to have a changed body-state.
 - Coaches and other players do not think the damage to the body is serious enough, and would play through the pain if they were the ones who sustained that injury.
 - The player is known for complaining about being hurt most or all of the time for attention. If the player comes to practice every day and doesn’t participate because a different part of their body is hurt, the coach may just consider them to be crying wolf and decide that there probably isn’t anything seriously wrong and allow them to play. This was something mentioned by Student Five. A person on their ultimate frisbee team comes to practice every day with a different hurt body part, and as a result the other players refuse to believe the player is actually hurt.

- *Legitimate Injury Claims* – Claims the coaches and other players find valid based on the following subcategories:
 - The player is known for playing through any kind of pain. If a player has been known to play through any pain and never say anything about it and are suddenly asking to be taken off the field, the coach and other players are more likely to believe this injury claim and believe that the damage to the body is serious.
 - The players and coaches believe the damage to the body is serious enough.

These judgments usually happen when the injury the player is claiming to have is not visible. When the injury is visible, like a broken bone or a bloody nose, any ideas about the player's personality are not considered and they continue to go through the process. If a coach decides that a player can continue playing, but the player chooses to stay out of the game, the player is making the decision that they are injured, but they are not given an injury status. The injury has to be legitimized by more actors than just the player for the player to receive an injury status.

- *How players act around the claimant when they find an injury claim to be illegitimate-*
 - Some players may make fun of the player.
 - Players attack the claimant's character. Student Six mentioned that in basketball, their team used to call players weak who claimed to have jammed their fingers because that was not considered serious enough.
 - Players might give the player suggestions on how to treat the injury as quickly as possible so that they will stop complaining sooner.

- Sometimes players ignore the claimant altogether.
- *How players act around the claimant when they find the injury claim to be legitimate-*
 - Players may sympathize with the player and ask them how they are feeling and if they need any help with anything.
 - Players may also try and push the player to take as much time as possible to really let the injury heal.

The Process By Which an Injury is Constituted

Formal Process of Assessing an Injury Claim

The process begins when the player experiences something on the field either during practice or a game. If the player experiences a feeling that something is not right with their body, they are responsible for making the first assessment, which is whether or not their body is hurt. They are the only person who can make this assessment because this is their experience and others cannot correctly judge the pain they are in. Perakyla and Silverman (1991) would say that the player is the owner of this experience and for that they are “given the opportunity to produce the final, authoritative description of it.” (Perakyla & Silverman, 1991). This is true for the player unless the experience on the field is something that prevents them from getting back up and being able to get off of the field on their own. A player not getting up is an indication that they are hurt, and the people who come onto the field to assess their pain make the next decision. These other people are typically coaches, trainers, other players, and parents. If the player does not consider them self hurt and are able to keep playing, then they are not injured and the process ends there. If a player decides they are hurt, they can either decide to tell someone or keep it to

themselves and play through it. When a player decides to tell someone they are hurt, they are telling someone, usually the captain or the coach, that they need to come off the field and rest. This was the case for Student Three. Student Three had a hair line fracture in their ankle, but at the time they only knew their ankle hurt. They told their coach about the fracture and he sent them to the hospital for further evaluation.

Unlike when the player decides they aren't hurt and play normally, the player who decides they are hurt and tries to play has not reached the end of the process. If a player is hurt and continues to play, they are hiding the fact that they are hurt. However, like Student Six said "some people are bad actors." These people may not verbally tell someone they are hurt, or even mean to let anyone know, but there are nonverbal ways that pain is communicated. Limping, grimacing, yelling out in pain, and playing at a lower level than before the event happened are all things coaches and captains may notice when they watch the game. If a coach or captain notices these nonverbal signs of pain, they may make the decision to take the player out of the game. If the player is a good actor and is able to play as if nothing happened, the process ends and they do not reach an injured status.

