<u>How to get athletes to do what we want them to do</u>

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Whatever domain you work, be it within a hospital, private or sports setting, getting patients or athletes to do what we want them to can sometimes be challenging. In relation to rehabilitation we advise and prescribe exercises on the basis these will aid that person to improve their symptoms and/or dysfunctions. Some take our advice on board, crack on with their prescribed rehab and often improve. Others for some reason don't engage with rehab and as a result often don't improve. We have based our rehab provision on evidence based practice and experience to try and help these people therefore it can be frustrating when they don't engage. But why don't they engage?

I believe the main issue relates to trust. The level of trust between the patient/athlete and practitioner is imperative for engagement in rehabilitation. Without it, we are going to struggle to get 'buy in' to our programmes and ultimately this makes our goal of patient/athlete improvement much more difficult.

I foresee two main reasons why trust might be missing between the practitioner and patient/athlete relationship. Firstly, the patient/athlete

must believe what we say and have faith in the programme of action we provide. I believe this boils down to patient/athletes believing we are competent in what we are doing i.e. they believe and acknowledge we have the necessary skills set be able to help them in their quest for improvement. If they believe we don't have the necessary skills and knowledge then they are likely not going to engage with what we prescribe. Secondly, a lack of trust could result if patients/athletes believe we have an alternative motive to theirs. For example, I have previously seen private practice patients who have previously been unhappy with their previous level of care. When questioned they thought that previous practitioners saw them either too much or for too long, some questioning whether they had a superior financial motive that superseded the patient's improvement motive.

In summary, if patients/athletes don't think we are both competent in what we practice and if they believe we don't share the same motives (patient improvement and patient satisfaction) then patient/athlete outcomes are more likely to prove unsuccessful.

Therefore, building trust or 'buy in' is necessary to build relationships between us as practioner's and those patient/athletes we work with. Below I have highlighted some ways that I have tried to improve my process of getting those I work with to 'buy in.' Whilst what I talk about below relates to the practitioner patient/athlete relationship, the same could be said for practitioner-practitioner relationships i.e. therapist – strength and conditioning coach.

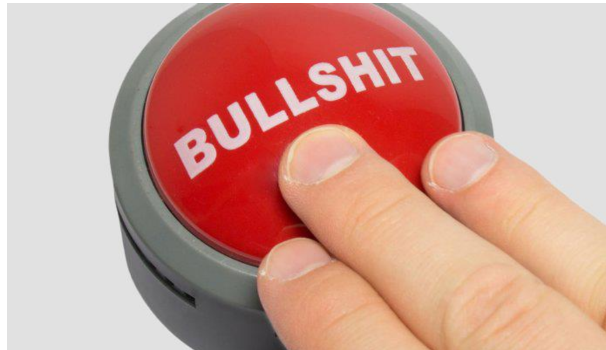
#1 Explanation - Explain things in the right way

This is person specific and as a result what you say is reflected by who you are talking to. You might explain training specifics or medical information very differently to a fellow practitioner than you would to an athlete. For example, you are more likely to use 'laymans' terms as opposed to medical terms to explain an athlete diagnosis to an athlete. However, you might also want to consider how you might specifically address athletes themselves differently. Two athletes may have exactly the same injury although you might explain the diagnosis very differently. Athlete A might need to be really well informed, want to know the structures at fault, the mechanics behind what the job of those structures is and in depth explanations as to how your rehab programme is going to fix them and also keep them injury free in the future. Athlete B on the other hand might only want to know how many games he is going to miss and when he is likely to be back playing. In the case of Athlete A, I have found the use of timelines to be very effective. The timelines show the athletes what they will be required to do week to week, day to day, highlight certain rehab milestones e.g. remove brace, commence running. Such detail keeps those players informed throughout the rehab process. Such detail might not be necessary for Athlete B.

Tailoring what we say to the correct person is key, primarily to give them the correct level of information they require at that particular time point. Giving the correct level of information is so important; giving someone too much or indeed to little information can often be misunderstood and often misleading. Particulary when discussing diagnosis and prognosis information with athletes I commonly get the athlete to explain back to me what I have just told them. This ensures understanding and I can be happy I have relayed the correct information at the right level.

#2 Don't bullshit!!!

If you don't know, don't pretend you do. You will not gain anyone's trust or 'buy in' if you bullshit and get things wrong. We all make errors, but don’t put yourself in a position to potentially make more.



Acutely it can be very difficult to diagnose an injury. Due to the acute nature of the injury it may be difficult to attain what structures are injured. A combination of pain, swelling and apprehension to testing might make it near impossible to distinguish what structures are damaged.

Everyone man and his dog will be asking for a diagnosis and the likely prognosis including the athlete themself, team-mates, coaching and media staff.

Don’t fall into the trap of trying to please people and give a diagnosis if you can't clearly make one. I have previously done this, sometimes I was correct with my acute diagnosis other times I wasn’t. A more expericned me wouldn’t put myself in that position unless I was highly certain that the acute injury I was assessing was what I thought it was. In such cases I wouldn’t now be pushed to make a diagnosis if there was any doubt. I believe it is better to explain that a diagnosis cannot be made at that time and that time is necessary to let the injury settle before clear conclusions can be made. In short, if you’re not sure, don't pretend you are.

#3 Be honest with your information

To build any relationship, honesty is key. The relationship between an athlete and practitioner is no different. Honesty works both ways; if it is not present athletes are less likely to buy in to what you are asking them to do. As a practitioner, be honest with what you tell athletes. For example, if someone has an 8 week injury, tell them its an 8 week injury.

