

**Title of manuscript:** Be a champion for your athlete's health

**Authors:** Hege Grindem PT PhD,<sup>1,2</sup> Grethe Myklebust PT PhD,<sup>1</sup>

<sup>1</sup>Oslo Sport Trauma Research Center, Department of Sports Medicine, Norwegian School of Sport Sciences, Oslo, Norway

<sup>2</sup>Stockholm Sports Trauma Research Center, Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden

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**Corresponding author:** Hege Grindem, Norwegian School of Sport Sciences, Pb 4014, Ullevål Stadion, 0806 Oslo, Norway; [hege.grindem@nih.no](mailto:hege.grindem@nih.no) ; phone: +4795106154

## **Be a champion for your athlete's health**

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### **Abstract/synopsis**

Many athletes push themselves beyond their limits and sacrifice short-term well-being and long-term health for a chance at victory. Elite sport shapes a certain type of character: mentally and physically tough, and unrelenting in the pursuit of the marginal gains that separate champions from the second best. The difficult question, especially for elite sports, is: How do managers, coaches, athletes, and members of the health team find the balance between protecting the athlete's health and pursuing athletic greatness?

In this viewpoint, we offer 4 perspectives on the role and responsibilities of sports physical therapists:

1. our duty of care and ethical obligations to the elite athlete
2. how to make decisions that are in the athlete's best interest
3. how to build a working relationship with the athlete
4. how to support athletes who face end of career decisions

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Elite athletes often push themselves beyond their limits and sacrifice short-term well-being and long-term health for a chance at victory. Elite sport shapes a certain type of character: mentally and physically tough, and unrelenting in the pursuit of the marginal gains that separate champions from the second best. In a refreshingly honest account, Hammerseng-Edin<sup>6</sup> highlights the dark side of elite sport culture and calls for a discussion. How does (elite) sport find the balance between protecting the athlete's health and pursuing athletic greatness? When a former athlete warns us that the load on athletes is too high, we should take it seriously. Many parties are involved in this issue, most of all managers, coaches, athletes, and members of the health team. As sports physical therapists, we offer our perspective.

### **Robust systems help clinicians and athletes manage health risk**

Some clubs have established systems that reduce the health risks for the athletes. These systems may include expert health teams in close contact with the athletes, a well-functioning load monitoring system, strict guidelines for return to sport after injury, and regular injury prevention training. Robust systems require resources,<sup>6</sup> and the health risk for the athlete will be influenced by the investments a club (or federation) is able and willing to make. However, between the limits of what the club considers unacceptable costs or athlete demands, and what the club considers to be unacceptable health consequences, there is room for individual decisions that either increase or decrease the health risk for the athlete (**FIGURE 1**).

A one-sided focus on short-term athletic gain and a success-at-all-costs mentality may drive decisions towards the limit of unacceptable health consequences. Opposing forces push decisions towards the lower end of health risk: long-term athletic success depends on athletes being healthy enough to perform.<sup>5</sup> Public discussions, such as the one initiated by Hammerseng-Edin,<sup>6</sup> increase our awareness of the problem, and injury prevention campaigns successfully reduce sports injury incidence.<sup>8</sup>

*Figure 1 here*

### **The sports physical therapist's role and responsibilities**

Deciding if an athlete should play is important, and the sports physical therapist's role in this decision may vary in different contexts. The decision may be to return to play after an injury, to modify training due to an overuse problem, or to end an athletic career for health reasons. Sometimes the sports physical therapist is the only member of the health team, other times we work in large teams and have limited authority. Roles and responsibilities must be clearly defined within the specific context we work. It is incontrovertible that there is a difference between coaching responsibilities and medical responsibilities – the manager does not make medical decisions and the sports physical therapist does not decide the team tactics. Like the athlete who faces tremendous pressure to compete when she should not, we are not immune to pressure from athletes, coaches, media, and sponsors. Protecting the athlete's health at the potential cost of short-term athletic success does not come without its risks to our career.<sup>9</sup>

### **Duty of care and ethical obligations**

The Code of Ethics of the International Federation of Sports Physical Therapists (IFSPT) offers guidelines and key ethical principles<sup>1</sup> to guide practicing sports physical therapists: “The basis of the relationship with the athlete should be that of absolute confidence and mutual respect”, and our advice and decisions should only be influenced by the health risk of the athlete – not coaches or the outcome of the competition.<sup>1</sup> The sports physical therapist's role is to provide advice about whether an athlete should play, and the sports physical therapist should not delegate this advice.<sup>1</sup> Still, return to sport decisions are often made by the

athlete.<sup>6</sup> We suspect the biggest problem is simply that the club has not allocated enough money to health personnel. The sports physical therapist is therefore not always present when the decision is made.

Core ethical documents from other national and international professional organizations are also relevant. One fundamental principle endorsed by most organizations is that physical therapists should always act in the best interests of the patient.<sup>1,2,10</sup> Sports physical therapists who are employed by a club have a responsibility to help the club achieve its sporting goals. Although the interests of the athlete and the club often align, sometimes there might be disagreement. In these situations, the ethical guidelines for physical therapists clearly instruct us to act in the interests of the athlete.

