



## Pandemics and Athletics: How COVID-19 Affected Sport Injury Rehabilitation

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**Purpose:** This study sought to better understand the lived experiences of NCAA student-athletes who suffered an injury during the COVID-19 pandemic. **Methods:** The study utilized a descriptive phenomenological approach with focus groups. Researchers interviewed eleven student-athletes that fit the inclusion criteria. Researchers analyzed interview transcriptions for themes. **Results:** Themes included: (1) emotional stress, (2) impact on interpersonal relationships, and (3) delay in recovery. The research team identified subthemes to further expand the concepts illustrated within the main themes. **Conclusions:** This research provides insight to the common reactions of a student-athlete post-injury, interpersonal impacts on a student-athlete from both their injury and COVID-19, rehabilitation changes due to COVID-19, and a perspective from injured student-athletes on the current availability and effectiveness of athletic training and wrap-around mental-health resources. **Applications in Sport:** This information proves valuable for athletic trainers, sport psychologists, sport social workers, and other physical and behavioral health providers working to promote the rehabilitation and well-being of an injured athlete during global pandemics.

*Keywords: sport injury, student-athlete, injury rehabilitation, COVID-19, descriptive phenomenology*

Sports are not immune to required adjustments of COVID-19. From the cancellations of the 2020 Olympics and cancellation of the NCAA winter and spring championships in March of 2020, the pandemic proved to spare no part of society (Wong et al., 2021). Amidst much fluidity and uncertainty, the world of collegiate athletics still experiences impacts from the pandemic on competition (Hosick, 2020). Beyond practices and games, pandemic restrictions limited or modified a student-athlete's access to necessary resources (Bazett-Jones et al., 2020). This article explores the impact of the pandemic on a student-athlete's access to athletic training services.

With limited face-to-face access to athletic trainers, physical therapists, and other medical personnel, at-home rehabilitation with no or telehealth supervision became common practice for injured student-athletes (Sarto et al., 2020). As a consequence of COVID-19, many in-person appointments shifted to a virtual platform depriving injured student-athletes the necessary support and evaluation of their injury (Al-Jabir et al., 2020). The lack of access to sufficient rehabilitation resources caused disappointment, anger, frustration, and sadness in student-athletes (Bullard, 2020). Research illustrates the numerous negative effects of an injury on a student-athlete (Brewer et al., 2010; Green & Weinberg, 2001; Groot et al., 2018; Koren et al., 2005; Sheinbein, 2016), which magnified in many student-athletes because of the psychosocial repercussions of COVID-19 (Elabiyi, 2020; Gualano et al., 2020; Rubin & Wessely, 2020).

With a vast number of athletic injuries in a year (Williams & Krane, 2015) and the return to life before COVID-19 still unknown (Crouch, 2021), there is a need for research on how sport injury rehabilitation can remain effective and efficient throughout this or future pandemics. This study provides insight to the common reactions of a student-athlete post-injury, interpersonal impacts on a student-athlete from both their injury and COVID-19, rehabilitation changes due to COVID-19, and a perspective from injured student-athletes on the current availability and effectiveness of mental-health resources. Zoellner & Maerker (2006) found qualitative examination allows the researchers to utilize the injured student-athlete perspective in order to form a greater understanding of their experiences. This information provides value for athletic trainers, sport psychologists, sport social workers, and other physical and behavioral health providers working to promote the rehabilitation and well-being of an injured student-athlete during COVID-19.

## Method

Descriptive phenomenology is a qualitative research methodology within the human science research paradigm, designed to understand and explain the meaning of human experiences (Fitzpatrick & Watkinson, 2003). Descriptive phenomenology is a widely-used method to explore and understand past experiences of individuals (Christensen et al., 2017). This approach has a history of being used within athletics and sport (Kristiansen et al., 2017; Ryba, 2008). This study followed a logical, systematic, and multiphase methodological approach to capturing reflections of individuals' subjective experiences with COVID-19 and its impact on their sport injury rehabilitation. Specifically, researchers used principles of inductive reasoning, which led to the development of patterns, hypotheses, and theory. The use of phenomenology included gathering information from participants and personal reflections from the researchers (a tenant of descriptive phenomenology).

