

Athletic Trainer's Role in Promoting Psychological Well-Being among Collegiate Student
Athletes with Sport-Related Injuries

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Abstract

Athletic trainers are often on the front line of providing psychological support to collegiate athletes during injury rehabilitation. However, research has yet to examine how collegiate athletes view athletic trainers in this role. Thus, the current study aimed to understand what kind of psychological support collegiate athletes look for from athletic trainers throughout injury rehabilitation. Demographics, sport and injury history, and overall student athlete well-being were assessed via online survey. Following the survey, participants completed a 30-minute zoom interview answering open-ended, qualitative questions regarding psychological well-being during injury rehabilitation. Results culminated into four main themes: 1) Ranges of Emotional and Psychological Reactions; 2) Impact of a Positive Mindset; 3) Process of Healing Matters; and 4) Environments Conducive to Healing. Recommendations for athletic trainers and sports medicine departments on how to effectively respond to student athletes' psychological needs during injury rehabilitation are provided, including maintaining a positive relationship with athletes, fostering positive mindsets, mutual dedication to return-to-play, and creating a supportive athletic training room environment.

Athletic Trainer's Role in Promoting Psychological Well-Being among Collegiate Student Athletes with Sport-Related Injuries

Athletic trainers play a vital role in collegiate athletic department, spending the most face time with student athletes second to individual team coaches. Student athletes often display signs of emotional and psychological distress (e.g., discouragement, frustration) to their athletic trainers about their sport-related injuries. In student athletes' most psychologically vulnerable times it is imperative that athletic trainers understand their role in not only physical, but also mental rehabilitation. In fact, Robbins and Rosenfeld (2001) reported that listening and emotional support from athletic trainers during rehabilitation contributed more to student athletes' well-being than the same type of support from coaching staff. These findings suggest that athletic trainers do indeed play an important role in student athlete well-being; however, *how* athletic trainers can best fill this role remains unanswered. Both how psychological well-being can be promoted in athletic training rooms and how mental health symptoms are best managed during injury rehabilitation are questions that remain unanswered.

Injury rehabilitation experiences vary wildly among student athletes, ranging from simple and relatively painless recoveries to complex and long-term processes that often take a toll on an athlete's confidence in their body and subsequent performance. Thus, athletic trainers aim to assist student athletes in recovery from injury in a timely manner so that they can return to play and perform at the highest level. Literature also suggests that psychological factors, such as hope and social support, also play a role during injury rehabilitation (Lu & Hsu, 2013). However, it remains uncommon for every collegiate athletic department to have dedicated sports psychologists or mental health counselors, which often places the athletic trainer as the front line in providing psychological support during injury rehabilitation. Thus, it is important that athletic

trainers be well equipped to provide emotional support and promote well-being of both the mind and body for student athletes during this process.

Thus far, research has demonstrated the importance of athletic trainers in providing social support generally (Robbins & Rosenfeld, 2001; Lu & Hsu, 2013) and among professional athletes (Arvinen-Barrow, Massey, & Hemmings, 2014). Robbins and Rosenfeld (2001) surveyed student athletes on their perceived support from coaches and athletic trainers during injury rehabilitation and found that support from athletic trainers was perceived as more important than the same support from coaches. Lu and Hsu (2013) demonstrated that social support may be beneficial to well-being during rehabilitation for athletes of all levels, while Arvinen-Barrow et al. (2014) concluded that professional athletes view emotional and psychological support from their athletic trainers as unimportant and mostly unwelcome. Further research has also examined how athletic trainers *themselves* view their role of providing support to athletes. Wise, Weiss, and Yukelson (1991) demonstrated that athletic trainers view good communication and positive reinforcement to help facilitate injury recovery. Despite existing literature in this area, research has yet to examine how collegiate athletes view athletic trainers as providers of psychological support during times of injury rehabilitation. Thus, the current study aimed to address this gap in the literature by assessing what kind of psychological support collegiate athletes specifically look for and find beneficial from athletic trainers during injury rehabilitation.