### **What is in the athlete's best interest?**

Decisions to play are too often left to the athlete, without adequate support to make an informed decision.<sup>6</sup> External pressure and internal motivation compel elite athletes to make decisions that are not in their best long-term interest. For return to sport decisions, strict criteria can help us decide. Norway's national team in handball provides a good example: players with anterior cruciate ligament reconstructions must pass return to sport criteria and wait for one year after surgery before they can play matches.

For overuse injuries, regular monitoring with instruments like the Oslo Sport Trauma Research Center (OSTRC) overuse questionnaire<sup>4</sup> can detect problems early and serve as a guide to manage load. But most of these decisions are complex and, to a certain point, the athlete needs to determine if the reward of playing is worth the risk. Even if health care professionals fully understand the health risks, determining what is in the athlete's best interest requires in-depth knowledge about how playing (and not playing) will affect the athlete's life in the short- and long-term. Most athletes will probably confirm that

participating in the Olympics is worth the risk of a hamstrings reinjury, but the health team cannot decide that alone.<sup>3</sup> The athlete should have the final say about the level of risk that is acceptable, and therefore needs to be involved in the decision.

### **Mutual respect and trust**

Sports physical therapists are often the healthcare professional with the closest contact with the athlete. To protect the athlete's health, it is paramount to build a relationship of mutual respect and trust. We offer 4 suggestions to help sports physical therapists build that relationship:

- (1) Respect confidentiality. Do not reveal information to other people affiliated with the team or to the media unless the athlete consents. The athlete should feel free to discuss his or her problems honestly, without fear of consequences.
  - (2) Give strong recommendations when it is obvious that playing carries a substantial health risk, and justify your recommendations to the athlete and the coach.
  - (3) Provide consistent information to the athlete and the coach. Never downplay the severity of an injury when you talk to an athlete.
  - (4) Build a relationship with the coach and get to understand his or her point of view.
- Mutual respect is needed if he or she is to follow our recommendations.

### **Is it time for life after sports?**

Sports physical therapists who work for the athlete's club can help the athlete decide when it is time to retire. During the athlete's career, we gain important insight into her medical and personal history. However, in situations where the interests of the club and athlete do not align, there is an inherent conflict of interest. Therefore, consulting a healthcare professional with no connections to the team may be appropriate for athletes who are considering retirement for health reasons. Although members of the club's health team assess and treat

most injuries sustained by the athletes, athlete contracts should never restrict the athlete's right to an assessment of risks to long-term health by someone who is unaffiliated with the club. If the discussion takes place with the club's health team, an athlete-centered approach<sup>7</sup> can lay the necessary foundation to approach this difficult topic.

## **Summary**

Sports physical therapists play an important role in protecting athletes' health while they push their limits to pursue athletic success. Our close connection with the athlete offers the opportunity to help her make good choices on a range of topics, including return to sport after injury, strategies to reduce the risk of injuries, and when to retire. Working with ambitious athletes is rewarding, but we must remember that, first and foremost, we are healthcare professionals. In the jungle of advice and pressure from athletes, coaches, sponsors, parents and media, we owe it to our athletes to base our practice on sound evidence and clinical experience.

## **Key points**

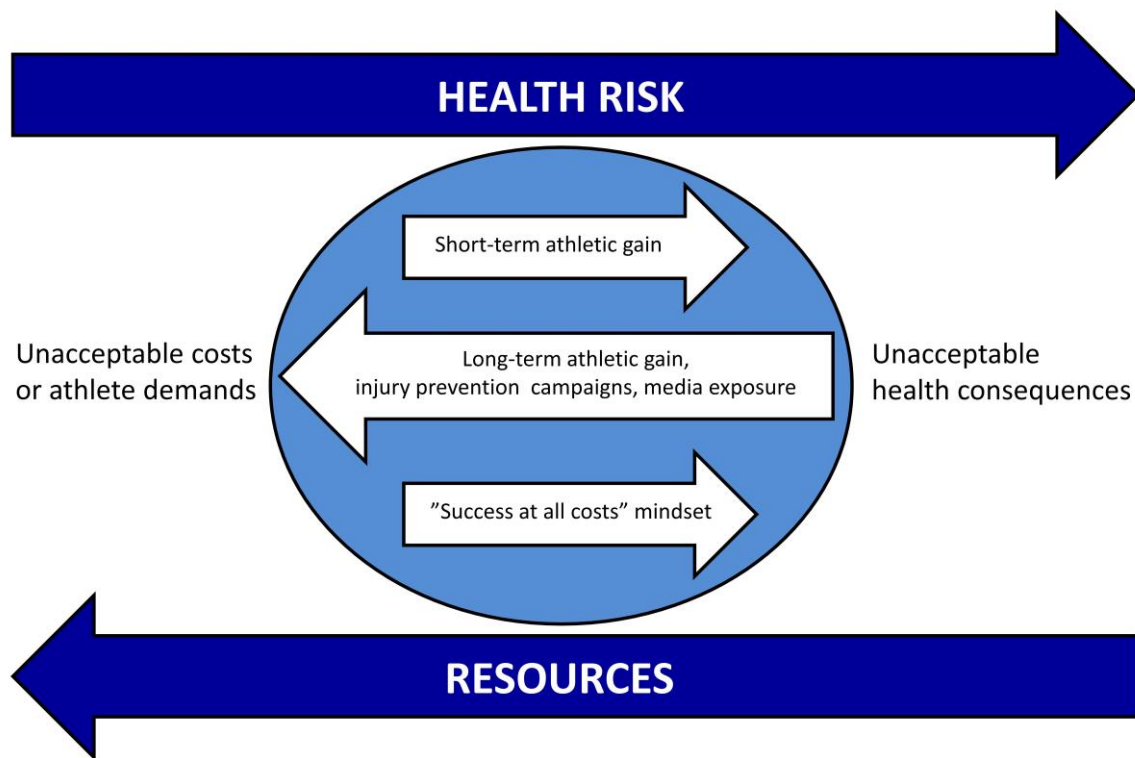
Building a relationship of mutual respect and trust between health care professionals, coaches and athletes can be facilitated by:

