

An Exploration of Athletes' Views on Their Adherence to Physiotherapy Rehabilitation After Sport Injury

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Objective: To explore athletes' perceptions of the factors that they feel may affect their adherence to a physiotherapy intervention. **Design:** A qualitative design using semistructured interviews. **Setting:** Participants were interviewed at home or their athletic club. **Participants:** 8 participants, 5 men and 3 women with a mean age of 30.4 y. **Results:** Thematic analysis revealed 2 main categories of themes. The first relates to the athlete's perceptions of factors affecting his or her own adherence, with themes including the impact of injury, justification of adherence, and strategies used by the patient. The second relates to perceptions of the physiotherapist's impact on adherence, with themes relating to characteristics of and strategies used by the physiotherapist. **Conclusions:** Findings demonstrate the importance of exploring patients' perceptions of adherence. A number of factors that affect adherence are identified, and strategies that may enhance adherence suggested.

Key Words: patient perspective, qualitative, sport

Rehabilitation usually involves adherence to some aspect of a treatment protocol and is therefore vital in achieving successful recovery from a sports injury.¹ Adherence can be divided into 2 components: (1) adherence to clinic sessions and the therapy that occurs in them and (2) adherence to home exercise programs and self-instigated therapeutic modalities between treatment sessions.² Rates of adherence to the home-based components of physiotherapy programs were reviewed by Bassett.³ The results are alarming, with evidence suggesting that 65% of patients will demonstrate some degree of nonadherence to their rehabilitation.

It has been shown that adherence to rehabilitation for sports injuries is vital for successful recovery and return to sport.⁴ Fisher et al⁵ state that the key factor influencing the success of the rehabilitation process is an injured athlete's commitment to the program and the ability of the therapist to enhance that commitment. Poor levels of adherence, undetected by physiotherapists providing intervention, have been said to be one reason for the unnecessary alteration of treatment programs, possibly compromising the effectiveness of treatment.³

Predictors of adherence have been the focus of early investigations into rehabilitation after sport injury. The current literature has identified a number of variables that can be broadly split into personal and situational factors.⁶ Personal factors include self-motivation, pain tolerance, tough-mindedness, assertiveness, and self-assurance. Situational factors have been shown to encompass belief in the efficacy of treatment, the clinical environment,

convenience of rehabilitation scheduling, perceived exertion during rehabilitation, and emotional adjustment.⁶ In a study exploring athletes' perceptions of the variables associated with adherence, Fisher et al⁵ state that 3 areas for consideration are the injured athlete's characteristics, conditions surrounding the rehabilitation setting, and athlete-therapist interactions.

There are a number of other multifaceted factors that have been shown to be associated with adherence to physiotherapy. Johnston and Carroll⁷ found that athletes perceived their recovery to be reduced toward the end of their rehabilitation, with Brewer et al,⁴ in a study exploring whether age and age-related differences could predict adherence after ACL reconstruction, finding a correlation between age and adherence to home-based rehabilitation.⁴ Furthermore, in a retrospective study, Byerly⁸ discovered that adherent athletes experienced greater social support, highlighting the importance of psychosocial issues. Murphy et al⁹ showed a positive relationship between injured athletes' internal locus of control and treatment adherence in their research, identifying rehabilitation-relevant variables affecting recovery. In another study, Levy et al¹⁰ found a weak correlation between perceptions of autonomy and supportiveness provided by the therapists and attendance at clinical sessions.

Patients' adherence to rehabilitation has been shown to be related to treatment success and speed of recovery, with recent research addressing the physiotherapists' role in facilitating this. Niven¹¹ carried out research examining sport physiotherapists' perceptions of the factors that influence rehabilitation adherence. The findings highlight factors that were associated with good and poor rehabilitation adherence and provide strategies that physiotherapists can use to promote patient adherence.

