RATIONALE, AIMS AND OBJECTIVES OF THE STUDY

RATIONALE

Despite the need, the psychological interventions to improve physical and mental health of injured athletes are often overlooked.

The sport injuries are an unwanted but often inevitable component of competitive sport. Therefore, there is critical need to scrutinize the psychological impact of athletic injury. An understanding of athletes’ response to injury and rehabilitation as well as awareness of the role of psychological factors related to the injury experience is must for complete holistic recovery. This would assist athlete to cope effectively with, as well as prevent the adverse responses to injury rehabilitation and performance on return to training and competition (Pargman, 1999).

Historically, injury was considered to be the physical phenomenon occurring as a result of interplay of several physical factors only, but off late it has been realized that psychological factors play a critical role in the injury process as well as in rehabilitation (Petitpas & Brewer, 2004). An extant body of research in the field of sport injuries has specified a number of important conceptual, theoretical, and methodological advances to assist the athletic rehabilitation specialist by providing knowledge and appreciation of how athletes respond to and recover from injury (e.g., Bianco & Eklund, 2001; Brewer et al., 2002; Wiese-Bjornstal, 2010; Wadey et al., 2012).

The methodology of the studies designed to perform sport injury prevention research has received a lot of attention and has been anticipated through different models. The content of these different sequences has been well deliberated upon in the past. More often, the outcome of interest for sport injury prevention research is the number of injuries or injury rate. However, the methodology underlying the role of psychosocial correlates in measuring the dimensions of evaluation of the sport injury and rehabilitation, in particular, is under researched.

Several potential factors influencing the sport injury dynamics have been suggested in the literature, but conclusive evidence regarding the evaluative role of the psychosocial factors, in particular, is lacking. If the rehabilitation is considered, the part which is covered by the sports medicine and physiotherapy is well known and lot of studies have been conducted on this. But, as a reality, the psychological aspects most of the times are missing due to ignorance of coaches and athletes, as also because of lack of infrastructure and experts. The effect of physiotherapy and medical
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treatment as per evidences is well established but the fear of re-injury, anxiety, stress, and other psychological reactions which develop after the injury, is little understood, and most of the time is neglected by the physiotherapist.

The purpose of the present study was not only to measure the outcome of interventions in terms of the injury treatment but also to delineate and identify the role of psychosocial variables, which may have been previously identified. The definitive purpose of the present study is to identify and develop clear relevant research questions, addressed with appropriate study design, with the background use of conceptually valid and clinically meaningful case definitions of all the variables under study.

Sport injury is more than physical, that is, the athlete must not only be physically fit but also psychologically ready for the demands of the respective sport. The members of the rehabilitation team can assist athletes through the recovery process and can foster psychological readiness, and also identify those who are physically recovered but need more time or require more intensive intervention to be fully prepared to return to competition. Hence, rehabilitation and recovery are not purely physical but also have psychological aspect to it (Kraemer et al., 2009).

In the present study, the rationale for the use of psychological counseling along with physiotherapy was to promote recovery, early healing and pain relief in the athletic injury rehabilitation setting, thereby, promoting long term recovery. Psychological counseling is not a common practice among sport injury rehabilitation professionals.

Thus, keeping in view that most of the existing literature has focused only on the physical rehabilitation of the injured athlete, and as there is conspicuous lack of research on the psychosocial rehabilitation in conjunction with conventional rehabilitation of injured athlete, the present research work is designed. The present research would hence device a rehabilitation tool for the complete rehabilitation of the injured athlete including the psychosocial correlates from the perspective of a physiotherapist. The goal of the present study is to explore the role of psychological counseling, which could also be applied by physiotherapist and athletic trainers during rehabilitation phase to help athletes cope up with pain and negative feelings so as to keep them motivated towards rehabilitation program for early recovery.

Thus, the need of psychological rehabilitation for active functional recovery and rehabilitation is of paramount importance. Undoubtedly, the effect of
psychological rehabilitation has been investigated in the past but with conflicting results. Keeping these facts into consideration, the present work intends to study the effectiveness of psychosocial dimension of evaluation of sport injury and rehabilitation.

**AIMS**

The primary aim of the study was to investigate the comparative efficacy of physical therapy and a combination of physical therapy and psychological counseling in rehabilitation of injured sportspersons.

**OBJECTIVES**

Realizing the need for psychological rehabilitation among injured sportspersons, the following objectives were framed for the present investigation:

**For Intergroup Comparisons**

1. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Disabilities of the Arm, Shoulder and Hand, Lower Limb Disability, and Modified Oswestry Low Back Pain Disability at pre and post-test.
2. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Heart Rate, Blood Pressure, Pain, and Pain Disability at pre and post-test.
3. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of State Anxiety, Trait Anxiety, Perceived Stress, and Stress Symptoms at pre and post-test.
4. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Fear Avoidance Beliefs for both Physical Activity and Work, and Kinesiophobia at pre and post-test.
5. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Self-esteem, Self-efficacy, Optimism, and Social Support for both its dimensions, viz. Social Support-Network and Social Support-Satisfaction at pre and post-test.
6. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Perceived Success and Sports Injury Rehabilitation Beliefs (total) and its components, viz. Susceptibility, Treatment Efficacy, Self-efficacy, Rehabilitation Value and Severity at pre and post-test.
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7. To compare the Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries on scores of Aggression (total) and its subscales, viz. Physical Aggression, Verbal Aggression, Anger and Hostility at pre and post-test.

For Intragroup Comparisons

1. To compare the pre to post-test scores of Disabilities of the Arm, Shoulder and Hand, Lower Limb Disability, and Modified Oswestry Low Back Pain Disability in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

2. To compare the pre to post-test scores of Heart Rate, Blood Pressure, Pain, and Pain Disability in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

3. To compare the pre to post-test scores of State Anxiety, Trait Anxiety, Perceived Stress, and Stress Symptoms in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

4. To compare the pre to post-test scores of Fear Avoidance Beliefs for both Physical Activity and Work, and Kinesiophobia in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

5. To compare the pre to post-test scores of Self-esteem, Self-efficacy, Optimism, and Social Support for both its dimensions, viz. Social Support-Network and Social Support-Satisfaction in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

6. To compare the pre to post-test scores of Perceived Success and Sports Injury Rehabilitation Beliefs (total) and its components, viz. Susceptibility, Treatment Efficacy, Self-efficacy, Rehabilitation Value and Severity in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

7. To compare the pre to post-test scores of Aggression (total) and its subscales, viz. Physical Aggression, Verbal Aggression, Anger and Hostility in Experimental and Control groups with upper limb injuries, lower limb injuries and back injuries.

For Gender Differences

1. To explore the gender differences for physiological and psychosocial dimensions in both Experimental and Control groups post intervention.