- (1) Respecting confidentiality. Do not reveal information to other people affiliated with the team or to the media unless the athlete consents.
- (2) Delivering strong recommendations when it is obvious that playing carries a substantial health risk to the athlete.
- (3) Providing consistent and accurate information to the athlete and the coach.
- (4) Striving to understand the coach's point of view.

## References

1. International Federation of Sports Physical Therapists. Code of Ethics. Available at: <http://ifspt.org/wp-content/uploads/2014/12/Code-of-Ethics-BNAN-March-2014.pdf>. Accessed February 25th, 2019.
2. World Confederation for Physical Therapy. Ethical responsibilities of physical therapists and WCPT members. Available at: [https://www.wcpt.org/sites/wcpt.org/files/files/resources/policies/2017/PS\\_Ethical\\_responsibilities\\_of\\_physical\\_therapists\\_and\\_WCPT\\_members\\_FINAL.pdf](https://www.wcpt.org/sites/wcpt.org/files/files/resources/policies/2017/PS_Ethical_responsibilities_of_physical_therapists_and_WCPT_members_FINAL.pdf). Accessed February 25th, 2019.
3. Ardern CL, Glasgow P, Schneiders A, et al. 2016 Consensus statement on return to sport from the First World Congress in Sports Physical Therapy, Bern. *Br J Sports Med*. Jul 2016;50(14):853-864. <http://dx.doi.org/10.1136/bjsports-2016-096278>
4. Clarsen B, Myklebust G, Bahr R. Development and validation of a new method for the registration of overuse injuries in sports injury epidemiology: the Oslo Sports Trauma Research Centre (OSTRC) overuse injury questionnaire. *British journal of sports medicine*. May 2013;47(8):495-502. <http://dx.doi.org/10.1136/bjsports-2012-091524>
5. Hagglund M, Walden M, Magnusson H, Kristenson K, Bengtsson H, Ekstrand J. Injuries affect team performance negatively in professional football: an 11-year follow-up of the UEFA Champions League injury study. *British journal of sports medicine*. Aug 2013;47(12):738-742. <http://dx.doi.org/10.1136/bjsports-2013-092215>
6. Hammerseng-Edin G. Stand up for athlete health - a call from a newly retired professional athlete to physical therapists, coaches and athletes. *J Orthop Sports Phys Ther*. 2019.
7. King J, Roberts C, Hard S, Ardern CL. Want to improve return to sport outcomes following injury? Empower, engage, provide feedback and be transparent: 4 habits! Sep 25 2018. <http://dx.doi.org/10.1136/bjsports-2018-099109>
8. Myklebust G, Skjølberg A, Bahr R. ACL injury incidence in female handball 10 years after the Norwegian ACL prevention study: important lessons learned. *British journal of sports medicine*. May 2013;47(8):476-479. <http://dx.doi.org/10.1136/bjsports-2012-091862>
9. O'Neill L-A. "No way Jose!" Clinicians must have authority over patient care: the manager's scope of practice does not cover medical decisions. *British journal of sports medicine*. 2016;50(5):259-259. <http://dx.doi.org/10.1136/bjsports-2015-095420>
10. Swisher LL, Hiller P. The revised APTA code of ethics for the physical therapist and standards of ethical conduct for the physical therapist assistant: theory, purpose, process, and significance. *Physical therapy*. May 2010;90(5):803-824. <http://dx.doi.org/10.2522/ptj.20090373>





**FIGURE 1:** Model of the dynamic system within a club or federation that influences the health risk for the athletes. The room for individual decisions is inside the blue circle. White arrows contain examples of forces that can drive the health risk up or down.

**Data sharing:** there are no data in this manuscript