Purpose of Current Study

The current study aimed to understand how athletic trainers can promote psychological well-being throughout athletic injury rehabilitation among collegiate student athletes.

Findings will ultimately culminate into recommendations for collegiate sports medicine departments. This is particularly important for under-resourced departments that lack dedicated sports psychologists to support student athletes during particularly stressful and emotional injury rehabilitation journeys. However, even departments with mental health staff could benefit from enhanced training in providing emotional support from athletic trainers, given these professionals are often the most forward facing with student athletes. Ultimately, athletic departments would be directly impacted by improved education of athletic trainers in providing psychological well-being support to injured student athletes. In turn, student athletes may be more confident in seeking out these services and potentially return to play sooner with improved physical and emotional well-being.

Methods

Participants

Participants included six National Collegiate Athletic Association (NCAA) Division 1 student athletes from a Mountain West University who were currently participating in injury rehabilitation for a sport-related injury. Participants were between 19 and 23 ($M = 22.67$, $SD = 1.5$) years old and reported gender as male ($n = 3$) and female ($n = 3$); race as white ($n = 5$) and Black ($n = 1$); and academic standing as undergraduate ($n = 5$) and graduate student ($n = 1$).

Measures

Demographics. An online demographic survey collected data on participants' age, race/ethnicity, gender, and academic standing.

Sport and Injury History. Participants were asked via online survey to identify their current NCAA Division 1 sport and how long they have been participating in that sport at any level. They were also asked to identify how they sustained their current injury (i.e., competition,

practice, or outside of sport), how many times they have received rehabilitation for the same injury, and how many injuries they have had rehabilitated in the past.

Student Athlete Well-Being Scale (SAWS). The Student Athlete Well-Being Scale (SAWS) is a 13-item brief measure that was developed to provide athletic departments, regardless of division or financial status, with a resource that can be incorporated into their mental health screening protocols and practices (Curvey, Reese, & Cormier, 2019).

Qualitative Interviews. Participants completed an approximately 30-minute, semi-structured interview with the primary researcher. Interview questions were open-ended to broadly assess psychological well-being during the rehabilitation process, including how athletic trainers have played a role in their psychological well-being. See Appendix A for a list of interview questions developed by the research team.

Procedure

Participants were recruited via fliers placed in the athletic department's training room for a study assessing psychological well-being during injury rehabilitation. Student athletes who contacted the research team with interest in the study first provided informed consent and completed a brief survey online assessing demographics, sport and injury history, and psychological well-being via the SAWS. Next, participants completed a semi-structured, audio-recorded discussion about psychological well-being during injury rehabilitation with the primary researcher for approximately 30 minutes. Participants were compensated with a \$25 Visa gift card for their participation in the study.

Data Analysis

Following transcription of individual interviews, the primary researcher, honor's thesis mentor, and an advanced graduate student in psychology analyzed the interview responses

following standard guidelines for thematic analysis. As outlined by Creswell and Poth (2016), the researchers identified notable responses (i.e., narrow units of analysis), followed by theme and subthemes (i.e., broader units), and finally detailed descriptions of each theme and subtheme. Each researcher coded themes independently before meeting collectively to resolve codes before the primary researcher selected sample responses from participants based on how well they represented the themes and subthemes. Theoretical saturation of interview response was reached after the sixth interview, with significant repetition of responses across participants.

Results

Participants competed in the following NCAA Division I sports: football, soccer, swimming and diving, and track and field/cross country. Years of playing their sport ranged from 13 to 19 ($M = 15.17$, $SD = 2.32$) years and past sport-related injuries requiring rehabilitation ranged from 0 to 7 ($M = 4$, $SD = 2.37$). Across participants, five of the current sport-related injuries were acute and one was chronic; five student athletes sustained their injury in practice and one sustained it in competition; and no participants had received rehabilitation for the same injury in the past. Across participants, scores on the SAWS ranged from 15 to 31 ($M = 25.00$, $SD = 5.76$) out of 39. See Table 1 for average scores across each individual item. Overall, participants were most likely to have satisfying relationships with coaches, feel happy, be satisfied with physical health, and enjoy their sport; they were least likely to be free from stress, effectively manage academic stress, and effectively manage pressure related to athletic performance.

