

Adding a quick and simple psychological measure of player readiness into the return to play mix: a single player case study from professional football (soccer)

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Headline

Football performance and medical practitioners, working with injured players are often focused on physical aspects (e.g. tissue healing) and other objective physical markers such as strength, power and function when contributing to the shared return to play decision making process. Being physically ready to return to training and competition is important so that the player can cope with the physical demands of the sport for best performance. However, being mentally ready to return is also important for return to sport and return to performance (1). The level of a player's confidence has been highlighted as one area that could be useful to consider throughout rehabilitation and prior to returning to training / competition (2) Despite this, there are scant evidence-based recommendations particularly in elite football that the practitioner can look to, to guide his or her practice in assessing confidence in the injured athlete/player. One tool that may be helpful is the Injury-Psychological Readiness to Return to Sport scale (I-PRRS) (3). The I-PRRS consists of 6 questions relating to the athlete's confidence in general, and specifically concerning their injury. There is preliminary evidence that the questionnaire is valid and reliable in an athletic population (3). Adding a measure of psychological readiness to return to sport into the plethora of physical measures used, may provide a useful tool in the decision-making process.

Aim. The aim of this case report is to illustrate how a short, sports-relevant questionnaire can be implemented in practice to assess psychological readiness to return to elite football.

Methods

Athletes. This case report involved a professional male football player (age: 34 years, signed to a French Ligue 1 team) and competing during the 2016/17 season. At the time of administering the questionnaire, the player was returning from a right ankle sprain that occurred during the first half of a league match during spring of 2017. The injury mechanism was landing from a jump to head a ball that was delivered from a corner kick (non-contact injury) and on a synthetic pitch. Data were collected as routine conditions of employment (i.e. the club's return to play monitoring protocol), so specific ethical approval was not required (4).

Design. Case report.

Methodology. *Assessing psychological readiness to return to play.* The I-PRRS was administered on Matchday-1 prior to

the team pre-match training session (35 hours prior to the league match).

The six questions of the I-PRRS are: 1) Overall confidence to play, 2) Confidence to play without pain, 3) Confidence to give 100% effort 4) Confidence in the injured body part to handle the demands of the (training or match) situation, 5) Confidence in skill level/ability and 6) Confidence to not concentrate on the injury.

Each question was rated by the player on an 11-point scale (anchors 0 and 100, with intervals of 10). A score of 0 implied that the athlete had little to no confidence; a score of 50 implied moderate confidence; and a score of 100 implied that the athlete had utmost confidence for that item. The I-PRRS was completed by the player alone in a quiet and isolated room. The player was familiarised with the questionnaire during the pre-season 2015/16, and the purpose of the questionnaire as a practical tool was also explained at this time.

Context around the return to play situation: The player was a regular first team starter and deemed very important to the team. The match he was returning to was a competitive league match and also deemed important to the team's final ranking in the league. The decision regarding return to full training involved the player, the manager, and the medical and performance staff (as recommended by the 2016 Consensus Statement on Return to Play (1), and an expert led Delphi survey in elite football practitioners (5)). Various objective physiological markers were also used to inform the decision, in accordance with the StARRT framework (6).

Analyses

No specific analyses were performed, given the case report design.

Results

The player reported full confidence in his skill level and ability (Figure 1, item 5). The player's overall confidence (item 1) and confidence to play surrounding the injury specifically varied (range 10 to 50%) on Matchday -1 (Figure 1). During the training session, the player sustained a re-injury in the 45th minute of the session (during a small-sided game), which led to a further 7 days and 1 match lost.

Discussion

On Matchday -1, the professional football player, returning to full training following an ankle ligament sprain reported varying levels of confidence. The ability to perform at the pre-injury level without sustaining a new injury is a major source of concern for athletes when returning to their sport

