



Rehabilitation of Injured Players

Acute Injury Plan

- P – physio
- R – rest
- I – ice (20 min every 2hrs)
- C – compression
- E – elevation
- NO heat until it has been assessed by physiotherapist
- No anti inflammatories OR alcohol in the first 48hrs because they can increase the bleeding



Who do I See and When?

- Arrange to see physio ASAP
- If doctor is needed to help with the diagnosis physio refers to sports physician
- If in doubt immobilise by not putting weight through the area
- Be pro-active. Do not “wait and see”.
- Typical mentality = Get injured, assess it, treat it
- Encourage a new attitude = I don't feel right = seek assessment = get treatment if needed = prevent injuries



When does Rehab start?

- Immediately through P.R.I.C.E
- Intense treatment and frequency = quick recovery = quick RTS
- Rehabilitation = repairing damaged tissue back to normal state/ strength = PREVENT RE-INJURY
- If doctor is needed physio refers to sports physician and/or GP depending on who will give the greater assistance



Do I need to Rehab Small Injuries

- YES
- Even small injuries have some degree of soft tissue damage that will need to be repaired/strengthened
- Injury Prevention
- Carrying niggles often leads to a bigger problem in the future = longer time off sport



Length of Rehab Progress

1. Static exercises
2. Progress to Dynamic
3. Static sport specific exercise
4. Dynamic sport specific exercise
5. Drill specific activity
6. Modified training
7. Full training
8. Matches
9. Continue rehab



Specific Rehabilitation

- Physio needs to have an understanding of the sport and skill level which the athlete is at
- Re-Strengthen: muscle and joints in sport specific movements
- Re-activation of important stabilising muscles
- Conditioning: time off training = deconditioning
 - Sport specific
- Skill levels: graded increase in sport specific skill training



Modified Interim Training

- Physio can advise suitable, alternative form of exercise
- Important in maintaining strength in unaffected muscles
- Important in maintaining cardiovascular condition
- Important for mental health of injured athletes
 - Especially long term injuries



Goal Setting

- Primary Objective is RTS asap **without RE-INJURY**
- Aim to returning to training in some form ASAP
- Set time frames for RTS plan
- Outline the S/T and L/T objectives early
- Entire coaching staff need to be united with plan



When to Return to Matches

- There is a big difference between training, training games and matches
- Must train at 100% before all clear for return to full matches given
- May need to be eased into full match load depending on length of time off sport



Pathway for RTS



Long Term Rehab

- Must maintain program for set period of time after complete RTS
- Re-injury rate in uncontrolled sporting environment is too high
- Overuse injuries become more common when rehabilitation is not completed due to athlete developing compensation patterns