Once a player is off of the field, the next decision is made about what kind of injury they have and what to do about it. Like Ransone and Dunn-Bennett (1999) pointed out, the initial assessment of the injury is typically made by coaches. If the injury is something the coach can easily recognize like a broken bone, then they can quickly decide that the player needs to go to the hospital. A coach may not have much medical training, but past experiences and basic knowledge about common sports injuries can also lead coaches to make quick decisions about what needs to be done about treatment. For example, if a coach had players in the past with

sprained ankles, they may see similar symptoms in their hurt player and diagnose the injury as a sprained ankle. Instead of sending the player to the hospital, they may tell them to go home, elevate the leg, and put ice on it. If the coach decides that it is not a serious injury and allows the player to return to play, the player is not injured and the process ends. Student Two's coach allowed them to go back into the game when their chest "popped." As long as Student Two felt comfortable playing, their coach decided that it probably wasn't serious enough not to let them.

If a player has their injury diagnosed by their coach or a doctor, the decision has been made about what the injury is and now the player needs to make the decision about whether or not they want to go along with the treatment prescribed to them. Sometimes the decision is easy. Student One, for example tore their ACL, MCL, and LCL, and scraped their meniscus. Student One was given the decision to get surgery and come back to rugby next year or try to let it heal on its own and never play rugby, or really any sport again. Student One chose to get the surgery.

Sometimes, when the injury is less serious and the treatment is less extreme, this decision may not be as easy. For example, Student Three suffered a shoulder injury during their senior year and their doctor told them to rest for up to four weeks. If Student Three followed these instructions, they would have missed their final rugby season. Since the coaches and the other players on the team were not present at the doctor's visit, Student Three was able to lie and say that the doctor said to rest for only two weeks. The justification for playing through this injury was that after the rugby season, there would be plenty of time to rest and fully heal. Student One chose to treat their injury fully and participate in every step of the recovery process including no activity and physical therapy. Student Three chose to partially treat the injury in hopes that it would be healed enough to not make matters worse. Some players however, hear what they should do to treat the injury and then chose to disregard any treatment. This has been the case for

Student Two for every injury sustained. Student Two used to run track and once broke an ankle while running. After the incident, Student Two went to Orthopedics, had a cast put on and once they got home, took the cast off. Student Two's reason for this was the team needed them to run the next day and so that was what was going to happen. Student Two ran on the broken ankle and ended the injury process without obtaining an injured status.

Student Two did not claim an injury because they felt the team needed them and claiming to be injured would let the team down. This is a common feeling amongst athletes. Athletes usually feel this way because the team does need them. When the coach is assessing a player's injury, they are not only considering the body part, but they also take into consideration things they know about the player and one of those things is the talent level of the player. Ransone and Dunn-Bennett noticed this phenomenon. One of the scenarios that will lead a coach to disregard his or her duty to assess injuries is if the star player is hurt and the game is close. During this scenario the coaches are reluctant to take a star player out of the game unless they are hurt to the point where they cannot get back up and need someone to help them come out of the game. When coaches choose not to acknowledge an injury because they want the player to stay in the game, players start to believe that they are not supposed to get hurt which pushes them to hide their injuries when they occur.

Players are also reluctant to decide they are hurt after they experience something on the field when they play sports where injuries are often looked down on. Certain sports look down on injuries because they can be prevented and so the players do not have an excuse to be injured. In these sports the player is also blamed for causing the injury by doing something wrong. Dance is one of these sports. When a dancer is injured, other dancers assume that the injured dancer did not stretch properly or were attempting a move that they knew they could not perform properly.