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Although it is useful to gain physiotherapists' perspectives on adherence, St Claire et al¹² state that patients and practitioners have been found to have different views on health issues and therefore monitor rehabilitation in different ways. This therefore reinforces the importance of examining these issues from both the physiotherapist and the patient perspective. There has been an increasing body of research identifying factors that may play a part in determining a patient's adherence to rehabilitation. However, most studies seem to employ a quantitative methodology, and there is only a small body of qualitative research focusing on therapists' views on athlete adherence.¹³⁻¹⁵ In light of the findings outlined herein, it appears that further research is needed to explore the patient perspective.¹¹ The main aim of this study was therefore to explore athletes' views on their adherence to physiotherapy rehabilitation after sport injury. We hope that a better understanding of patients' reaction to injury, obstacles to adherence, and views of the therapist's role in promoting adherence may lead to the development of strategies that foster adherent behaviors.

Method

Design

A qualitative design was used employing a thematic analysis approach, embedded in a phenomenological framework aiming to understand the essential truth of the participants' lived experience.¹⁶ Thematic analysis has been described as a flexible methodology that can be applied to a wide range of theoretical and epistemological approaches such as a phenomenological framework.¹⁷

Participants

The initial intention of the study was to use a screening tool¹⁸ to identify a purposive sample of participants with a diverse range of athletic identity scores and types of injury, ensuring a wide range of participant views. However, because of the small number of respondents a convenience sample was used.¹⁹ The final sample included 8 participants, 5 men and 3 women with a mean age of 30.4 years (SD = 9.2). All were members of either a district- or a university-based athletic club and competed at both club and international levels. All had suffered a sport injury within the last 5 years and had seen a physiotherapist for treatment for this injury but were not currently receiving therapy. Participants' injuries had resulted from multiple mechanisms, but half the injuries treated were muscle strains. Injury durations varied from 2 weeks to over a year. Six participants had had lower limb injuries and 2 had had back injuries.

Procedure

Ethical approval was granted by the Southampton School of Health Sciences Internal Research Ethics Committee. The recruitment process involved the researcher giving

a brief presentation explaining the study to each athletic group and leaving research packs for those who were interested in taking part. The packs included a participant information sheet, reply slip, personal-details form, and athletic identity screening tool.¹⁸ Reply slips were returned to the university, and interviews were conducted at a mutually convenient location, lasting 30 minutes to 1 hour. Confirmation that participants were not currently receiving physiotherapy was gained and consent obtained. A standard introduction was made at the start of each interview, providing a definition of adherence, ensuring that participants were aware of the interview format, and informing them of their right to withdraw from the study at any time.

Discussions with experts in the field led to the development of an interview schedule containing a series of open questions with prompts to explore the athletes' views on their adherence to physiotherapy rehabilitation after sport injury. Discussions with experts ensured that all important topic areas were included.¹⁹ If answers remained unclear, "prompt" questions were used for clarification.²⁰ Table 1 provides a brief overview of the main questions in the interview schedule.

All interviews were carried out by the primary researcher, who was an MSc preregistration physiotherapy student and therefore had not been involved in any of the patients' treatment. A series of pilot interviews was carried out before data collection. Modifications were then made to the interview schedule to ensure understanding and clarity of the questions.

All interviews were recorded and then transcribed verbatim, with confidentiality and anonymity maintained at all times. Although the final sample size of 8 participants could be viewed as relatively small for this type of qualitative study, several similar points were raised in the interviews and a point of saturation was achieved.

Data Analysis

Data analysis was carried out using a thematic approach and conducted following the process outlined by Braun and Clarke.¹⁷ The researchers read and reread the transcripts to become familiar with the data. Initial codes were generated by collating prominent responses in the data, and a coding document was developed. Themes were then developed from collating codes, all relevant to each potential theme. A second researcher reviewed all transcripts and blindly coded them separately as a process of verification. The 2 researchers discussed the codes and developing themes. Potential themes were then reviewed and checked as to whether they worked in relation to the coded extracts and research question, and final themes were generated. A clear paper trail outlining the development of the codes and themes was kept and used to verify and finalize the themes. The final stage involved incorporating selected extracts and example quotations into the Results section to strengthen the analysis and help readers understand the authors' interpretation of the participants' experience.

