Psychological Interventions Associated with Injury Prevention: A Systematic Review

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Introduction

Injuries are multifactorial. Our intervention programmes should be the same.

Comprehensive model for injury causation
Introduction: some potential benefits

- Stress
  - ↓
- Perceived wellness
  - ↑
- Altered hormone release
  - ↑
  - ↓ Situational awareness
- Muscle tension
  - ↓
- Neuromuscular benefits

- Skill learning
  - ↑
- Thought clarity
  - ↑
- Decision making
  - ↑
- Concentration
  - ↑
- Altered risk perception and risk-taking behaviours
  - ↑
- Movement quality
  - ↑
Introduction

• However…
Multifactorial causation ≠ multifactorial prevention?

Time constraints?
Resource constraints?
Uncertainty?
Intolerance?
Perceived benefits?
Research questions

(1) What practical recommendations can be made for clinical practice?

(2) What is the overall methodological quality of included studies?

(3) What are the salient future research directions to advance this research area?
Method: Systematic review

- PRISMA guidelines
- Data sources: CINAHL, MEDLINE, PsycARTICLES, PsycINFO, SPORTDiscus, Science Direct and PubMed
  - Bibliographic screening
  - Forward citation searching
  - Hand searching of relevant journals
- Mixed-methods Appraisal Tool (Pluye et al. 2011)
- Three independent reviewers (sport psychology, sport science and sports therapy perspectives)
  - Inter-researcher reliability of appraisals = .982

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Results: RQ1

What practical recommendations can be drawn for clinical practice?

All included studies (N=14) demonstrate the potential for injury risk reduction

- Cognitive/somatic relaxation (n=6)
- Imagery (relaxation) (n=3)
- Stress inoculation training (n=5)
- Goal setting (n=3)
- Attribution training (n=1)
- Confidence training (n=2)
- Self-talk (n=1)
- Autogenic training (n=1)
- Mindfulness (n=1)
- Awareness training (n=1)

- No two studies have the same intervention
- Different session/intervention lengths
- Few provide sufficient detail to replicate interventions

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Results: RQ1

What practical recommendations can be drawn for clinical practice?

- Male %: 64.2
- Female %: 35.8

Participants (N=1355)
Results: RQ1
What practical recommendations can be drawn for clinical practice?

% of total participants by sport

<table>
<thead>
<tr>
<th>Sport</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming</td>
<td>1.8</td>
</tr>
<tr>
<td>Gymnastics</td>
<td>3.2</td>
</tr>
<tr>
<td>Rowing</td>
<td>2.5</td>
</tr>
<tr>
<td>Soccer</td>
<td>32.4</td>
</tr>
<tr>
<td>Rugby</td>
<td>3.5</td>
</tr>
<tr>
<td>Ballet</td>
<td>2.5</td>
</tr>
<tr>
<td>Floorball</td>
<td>54.1</td>
</tr>
</tbody>
</table>
Results: RQ2
What is the overall methodological quality?

• Moderate risk of bias (51.9%)
  – Potential selection bias (e.g. selecting ‘at risk’ athletes for intervention groups)
  – Potential reporting bias (e.g. incomplete details over randomisation)

• Concerns over sample size in 78.6% of studies
Results: RQ3

Future research directions?

• Replication studies
• Psychological skills training aimed at eliciting neuromuscular benefits
• Psychological skills training aimed at enhancing movement quality/skill learning
• Greater representation of female athletes
Take home messages

Where are we now?

All included psychological intervention studies demonstrate the potential to reduce injury risk

What are the existing concerns?

• Moderate risk of bias (selection and reporting)
• Lack of replication studies
• Concerns over small sample sizes in most studies

Where do we go from here?

• Future replication of stress-based studies
• Interventions which can elicit movement quality learning and/or neuromuscular changes may advance the area
Thank you for listening!

Any questions?

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