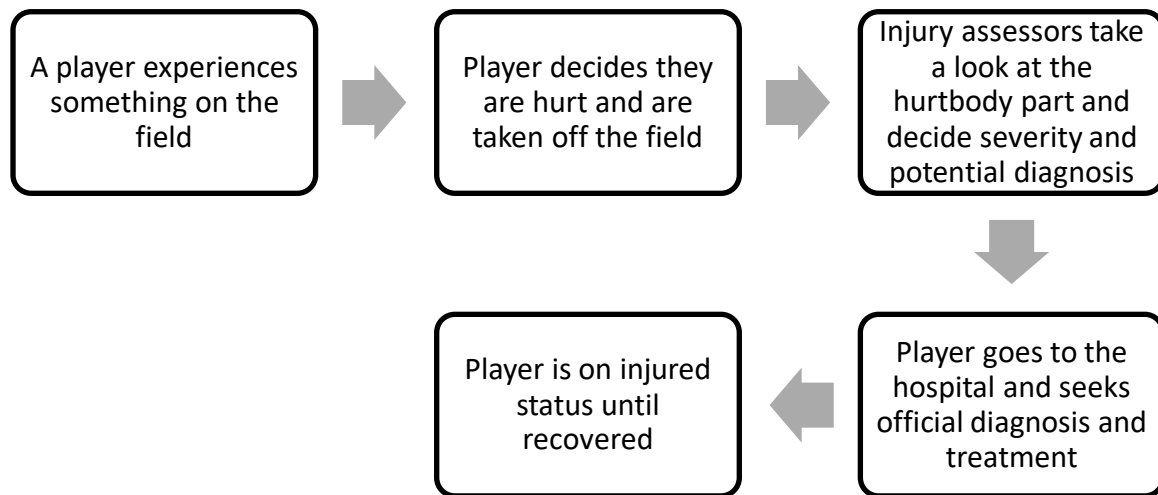
This was the case for Student Seven. Student Seven and their partner were practicing one day and decided to attempt a lift. The lift went wrong and the pair fell to the ground. As a result Student Seven came away with a twisted ankle and broken foot. Student Seven did not tell the instructor because they did not want to be reprimanded for attempting a move they did not know how to do without proper supervision.

Volleyball is also a sport that looks down on injured players. In volleyball, players have access to certain equipment that is meant to prevent injuries from happening in the first place. Student Six did not have the ankle braces most volleyball players wear and broke an ankle during a game. The rest of the team could see that the ankle was broken and acknowledged the injury so Student Six was put on injured status, but Student Six did not receive sympathy once on injured status. Instead the other players would make remarks about how, if Student Six wore the braces, the ankle would not have broken. Student Six felt the same way and did not look for sympathy. If the injury had not been as obvious as a broken ankle, the players may not have acknowledged the injury as legitimate and Student Six would not have been put on injured status.

When volleyball players and dancers are injured they are typically less likely to decide they are hurt because they know that an injured status will not be a higher status than the status the player previously held. This is not the case in sports like rugby. In rugby, when a player is on injured status, other players see this player as someone who suffered a lot of pain from either making or taking a big hit. These players are looked up to and an injured status is a higher status than the one they currently hold. Since injured players acquire a reputation for being tough, some players are willing to fake an injury so that people will think they are tough and give them more attention. Student One makes note of a former teammate who was known for faking an injury when they did not receive the credit they believed they deserved. When playing a sport where

faking injuries is common, coaches and other players have to make decisions about whether or not a player who is claiming an injury is making a legitimate claim.

The Formal Process of Assessing an Injury Claim: An Example



Informal Process of Assessing an Injury Claim

While the formal process is taking place, there is an informal process happening at the same time amongst the other players on the team. This process starts at the same time as the formal process – when the player experiences something on the field. If a player says that they are hurt, the other players begin to assess whether or not the injury claim is legitimate. The informal process is less public than the formal process and information is spread mostly through gossip.

Once it is decided that a player is hurt, whether the player decided it to be true or if the coach realized something was wrong when a player tried to hide it, the other players start conversing with one another about this claim. This conversing may happen during the game

when the player is being assessed on the field, after the game when players are taking off their equipment and getting ready to go home, at practice, or outside of practices and games. Players discuss what happened when the player got hurt, what they know about their diagnosis, and what they know about how long it will take for the player to recover. This is also the time when they consider the things they know about the player's character.