Results

The Results section outlines 2 categories of themes with related themes. The first category of themes relates to the factors reflecting the athlete’s own adherence behavior, with themes including the impact of injury, justification of adherence, and strategies implemented. The second category of themes relates to perceptions of the physiotherapist’s impact on athlete adherence, with themes relating to characteristics of and strategies used by the physiotherapist. Figure 1 provides an outline of these categories of themes, showing that they were both related to adherent and nonadherent behavior.

Athletes’ Perceptions of Factors Influencing Their Adherence

Impact of Injury. The impact-of-injury theme contained codes relating to both the physical and the psychological

impact of injury on athletes. The physical impact was considered by participants to be principally the effect their injury had on their participation in competitions and training and the pain they felt. It was not surprising to find that participants’ perceptions of their pain varied and that they attributed different causes to their injury. These included the amount and intensity of pain, or type of training, and also biomechanical factors or personal body mechanisms.

The psychological impact demonstrated was multifactorial, with participants talking at length about the depressive nature of being injured. Some participants expressed guilt about not being able to train or compete, with this causing associated stress. For example, one participant stated,

When you have trained 5 days a week and you go from not being able to do much, it does demoralize you quite a bit. Some athletes I know do end up feel-

Table 1 Outline of the Questions Included in the Interview

Rational underpinning question	Example questions
Foundations of the injury	Tell me about the injury you had.
Understanding the treatment	Can you tell me about the treatment you received? Now that treatment has finished what are your general thoughts about it?
More specific to adherence	Some people find it difficult to carry out their physiotherapy because it triggers their symptoms they have doubts over the therapy there are practical problems Was this an issue with you?
Opportunity for participants to add other comments	If you were going to give advice to another athlete who had a similar injury, what would you say? Is there anything else about your injury experience you would like to add?

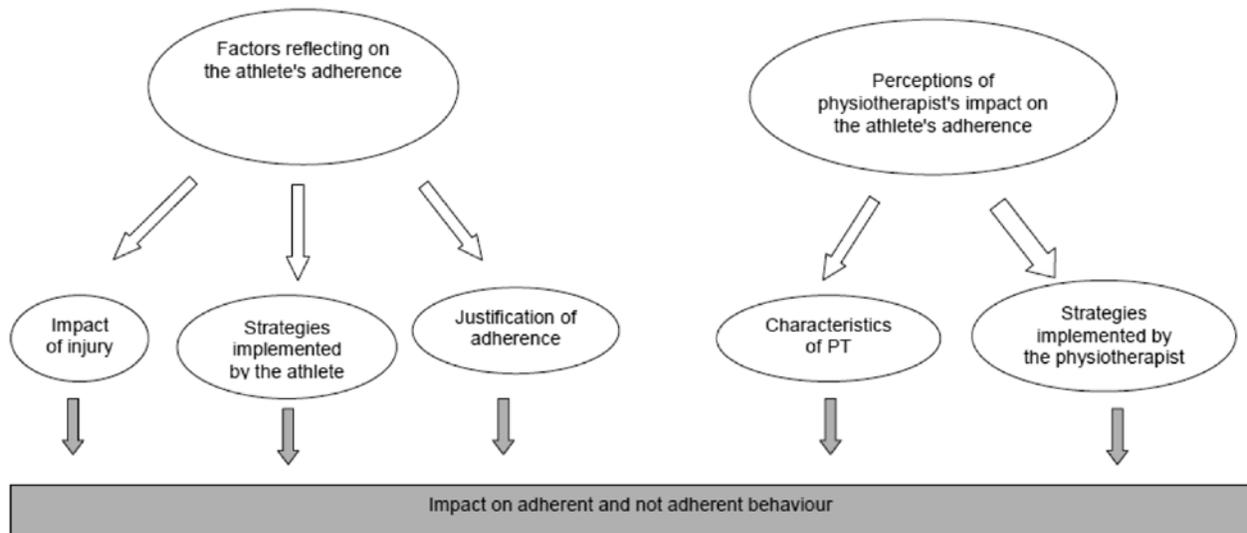


Figure 1 — Categories of themes and key themes relating to adherent and nonadherent behavior.

ing guilty if they're not training, but I used to find that I would be thinking about it so much that it would get me down. (participant 7, line 159)

The same participant also commented on the negative impact the injury had on his athletic identity: "With the injury it did really change me as a person in terms of my athletic identity; I don't feel I'm quite as addicted to athletics as I was" (line 415).