Using a mid-grade 2 medial collateral ligament knee injury as an example, I would label that as a 6-8 week injury, from incidence to return to play. Some athletes will be back sooner, some make take longer. It could therefore be anything from 4 week up to a 12 week lay off. History and experience indicates 6-8 weeks is more likely, so tell the athlete that. Making promises that you can get them back in 4 weeks is dumb, as it's unlikely and if unsuccessful it then appears treatment and rehab has failed. This can be difficult especially so if other players have returned from similar injuries in quicker time frames. Athletes talk amongst one another and quite often athletes believe they are an 'expert' in medical management after they've had an particular injury. Telling a fellow player they were back 4 weeks earlier than originally planned can often make prognosis planning difficult.

'Your telling me 8 weeks but Athlete A just told me he had the same injury and was back in 4 week's.' The best way to spin this is to highlight the aspects of rehab Athlete A did well and those that helped him return to play much earlier than anticipated. Maybe doing the same might mean that they also are able to shave time off their return to play.

Giving an unrealistic prognosis and failing to hit it might also appear to the athlete that you have been dishonest by filling them with hope that they would be back sooner. Use clear, honest messages to keep players

onboard. With that in mind it might also depend on who you are relaying this kind of information to. Using the above example I would likely report to non-medical staff that we were looking at an 8 week injury. Giving them a 6-8 week guideline, they will likely ignore the 8 week number and take the injury as a 6 weeker. Using guidelines like this can mean prognosis information can be left open to interpretation. This could set you up for perceived failure as discussed above.

 # 4 Explain the why

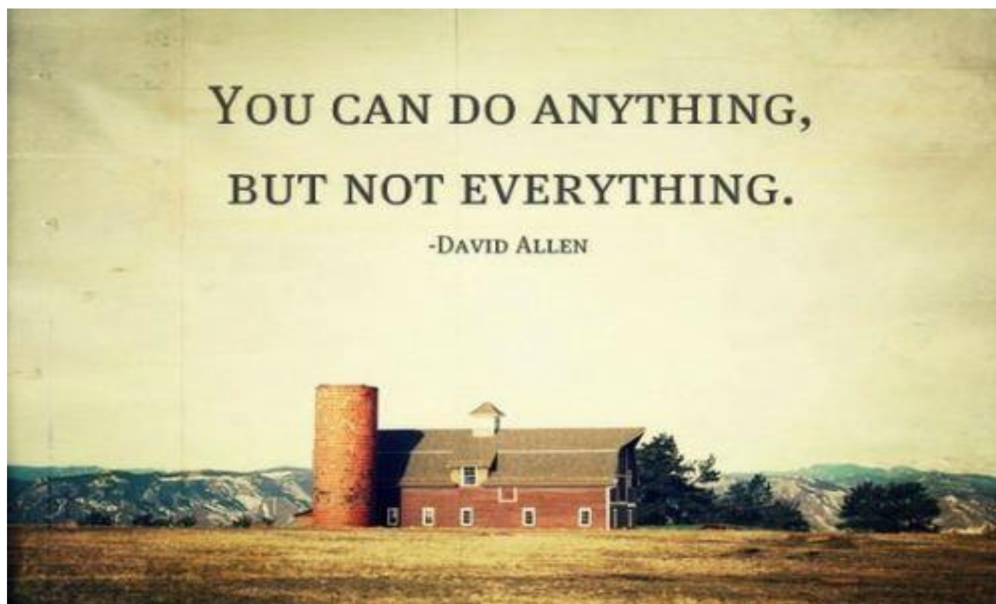
Like that annoying kid that always asks 'Why this?' and ' Why that?' athletes of any age need to know what they are doing and what the purpose of what you are doing is. You could have designed the best training or rehab plan for an athlete but if the athlete doesn't understand the purpose and goals of the plan you may not reach the desired goal of that plan. Explain the phase of each intervention. Explain what the purpose of that exercise within that session, the session goal, explain the plan for that training week, training month or even training year.

By explaining the why, you are giving the athlete a goal and ultimately this may help improve coherence and purpose to their training goal. This probably relates back to the ‘competence’ aspect of trust building between the practitioner and athlete. Having the ‘competence’ and substance to what you are saying is necessary to be able to explain the why in appropriate detail. Lack of substance or knowledge on part of the practitioner might make the athlete question the purpose and aims of what we are prescribing.

#5 Know your limitations

Anyone that thinks they know everything is either very very full of themselves or deluded, or even a combination of the two. With this in

mind, it is important to remember that other people might be better served to work on certain aspects of an athletes rehab or training than you are.



I am a physiotherapist by trade, not a strength and conditioning coach, not a nutritional and not skills or technical coach. I do have an understanding of those trades but I wouldn’t overstep the mark trying to educate an athlete something that would be better taught by someone else.

As an example, if I was working with an athlete during end stage rehab that involves Olympic lifting I would use the expertise of a strength and conditioning coach as a second pair of eyes to monitor technique and use appropriate coaching cues where applicable. I might even get them to oversee sections of that athletes rehab if I thought that would facilitate athlete improvement. Make use of those around you to help you, know your limitations and the end result may be a better return in progress with your athlete.

Clearly getting athletes and/or patients to 'buy in' is key to any intervention you make. If athletes don't believe what we are telling them they are less

likely to ‘buy in’ and thus any plannned intervention may fall by the wayside. Building trust is key to ‘buy in’ and will help strengthen the relationship between you as a practitioner and those you work with.

Thanks for reading

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