Based on interview questions related to psychological well-being during injury rehabilitation, findings from the qualitative analysis can be summarized under four major themes: 1) Ranges of Emotional and Psychological Reactions; 2) Impact of a Positive Mindset;

Table 1. *Student-Athlete Well-Being Scale (SAWS) averages across individual items.*

	Scores <i>M (SD)</i>
I have satisfying relationships with my coaches.	2.33 (0.82)
I have satisfying relationships with my teammates.	1.83 (0.75)
I effectively manage my academic stress.	1.67 (0.82)
I effectively manage my academic and athletic time demands.	1.83 (0.41)
I feel stressed.*	1.33 (1.03)
I feel worried.*	2.00 (1.10)
I feel happy.	2.17 (0.75)
I effectively manage pressure related to my athletic performance.	1.67 (1.03)
I am satisfied with my physical health.	2.17 (0.75)
I am satisfied with my body.	2.00 (0.89)
I have satisfying relationships with my family and other close relationships.	2.00 (0.00)
I enjoy my sport.	2.17 (0.41)
I am satisfied with my athletic performance.	1.83 (0.75)

Note: *Reverse scored. Scores represent averages on a scale of *Never* = 0 to *Almost Always* = 3, with higher scores indicating better student athlete well-being, with the exception of reverse scored items where higher scores indicate worse student athlete well-being.

3) Process of Healing Matters; and 4) Environments Conducive to Healing. For a summary of these themes, descriptions, and sample quotes, see Table 2.

Range of Emotional and Psychological Reactions

Participants alluded to a variety of emotional and psychological reactions during the injury rehabilitation process, both at the point of initial injury and throughout rehabilitation. These reactions are organized under the following sub-themes: frustration, hopelessness, anxiety/worry, and relief.

Frustration. Frustration was the most prevalent reaction experienced by participants across interviews, primarily because it manifested in a multitude of ways. For example, some participants were frustrated with the slow progress of their injury rehabilitation, with one participant describing frustration around “*still waiting around again to figure out what was going on so it was just, it was really hard*”. Other participants were frustrated with the nature of their injury, particularly if it was a more chronic injury (e.g., “*I don’t think like rehab is frustrating I think its just the injury in general that’s frustrating.*”).

Hopelessness. Hopelessness was another emotional reaction widely observed among participants and was typically focused on the injury rehabilitation process itself during the early stages of a sport-related injury. One participant who was unable to receive rehabilitation for their injury right away stated “*...I was really down for the first three days because I didn’t really feel like I was doing anything about it and I kinda just was worried about losing conditioning*”. From responses, it was evident that participants were experiencing hopelessness surrounding how long they would be missing out of competing in their sport. One participant noted “*... I would still go to the home competitions and stuff it was just hard to sit and watch everyone else competing and just kind of sit there...*”.

Table 2. *Observed themes, summaries, and sample quotes.*

Theme	Summary	Sample Quotes
Range of Emotional and Psychological Reactions	Participants expressed a range of emotional and psychological reactions, including frustration, hopelessness, anxiety/worry, and relief.	<p><i>"... but at this point in time I'm not very optimistic that there's a solution..."</i></p> <p><i>"... kinda just felt like hopeless and I was really down for the first three days..."</i></p> <p><i>"honestly because of how long it was going on I was relieved when I had to get surgery..."</i></p> <p><i>"... to be honest I was more anxious about my season than I was about the actual pain of the injury..."</i></p>
Impact of a Positive Mindset	Participants commented on the impact of maintaining a positive mindset throughout injury rehabilitation.	<i>"... going in to like a specific day of rehab with a positive attitude or negative one was a large factor..."</i>
Process of Healing Matters	Participants outlined factors that either promoted or pose barriers to progress during injury rehabilitation.	<p><i>"... the negative part is when I feel like rehab is being delayed..."</i></p> <p><i>"... every time that my well-being is good and I feel like I'm making improvements on it it's a lot easier to do [rehab]..."</i></p>
Environments Conducive to Healing	Participants identified environmental factors that were conducive to healing, including relationships with trainers, specific rehabilitation strategies, and student athlete camaraderie.	<p><i>"... so they did a really good job of just understanding my personal body language..."</i></p> <p><i>"... I had a specific set of protocols of what you should be able to do at each step..."</i></p> <p><i>"... having the support from like my teammates and other people made it better."</i></p>