Justification of Adherence Behavior. One of the most frequent comments from all participants was on an ability to attribute their lack of adherence to a particular factor and identified perceived reasons for the lack of their adherence. One participant stated simply being fed up with the injury, and this limited the frequency with which she was meant to be performing exercises. Conversely, a number of other participants perceived themselves as being better, no longer needing to adhere to their rehabilitation. This was a result of either being able to run again or a decrease in pain: "Whilst I was still injured and felt some pain effect from that injury, I was religiously doing my exercises" (participant 1, line 139).

Some participants felt that a lack of support and direction from the physiotherapist was detrimental to their adherence, while others thought impairments in memory were the main problem. This included forgetting to do their exercises or not remembering what they had to do: "It's more of a case of remembering rather than finding the time" (participant 2, line 62).

A prominent subcategory concerned the program of exercises prescribed. The exercise programs were often viewed quite negatively, and participants provided clear reasons why they had not adhered to the exercises. For example, exercises were described as being too complex, with one participant becoming anxious over the correct technique. They were also said to be monotonous and caused a few participants additional symptoms: "You do feel a bit stupid 'cause I really couldn't get some simple things, some simple exercises" (participant 1, line 239), and "You can only do so much core before you get completely sick of it" (participant 8, line 80).

Some participants who admitted lower than expected levels of adherence indicated that reasons for this related to the high number of exercises given, their own time constraints, and the lack of social interaction because the exercises were home-based and were to be completed in isolation: "Fitting in and around your day, probably that was a problem" (participant 1, line 295), and "When you're injured and a bit depressed anyway it's not fun to do on your own" (participant 4, line 76).

On the whole there appeared to be shared views that a lack of adherence could be linked to a lack of understanding of the rationales for treatment. This was evident with participants not being aware of the impact of physiotherapy and perceiving it as not specific to their sport. One participant commented, "I think that can be why you stop, not really being able to see any difference" (participant 1, line 220).

This highlighted the lack of understanding participants had of the advice they had been given. Similarly, if participants felt that were not fully trained or educated as to why the exercises were necessary, this had an impact on their level of adherence:

I've had some physios that try to tell me that leg extensions are good for your knee and a lot tell you not, and so after a while you just make your own mind up and say well I think they probably are good for me, otherwise the machine probably wouldn't have been made. (participant 7, line 256)

It appeared that the overriding issue determining participants' understanding of their rehabilitation protocol and the treatment techniques used was whether the underpinning rationale was provided. For most participants it was "She was very clear what she was doing and why she was doing it" (participant 8 line 61).

This resulted in participants having increased knowledge, which may have had a positive impact on their adherence. However, other participants felt that a lack of rationale as to why they needed to carry out the exercises contributed to their level of adherence: "I don't really think I got a full rationale, in terms of saying if you do this, this will work on improving certain muscle areas. . . . Didn't really get that kind of explanation at all" (participant 7, line 90).

For participant 4 this resulted in a passive approach to rehabilitation, with the athlete's externalizing her locus of control, ultimately decreasing her adherence: "I always found you just lay there and they poke at you and then talk to your coach instead of you. . . . I think you just lay there and do as you're told" (line 45).

Several participants also described how their misconceptions and "lay beliefs" before this injury, particularly of the physiotherapy process itself, had a detrimental effect:

In some ways my previous experience sort of sitting there and thinking well I do a bit of rehabilitation it's going to get better now, it's just going to get fixed. . . . Unfortunately I probably had the wrong attitude towards it because of my previous experiences. (participant 7, line 328)

In addition, further highlighting how complex the injury experience is for an athlete, half the participants commented on either positive or negative coach involvement while dealing with their injury. This included liaising with the physiotherapist, issues surrounding returning to training, and contact time during periods of injury and communication: "If it's an injury, my coach just thinks that's something for the physio to deal with" (participant 3, line 72).

