

Psychological Impact of Injury



This education leaflet is designed to give you an insight into the psychological impact of anterior cruciate ligament reconstructive surgery can have

Injury will challenge each individual in different ways and if you are unsure how to best tackle any issues, please consult a qualified health professional

Further information related to this topic can be found at:

semrc.blogs.latrobe.edu.au

Topics covered include:

- Common struggles
- Psychological readiness for sport
- Resources available



Psychological Impact

Fear of re-injury and a lack of trust in your reconstructed knee is very common and you may be having some of the negative thoughts below. However, building strength, and gradually increasing the demands you place on your knee, realistic goal setting, will help you to feel in control.

“It is always in the back of my mind”

“I have changed the way I move and play to reduce the risk of getting injured again”

“I will never be able to ever perform the same”

What can I do about it?

- **Support** from coaches, teammates. Being involved in other ways.
- **Positive** attitude/outlook/mood and motivation toward rehabilitation and return to sport, performance and skills
- Setting **realistic goals** –short and long term with your rehabilitation team along the way is important to aid in **expectations** and prevent dissatisfaction.

Resources you can use:

- Peers that have had an ACL injury
- Your physiotherapist
- Qualified psychologist
- Online website resource created by Daniel Menzel to inspire local sports people:
<http://www.mtmf.com.au>



Am I psychologically ready?

1. Prior to return to sport - **physical AND psychological readiness**
2. **ACL specific return to sport after injury questionnaire (ACL – RSI)**. Assesses emotions, confidence in performance, and fear of reinjury

See attached copy/smartphone app

People who return to pre injury activity level score significantly higher on the ACL RSI



Further information



Website/Blog

semrc.blogs.latrobe.edu.au/category/acl



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ACL – RSI (RETURN TO SPORT INDEX)

1. Are you confident that you can perform at your previous level of sport participation?

Not at all confident									Fully confident	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

2. Do you think you are likely to re-injury your knee by participating in your sport?

Extremely likely									Not likely at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

3. Are you nervous about playing your sport?

Extremely nervous									Not nervous at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

4. Are you confident that your knee will not give way by playing your sport?

Not at all confident									Fully confident	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

5. Are you confident that you could play your sport without concern for your knee?

Not at all confident									Fully confident	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

6. Do you find it frustrating to have to consider your knee with respect to your sport?

Extremely frustrating									Not at all frustrating	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

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ACL – RSI continued

7. Are you fearful of re-injuring your knee by playing your sport?

Extremely fearful											No fear at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	10	20	30	40	50	60	70	80	90	100

8. Are you confident about your knee holding up under pressure?

Not at all confident											Fully confident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	10	20	30	40	50	60	70	80	90	100

9. Are you afraid of accidentally injuring your knee by playing your sport?

Extremely afraid											Not at all afraid
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	10	20	30	40	50	60	70	80	90	100

10. Do thoughts of having to go through surgery and rehabilitation prevent you from playing your sport?

All of the time											None of the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	10	20	30	40	50	60	70	80	90	100

11. Are you confident about your ability to perform well at your sport?

Not at all confident											Fully confident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	10	20	30	40	50	60	70	80	90	100

12. Do you feel relaxed about playing your sport?

Not at all relaxed											Fully relaxed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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