Anxiety/Worry. Participants also alluded to anxiety/worry at different points throughout injury rehabilitation. Most prevalent was anxiety surrounding missing competition and losing athletic conditioning, though participants also expressed anxiety towards overall and long-term physical health effects. One participant with a particularly difficult recovery stated “... *I was concerned that I would never be able to lift again, like just in general, lift anything really...*”. Participants who were worried about missing competition expressed statements like “*I was initially, to be honest I was more anxious about my season...*”, and “*There was definitely a lot of anxiety towards [missing competition]*”.

Relief. Finally, many participants described experiencing a sense of relief after receiving their diagnosis and beginning a clear path to recovery. Feelings of relief commonly succeeded feelings of frustration, as finding a solution to the injury turned frustration into relief and ultimately hope. Some participants suffering from long-term injuries made statements like, “*Honestly because of how long it was going on I was relieved when I had to get surgery because there was a fix*” and “... *I was glad to know that it was confirmed what I had and that it was a torn labrum, and I was like yeah surgery sucks [...] but it's what I need to do to be able to get back and playing...*”. Participants were often focused on finding a solution so that they could return to their sport as soon as possible.

Impact of a Positive Mindset

Most participants alluded to the impact and importance of maintaining a positive mindset throughout injury rehabilitation. For example, one participant shared “*I just kept a positive mindset and just believed that I would be okay and I think that helped my recovery...*” while another expressed, “*I’m pretty happy during that time because I know that I’m doing something that will hopefully help me in the long run...*”. Many participants expressed that all athletes

experience injury at some point in their athletic career, describing it as a natural part of being a competitor. For example, one participant stated “... *a lot of people deal with injuries all the time, and so, I don't know I think I just look at it like it's just another thing I have to add to my schedule...*”.

Process of Healing Matters

Throughout interviews, participants alluded to how the process of healing throughout rehabilitation influenced their psychological well-being. Both factors that determined progress and barriers to progress emerged as subthemes among responses.

Factors that Determine Progress. Across responses, progress referred to both the progress of student athletes' well-being during injury rehabilitation, as well as the progress/healing of the injury itself. Across participants, making visible healing progress or seeing results during injury rehabilitation appeared to improve emotional well-being. The same was also true in reverse, such that student athletes who felt emotionally well were able to participate in injury rehabilitation more effectively. For example, one participant expressed, “... *every time that my well-being is good and I feel like I'm making improvements on it it's a lot easier to do [rehab]...*”. Participants also frequently mentioned how quick action taken by athletic trainers during the diagnosis and treatment of an injury affected well-being. For example, one participant expressed “... *just to immediately schedule some sort of imaging like X-ray or MRI. [...] I just think that would improve a lot of, not only the actual injury itself but a lot of well-being of the athletes too*”.

Barriers to Progress. In contrast, barriers to progress represented barriers to both psychological and physical progress during injury rehabilitation. The most common responses throughout this subtheme were related to how discouraging or underwhelming rehabilitation

negatively affected well-being. Responses included statements like “... *the one thing I struggle with is just continuously going, trying to see the long term goal but not seeing those short term progress...*”, and “*If you already went in with a negative attitude it wasn't gonna end well. I definitely noticed a difference in that*”.

Environment Conducive to Healing

A positive rehabilitation environment comprised of athletic trainers and other student athletes arose throughout interview responses. Three subthemes embodying healing environments emerged, including: relationships between trainers and athletes, specific rehabilitation strategies, and student athlete camaraderie.