It was not just strategies, either imposed by the physiotherapist or independently devised by the athletes, that were shown to be significant in affecting adherence. The internal beliefs and perceptions held by the athletes are likely to influence and affect their

adherence. For example, the perception of the priority and importance of rehabilitation was demonstrated with comments such as

If it's a priority for you, as my athletics is, maybe if I did this more socially, rather than taking it so seriously, then it may have been, but it's my priority. You do what you prioritize in life so; no, it wasn't an issue at all. (participant 3, line 167)

This was supplemented by the intrinsic motivation other participants mentioned. Other recurring features included the self-discipline required to maintain high levels of adherence: "I had to get on and just do it and be disciplined enough to set aside the time" (participant 6, line 119).

One participant's perceived belief that she felt affected her adherence was the thought that she would be letting down her physiotherapist. This was shown with the statement "If you don't do it you're almost letting them down, as well, because they have given you that advice" (participant 6, line 254).

Strategies Implemented to Increase Adherence. Most of the participants identified strategies they had independently devised and used to promote adherence, which may suggest that participants were goal oriented, adopting an internal locus of control. The theme included codes relating to memory and about time management. Participants stated they used training times to complete their rehabilitation program, used set times that were linked to their daily routine, and developed certain cues to help them remember to adhere: "Where I wasn't training I have all these big gaps of time to fill" (participant 4, line 207).

We also found that social networks were important, with participants commenting on the importance of involving the family in the rehabilitation process and also discussing issues with other runners who may understand feelings and emotions from a runner's perspective: "My approach to that was I said to my partner 'I'm supposed to be doing these exercises'" (participant 1, line 121).

Perceptions of the Physiotherapist's Impact on Adherence

Characteristics of the Physiotherapist. This theme can be divided into 4 areas linked to athletes' physiotherapists' characteristics, all of which participants felt promoted adherence. Participants felt that an individualized personal approach should be taken by physiotherapists, it being vital that physiotherapists be supportive, sympathetic, attentive, and approachable while ensuring that they listened to the athlete's views. In essence participants recognized that each injury experience is different, and a tailored approach must be adopted by the physiotherapist to best guide each participant through the process, ensuring optimal adherence throughout: "They're actually treating you like a person and not just a body that's on the table" (participant 7, line 220), and "It was more a sympathetic, we will try and get you back as

soon as possible and I know it's frustrating sort of thing" (participant 2, line 142).

The second area concerned contextualizing physiotherapy in the sport setting. A number of participants felt it advantageous for the physiotherapist to have an interest in sport, with the ideal being a fellow athlete. This was expressed by participant 2, who said, "Being a fellow athlete she knows what I was going through" (line 141).

Other sport-related factors included the participant's being treated as an athlete, and the physiotherapist's having the approval of the coach "showed that he actually did value me as a person and as an athlete" (participant 7, line 297).

The third area involved the experience of the physiotherapist. Most participants felt that a wealth of experience helped instill both confidence and trust in their physiotherapist. However, perceptions that their physiotherapist was experienced were not grounded in factual information and mainly based on judgments "because that physio had worked so well when nothing else had worked, and I guess that made me trust what a physio was going to tell me" (participant 5, line 172).

The last area in this theme was the motivation provided by the physiotherapist. Participants seemed to recognize that motivation is derived both intrinsically and extrinsically. However, they valued the motivational input provided and acknowledged that the physiotherapist was suitably placed to increase motivation, thus aiding increased adherence: "It would probably motivate me more and make me feel more supported so that I could adhere to my program" (participant 7, line 400).

Strategies Used by the Physiotherapist. One of the features most emphasized by participants was the need for a clear explanation from the physiotherapist to ensure their understanding. Participants perceived this to come from a number of strategies used by the physiotherapist, including drawing pictures, providing exercise sheets (writing exercises down), using a mirror, and demonstrating the desired exercise:

You can look at something with a certain name, cross twist or whatever, and you think what the hell is that, I can't remember for the life of me unless there is a drawing next to me, and then you think "Actually I remember exactly what that is" and you can pick up on it and do it again quite easily. (participant 7, line 147)

A minority of the participants mentioned that setting appropriate exercises was another strategy used by the physiotherapist. This included ensuring that exercises were of a realistic length, therefore manageable within time constraints, and were specific to the athlete and his or her individual requirements: "She only gave me 3 or 4 exercises and I think I found that pretty easy to implement at the time" (participant 7, line 96).