If a player was close enough to a player on the field and could directly observe them when the event happened, the player may make a judgment right away about whether or not the claim is legitimate. For example, when Student Four broke their nose during a game, there were people on the field who saw them go head first into a player and heard the crack. They made the decision right away that this was a legitimate injury claim. In this case the decision was that the claim was legitimate, but in other cases the player may decide the claim is illegitimate, especially in rugby when a player says that they were hurt after being tackled and the other players who saw the tackle did not think it was a hard enough hit.

Since not all players can directly observe to the player when the event occurs, they have to consider the information they receive later and the personality of the player. They also have to consider who they are getting their information from. When the person giving information is someone known for being a gossip and spreading rumors, and says that the player is faking, other players may not believe that person and decide that the player is not faking, or further investigate the situation. On the other hand, if the person is known to be a close friend of the player and says the player is faking, then they may decide that the player must be faking.

Once a player decides whether or not a player is making a legitimate injury claim or an illegitimate injury claim, they may begin acting differently around the player. Those who believe

an injury is illegitimate may tease the player for being weak or ignore the player and this may deter the player who made the claim from making an injury claim again in the future. On the other hand, if the players believe the claim is legitimate and treat the players with respect, the player may enjoy the attention and be more likely to claim an injury in the future.

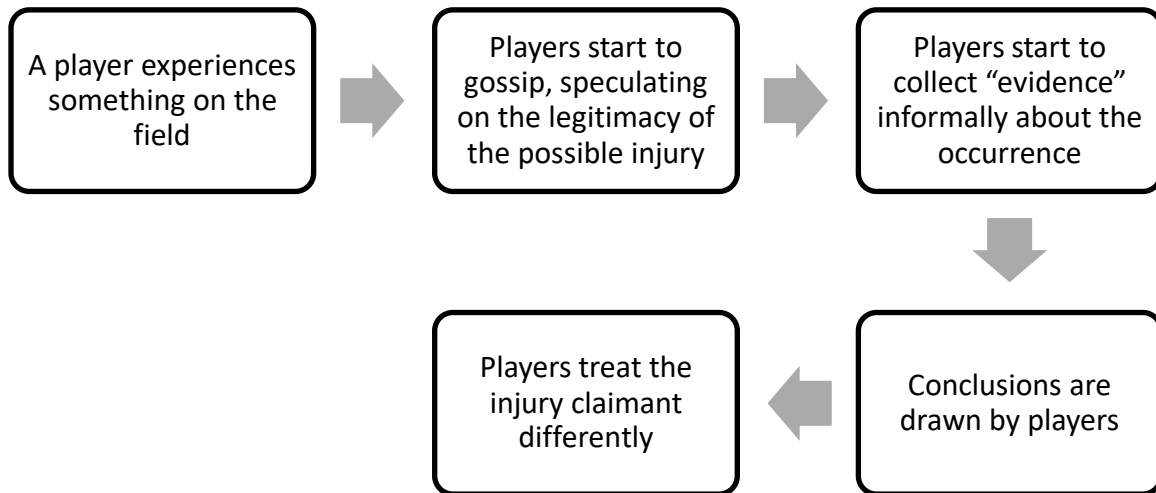
If a player believes another player is faking an injury they will decide that a player should not be given an injured status. However, sometimes the decision of other players to move someone to injured status does not line up with the coach's decision to move a player to injured status. The coach is part of the formal process and he/she may speak directly with the doctors, look at any x-rays, and speak directly with the player. Having this knowledge may lead a coach to believe that what the player experienced is a legitimate injury. Players may only know that the claimant was tackled lightly and then started complaining. The coach may also decide to move a player to an injured status just to protect them from further damaging the body. For example, Student Three was sent to the hospital for their foot and not allowed to play even though they said they could because the coach did not want to take the chance of making it worse. The other players only knew that Student Three could play through the pain and did not consider Student Three injured. When coaches and players disagree about whether or not a player should be on injured status, including the player who had the experience, it becomes unclear who makes the final decision to put a player on injured status.