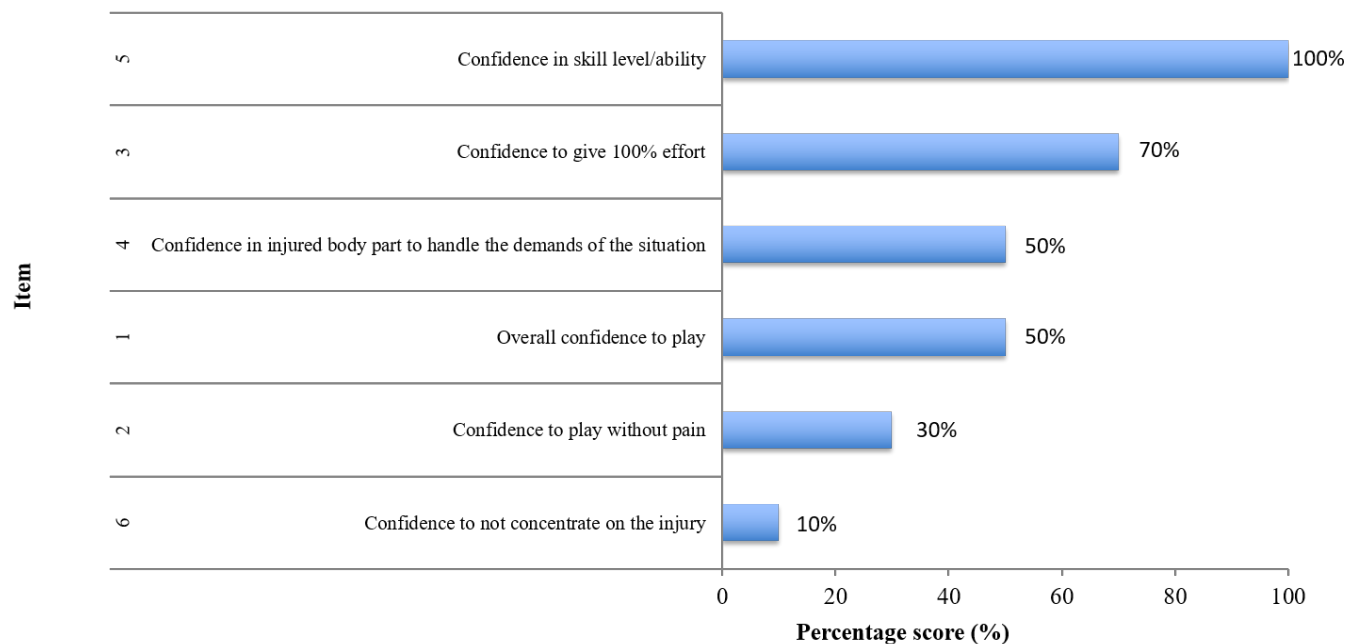


Fig. 1. The I-PRRS responses from the professional football player regarding his psychological readiness to return to play. Note that the items are listed in order of percentage score from highest to lowest and not in chronological order according to item number. Corresponding item number is included beside each item descriptor/question for the reader.

(7). This case report supports the notion that assessing psychological readiness to return to sport may be important in the elite football setting.

The player reported that he was confident in his skill level/ability (100%) and to give full effort (70%). However, confidence in any parameter regarding his injury was 50% at best and 10% at worst. It has been suggested that practitioners should focus on confidence relating specifically to the injured body part (2). Our results support the notion that in addition to general confidence, specific aspects of confidence surrounding the injury itself may warrant consideration in further investigations with elite footballers when returning from injury.

One question that has arisen from our experience with using this simple questionnaire is: how should we use the information? Is it a matter of simply extending the rehabilitation period until the player feels more confident? Or will exposure to training and / or a game ‘boost’ the confidence surrounding performing with the ‘injured’ area? These are insights that will become clearer as we gain more experience and reflection of using this in practice and testing hypotheses in research.

As performance and medical practitioners, our objective is to help the player return to sport as quickly and as safely as possible. To do this, we report key information to the stakeholders (including the player) in a return to play decision, about the level of risk for re-injury and confidence to perform at pre-injury levels. All decisions involve an assessment of risk, and it is imperative that each case be assessed individually (6).

Practical Applications

- The I-PRRS was a quick, simple and practical way of assessing an injured football player’s psychological readiness to return to play.
- Knowing the psychological readiness of the player is one important piece of information that the practitioner may

combine with other relevant physical and contextual information, when contributing to a shared return to play decision.

Limitations

- Further research, where the questionnaire is administered to multiple players from different football teams (and different playing levels) is required to establish the validity of this questionnaire in this setting.
- Single measures used in isolation are an insufficient basis for a return to training/play decision. We encourage the practitioner to use a range of relevant measures that may include physiological, psychological, and social aspects.

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