Relationships between Athletic Trainers and Student Athletes. The importance and impact of fostering a positive relationship between trainers and athletes was evident throughout responses. Participants described both positive and negative experiences with their trainers that impacted their rehabilitation process, though positive relationships with athletic trainers far outweighed negative relationships. Participants expressed how these positive relationships often improved their well-being throughout rehabilitation, such as “*I think just having a good relationship helps the well-being and also makes the athlete wanna go and do their stuff because they know they're in an environment where they're cared about...*”. However, one participant highlighted the impact of not being on the same page with their athletic trainer, stating, “*It was definitely hard trying to get it across to her that I was just doing what was best for me*”.

Specific Rehabilitation Strategies. Participants also commented on specific rehabilitation strategies that were incorporated into the training room environment. Participants appreciated strategies that they could directly tie to progress with their injury. For example, one participant described that “*whether it's like running on alter-G treadmill or doing like elliptical*

work and doing stuff in the pool under water, it's all of that kind of stuff, that's what gives the most positive reassurance". Another aspect of specific rehabilitation strategies was related to the trainers' flexibility in managing rehabilitation. Several athletes appreciated the trainers' understanding of their physical and emotional condition, saying *"They just did a really good job of like understanding that there's stuff happening outside of rehabilitation, or like it is a mentally draining task so some days just aren't gonna be 100% successful"*.

Student-Athlete Camaraderie. Finally, participants appeared to place great value in both receiving and giving support to other student athletes throughout injury rehabilitation. One participant mentioned *"... it's definitely brought me closer to some of the guys on my team..."*. This support reached across the boundaries of the participants' individual sports, with one athlete describing the support of the training room as follows: *"... you're one of the people that's in there every single day and you know when people walk in there they notice that. I think just like people asking how you're doing and like cheering you on for like the little things you're able to do again and just like having the support from everyone made a huge difference..."*.

Discussion

The purpose of the current study was to understand how athletic trainers can best promote psychological well-being throughout injury rehabilitation among collegiate student athletes, with the ultimate goal of providing specific recommendations to athletic trainers and sports medicine departments. The authors kept in mind both smaller departments that lack dedicated mental health resources, as well as departments with access to those resources who often receive referrals directly from sports medicine departments. Findings culminated into four themes, some with subthemes, that outline how athletic trainers can best promote psychological and physical healing during injury rehabilitation for the student athletes they work closest with.

In contrast to findings on psychological needs during injury rehabilitation among professional athletes (Arvinen-Barrow et al., 2014), student athletes in the current study did express a desire for psychological support from athletic trainers. However, student athletes in the current study experienced similar emotional responses to injury and rehabilitation, including frustration and self-doubt, as both professional athletes and collegiate athletes in other studies (Tracey, 2010). In addition, both populations expressed an appreciation for athletic trainers setting physical benchmarks, so athletes can see visible progress throughout injury rehabilitation. Ultimately, while emotional reactions and factors that promote progress were similar among both collegiate and professional athletes, the primary difference for these populations appears to be how they perceive the role of athletic trainers. Collegiate athletes in the current study made it clear that they appreciated and desired psychological support from their athletic trainers. These results are consistent with Robbins and Rosenfeld (2001), which found that both listening and emotional support was perceived as important to student athletes during injury rehabilitation.

Also important to student athletes in this study was the existence of environments conducive to healing throughout injury rehabilitation. Participants described environments that both promoted a positive mindset and involved positive relationships with their athletic trainers and other student athletes, both within and across teams. Responses made clear that a student athlete having a positive personal relationship with their athletic trainer was imperative for both physical and psychological progress during injury rehabilitation. This included athletic trainers recognizing that there may be certain situations and days where a student athlete's mental well-being may dictate a temporary modification or reduction in treatment. Environments conducive to healing also included training rooms that were places of support and encouragement from

other student athletes, which is consistent with findings from the Performance Enhancement Group Program (Granito, Hogan, & Varnum, 1995).