A few participants commented that receiving regular treatment was important in promoting their adherence. This provided a reminder and further reinforcement to

complete their exercise program and adhere to the advice given. It also provided the chance for regular feedback, ensuring that exercise technique was correct: "There was a period when I seeing her every week or 2 weeks, and therefore each time I went back she would reinforce the exercises" (participant 6, line 74).

Discussion

The purpose of this study was to explore factors that may have an effect on rehabilitation adherence from a patient perspective. Two main categories of themes were identified. The first related to athletes' perceptions of factors relating to their own adherence and contained themes relating to the impact of injury, justification of adherence, and strategies used by the patient. The second category related to the physiotherapist and the perceptions of the physiotherapist's impact on their adherence. This contained themes relating to strategies used by the physiotherapist and characteristics of the physiotherapist.

The results further highlight the complex nature of adherence, with psychological and physical components present in both the reasons for lack of adherence and the strategies used to prevent it. This concurs with the work of Murphy et al,⁹ in which 3 rehabilitation-relevant sets of variables were identified (the athlete's physiological reactions, beliefs or cognitions, and observed behaviors), which in combination with factors such as treatment characteristics and previous history all influence the athlete's recovery and return to competition. It appeared that a central feature of a participant's degree of adherence was whether a rationale for treatment was provided by the physiotherapist. The results of this study support the findings of Spetch and Kolt,²¹ who found that an important step in the rehabilitation process is educating injured athletes about their particular circumstance. This included an accurate explanation of treatment rationales, as well as the nature of the injury, realistic expectations, and an understanding of injury management.

The amount and type of education physiotherapists provided were further highlighted by participants as key in helping facilitate adherence. One explanation for this could be that athletes may generally have a better understanding of the human body and therefore want a clear rationale of the rehabilitation prescribed. The importance of education was also found by Fisher et al⁵; 91% of the physiotherapists they questioned thought explanation of the injury was needed, and 83% thought explanation of the rehabilitation regimen was required when getting athletes' cooperation for their rehabilitation program. The study⁵ also found that a high proportion of physiotherapists thought they needed to be mindful of translating medical terminology and disseminating important information to rehabilitating athletes.

A significant finding was that the priority participants gave to their rehabilitation was fundamental in determining their level of adherence. This was closely linked to the self-motivation they intrinsically had and supported the research of Fisher and Hoisington²² showing that athletes

reported rehabilitation adherence to be directly related to their strength of character and intrinsic self-motivation. The personal-investment theory²³ can be used to help understand these findings. This model proposes that 3 facets of meaning are critical in determining motivation: personal incentives, sense of self, and perceived options. Previous research has shown that all 3 of these are related to adherence behavior.²⁴ Similarly, self-motivation is said to exhibit the same proposed relationships posited for self-efficacy, a factor that seemed to reoccur throughout these findings.²⁵ However, it must be remembered that motivation is derived both intrinsically and extrinsically, and although a physiotherapist may be able to motivate externally for optimal adherence, intrinsic motivation is also required. Although a physiotherapist may be unable to directly affect intrinsic motivation, it is important to recognize when it is absent because this could be the reason behind less than desirable levels of adherence and problems that may ensue. This was demonstrated with a number of participants' acknowledging the positive impact external motivation by the physiotherapist had, while also being aware that intrinsic motivation was necessary.

It appeared that the effect of the injury and associated rehabilitation on a participant's athletic identity was generally negative. One athlete stated that his athletic identity had been reduced by the injury and the resulting poor support he received from his coach and other athletes. He did comment that the rehabilitation received from his physiotherapist and the approach they had adopted had helped maintain it. This highlights the importance of addressing these patients as athletes and remembering and contextualizing their rehabilitation in the sport setting.