If a player's injury is legitimized by the other players on the team and their coaches, the player will move to an injured status. Whether this is a promotion or a demotion depends on their specific team and their sport. The player will remain on injured status until they are fully healed. This may mean having documentation from a physician that says they are cleared to play. Being able to participate in physical activity again does not take the player off injured status. Student

One for example was allowed to use a stationary bike a few months after their surgery, but because they could not play rugby, Student One and their teammates still considered Student One to be on injured status.

When some players are taken off injured status, their status returns to the one they held before they were injured. For example, when Student Five strained their groin, they were out for only a matter of days and when they were able to play again, they were again one of the most relied on players on the team. This is not the case for every player who is injured. Many of the people interviewed mentioned having to start over again. Their injuries were severe enough to take them out of their sport for the remainder of the season and since they had not been practicing for an extended amount of time, their skills suffered. Student One was unable to play for a year after their surgery. Before the injury they were a starting player and claimed to be in the best shape of their life. When they were given clearance from their doctor to play again, they were not in as good physical shape and had to relearn some basic skills. Student One was no longer a starter and had a lower status than what they had before the injury. Many players know that they may not be as good as they were when they were hurt which is one of the things Smith and Milliner found lead to post-injury depression.

The Informal Process of Assessing an Injury Claim: An Example



Conclusion

A change in a player's status from active to injured is the outcome of a series of assessments and decisions based on these assessments made by a number of actors. These decisions that are made, can affect the decision of the player and whether or not they want to say they are hurt. If they know they may not be believed to have a legitimate injury, or may be sent to the hospital and miss a large amount of playing time, they may decide to try and hide their pain or decide there is nothing to hide.

This assessment and decision process can be applied to other areas where a person's status may change. Take a person who changes their relationship status on Facebook for example. This person meets another person and they make assessments about the person and decide whether or not the person is someone they would like to engage in a monogamous

relationship with. They either decide that they do not want to be with this person and their status remains single, or they decide they do and now their status is “in a relationship” and they can call themselves someone’s boyfriend or girlfriend. Besides for personal relationships, this assessment and decision process can also be applied to a person’s status change in a number of different areas like the workplace, school, and social clubs.

Researchers looking for ways to treat injuries medically and psychologically and those who are studying coaches’ decision making processes are unaware of this process. To them damage was done to a player’s body and the next step is to seek treatment. However, in most cases, seeking treatment happens at the end of the process. Sometimes, coaches and players diagnose the injury and decide not to seek treatment from a professional at all. That does not mean they are not injured.

Injuries not reported to medical or psychological professionals have important physical and mental consequences. Players will see a doctor when they or another decision maker believes the damage the player has sustained is severe. When it is something the player or decision maker believes will heal quickly, the player may ask their coach, parent, or teammate to assess the damage and be satisfied with the diagnosis they are given. When a player is diagnosed by someone with limited medical knowledge, they are at risk of receiving an incorrect diagnosis. An incorrect diagnosis can lead to incorrect treatment which will not heal the damage done to the player’s body. Similarly, if a player decides not to hide their pain then their body will not be treated and may be damaged more severely in the future.

Psychological researchers have a tendency to believe that the players become depressed because they are unable to participate in their sport. Psychologists notice that players miss their

friends and are afraid that they will not be able to play to the best of their ability when they return to their sport. These factors relate to the results of the formal process for assessing sports injuries. What psychologists do not notice are the psychological effects on players when their teammates do not see their injury claim as legitimate. If a player's teammates are suddenly ignoring them or making fun of them because they think the player is faking, the player's relationships with their teammates change and this change can also lead a player to feel depressed. Players may not make an injury claim because they do not want their relationships within the team to change and so they may be playing through pain that can also make them feel miserable. The only way for psychologists to be aware of these causes of depression associated with sports injuries, psychologists need to know more about the team interactions that occur during the informal process of assessing a sports injury.

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