Finally, it is important to note that across all themes was an underlying motivation of student athletes to miss as little competition as possible. Specifically, most participants experienced anxiety surrounding missing competition, relief following receiving a diagnosis and participating in treatment that ultimately means returning to play, and an overall sense of positive well-being from making visible progress towards returning to full health. Student athletes' unyielding motivation to miss as little competition as possible was a driving factor behind the participants' own recommendations for how athletic trainers can promote psychological well-being. Aside from having strong personal relationships with student athletes, participants commonly indicated that quick treatment and mutual dedication from their athletic trainer was the best way to facilitate well-being, both physically and emotionally. Maintaining a positive mindset throughout injury rehabilitation, despite missing competition, was identified as important to student athletes in the study. The importance of a positive mindset should not be understated, as student athletes acknowledge its effect, and it has been shown to contribute to better adherence to sport-injury rehabilitation protocols (Scherzer et al., 2001).

The current study is limited primarily due to its sample size and recruitment of student athletes from a single university in the Mountain West. However, responses saturation was achieved after the sixth qualitative interview. Participants were also predominantly white in racial identity. Despite these limitations, this study is the first to directly examine how athletic trainers can best promote psychological well-being among student athletes during injury rehabilitation. In addition, participants were both male and female; from a variety of athletic teams; and with varied injury types.

Findings from this study have several implications for athletic trainers and sports medicine departments more broadly. First, it is imperative that athletic trainers understand the range of emotional and psychological reactions student athletes might experience both in response to their initial injury and throughout rehabilitation. While many negative emotional responses (e.g., frustration, helplessness, anxiety/worry) are temporary in nature and ultimately result in relief once there is a treatment plan in place or an injury has resolved, others may require a referral to a dedicated mental health resource (e.g., sport psychologist, injury support group). It is also recommended that athletic trainers recognize that taking a temporary step back from physical rehabilitation may, at times, be best for a student athletes' psychological rehabilitation. Second, with maintaining a positive mindset having an impact on rehabilitation, promoting a culture of positivity through direct conversations, rehabilitation exercises, and media (e.g., reading materials, podcasts, posters/signs) is recommended. Third, it is recommended that athletic trainers provide opportunities for student athlete comradery, such as fostering supportive dialogue among student athletes in athletic training rooms or more intentionally creating support groups/spaces for those participating in rehabilitation to discuss their well-being as a group. Finally, with fear and anxiety surrounding missing competition becoming a prominent factor for many student athletes, quick access to treatment and transparency about how injury rehabilitation is ultimately promoting return to play at each stage would be beneficial for student athletes.

Conclusion

In conclusion, the current study demonstrated how athletic trainers can best promote psychological well-being throughout injury rehabilitation among collegiate student athletes. Student athletes experience a range of emotional and psychological reactions throughout

rehabilitation, benefit from maintaining a positive mindset, experience factors that both promote and pose barriers to healing, and are positively impacted by environments that are conducive to healing. Specific recommendations to athletic trainers and sports medicine departments were provided, with recognition that athletic trainers are often the first line of psychological support for injured student athletes during a particularly vulnerable time in their collegiate athletic careers.

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APPENDIX A

Qualitative Interview Script

1. What was your initial reaction when you sustained your injury?
2. How has participating in rehabilitation affected your wellbeing?
3. How has your well-being affected your rehabilitation experience (e.g., effectiveness, motivation to participate)?
4. How has your injury history (e.g., pre-existing vs. first-time injury, acute vs. chronic injury) affected your wellbeing during rehabilitation?
 - a. If pre-existing/chronic: How does your current wellbeing compare to your wellbeing during initial rehabilitation?
5. What are the specific aspects of rehabilitation that have positively affected your well-being?
6. What are the specific aspects of rehabilitation that have negatively affected your well-being?
 - a. What would you change or do differently about rehabilitation to better promote your wellbeing?
7. What would you want athletic trainers to know about promoting well-being during injury rehabilitation?