Although the support networks used by athletes varied tremendously, it appeared that those who reported using social-support sources seemed to illustrate more effective adherence. This highlights the importance of athletes using their support networks, but also physiotherapists' being aware of the positive impact a support network can have on an athlete's rehabilitation and educating them accordingly. The relationship between the coach and physiotherapist was an issue alluded to by a number of participants. This suggests that for successful treatment a team approach be used, with involvement of the coach and interaction between the coach and physiotherapist. This may produce the most favorable environment for optimal adherence to rehabilitation.

Participants also stated that regular feedback was important to increase their adherence. Reasons attributed to this were twofold: It provided feedback on their exercise technique and acted as a reinforcement to complete their designated exercises. Levy et al¹⁰ found that by giving feedback to patients performing exercises for a tendinitis-related overuse injury, adherence could be increased. Sluijs et al²⁶ found that adherence to physiotherapy exercise programs was significantly greater when physiotherapists asked patients for feedback about their progress and treatment, gave patients positive feedback, and regularly monitored their exercise performance. Regarding the physiotherapists' characteristics, participants noted

that having confidence and trust in their physiotherapist with the physiotherapist listening to them and providing empathy was important in promoting adherence. These were the same as factors identified by Potter et al,²⁷ who sought the patients' perspective on the qualities of a good physiotherapist. The findings add to the work of Fisher et al⁵ showing the positive results when therapists use their skills to enhance commitment to rehabilitation programs.

Strategies that participants identified that were useful to promote adherence were similar to those documented in previous literature. Participants felt that having the exercises in a written format increased their understanding and also prompted their memory for completing their program. Memory impairment was an additional perceived reason for lack of adherence. This correlates to Schneiders et al,²⁸ who found that patients given written exercise instructions reported adhering significantly more over a 2-week period than those who received exercises via verbal instructions alone. It was also felt important by participants that exercises be specific and of a realistic length, with it being essential that these could be embedded into their daily routine and lifestyle. Spetch and Kolt²¹ commented that by creating a manageable program that takes into account an athlete's personality, daily routine, and other commitments, adherence could be enhanced.

With regard to the limitations to this study, it is important to reflect on the sample size. Although the aim of qualitative research is not to recruit a large enough sample and generalize the findings to the wider population, we found that because of the small number of respondents¹⁷ we were unable to state that it was a true purposive sample, as hoped, and was, rather, a convenience sample. However, it was noted during the interview process that several similar points were being raised and a point of saturation was achieved. Furthermore, this study used a retrospective design in which participants were asked to reflect back to previous injuries, which may have affected perceptions of their experiences. In addition, the study did not analyze the variance between different injury durations and the effect this may have had on participants' adherence and the resulting themes that emerged. It is also important to note that the aim of the study was to explore issues related to adherence to all forms of physiotherapy treatment, and therefore there was no distinction between clinical or home-based treatments. The main form of rehabilitation performed by participants in this study was home-based exercises, for example, core-strengthening exercises. We also recognize that a student physiotherapist conducted the interviews, which could introduce a bias with his preconceptions toward the importance of adherence to rehabilitation; however, the research team included other disciplines, so we hope this bias was eliminated.

Conclusion

The findings of this study demonstrate the importance of gaining patients' perspective on the issues they perceive to affect their adherence to rehabilitation. They also

indicate that for optimal adherence to rehabilitation, physiotherapists working in this field need to provide a clear rationale for treatment and educate appropriately on the injury and the rehabilitation provided. They should also provide regular feedback, write down the exercises given, and prescribe a rehabilitation program that can be embedded in the athlete's daily routine. A team approach should also be incorporated, with involvement of an athlete's coach and support network. Finally, it is vital for the physiotherapist to address the priority and self-motivation patients place on their rehabilitation. These are derived both intrinsically and extrinsically, with physiotherapists needing to contribute externally where appropriate but also to recognize when intrinsic levels are low because this can have a detrimental effect on adherence.

Acknowledgments

The authors would like to acknowledge Bridget Dibb for her initial contributions and B Brewer for permission to use the Athletic Identity Screening tool and thank collaborators for their support and assistance, and of course all participants for volunteering their time.

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