**Study Participants**

The current study used criterion sampling to seek current student-athletes within the NCAA that are or were experiencing an injury during the COVID-19 pandemic. The researchers contacted five Division I universities across the Midwest with a recruitment email. The athletic training staff at each university helped identify participants. Advertisement also took place via social media utilizing a shortened version of the recruitment email.

Twelve participants identified with the study inclusion criteria (e.g., current NCAA athlete, 18 years of age or older, and experiencing or experienced an injury during the COVID-19 pandemic) volunteered for the study. One dropped out before the completion of the study, as they did not show up for the pre-arranged interview. Each student-athlete received a pseudonym to protect their true identity. These student-athletes provided vivid descriptions of their physical injury, their typical rehabilitation process, how COVID-19 affected this process, and any mental and/or behavioral health challenges they noticed related to both COVID-19 and their injury. See Table 1 for participant information.

**Table 1**

*Study Participants*

Pseudonym (Identified Gender)	Age	Race/Ethnicity	Sport
Olivia (Female)	20	Filipino/Caucasian	Softball
Emma (Female)	18	Caucasian	Softball
Ava (Female)	22	Caucasian	Tennis
Noah (Male)	19	Filipino/Caucasian	Football
Isabella (Female)	19	Caucasian	Softball
Mason (Male)	19	Caucasian	Tennis
Lily (Female)	20	Caucasian	Soccer
Sophia (Female)	20	Hispanic/Caucasian	Softball
Lucas (Male)	19	Caucasian	Swimming
Abby (Female)	22	Caucasian	Softball
Grace (Female)	22	Caucasian	Softball

**Study Procedures**

*Interview Guide*

The semi-structured interviews had ten prompts. Based on previous literature, the researchers designed the questions to better understand the lived experiences of the participants (Ivarsson et al., 2017; Vann et al., 2018). The ten prompts asked participants to: (1) describe their injury and traditional rehabilitation process, (2) discuss challenges with being injured, (3) reflect on interpersonal issues due to their injury, (4) share their support system, (5) reflect on how COVID-19 affected their recovery, (6) compare rehabilitation from pre-COVID19 and

during COVID-19, (7) discuss physical and psychological obstacles due to COVID-19, (8) reflect on the mental and/or behavioral health resources available for injured student-athletes, (9) share differences in their treatment before and after COVID-19, and (10) share recommendations for athletic staff and teammates for supporting an injured student-athlete. The student-athletes could also share any additional comments.

### ***Focus Group Interviews***

The focus group interviews with the 11 student-athletes took place via Zoom. Participants joined one of three focus groups. Two focus groups had four participants, and the final focus group had three participants. The interviews began with the researchers reading the informed consent form requiring each participant to provide verbal consent and asking if there were any questions. Because of the group interview format, the participants rotated who would answer the question first. The other participants could build on the previous answer or share their own thoughts. All questions allowed open-ended responses so each participant could expand and disclose any personal experiences. The duration of the interviews ranged from 60 to 90 minutes. Researchers recorded and saved all interviews to the secure Zoom Cloud (through host university, approving institution), which allowed the interviewers to listen attentively to the responses and review the interviews for changes in body language, pauses around certain topics, and transcription purposes. The research team provided copies of the transcripts to focus group participants to ensure member checking.

### ***Thematic Analysis***

Following the transcription of the interviews, the researchers conducted a thematic analysis of the text. The researchers reviewed the narratives and highlighted the core message in each response, eliminating the speech disfluencies, “small talk”, and other irrelevant dialogue (Lemke, 2012). The detailed approach of listening to and reading the transcriptions allowed the researchers to have a systematic process for identifying and analyzing emerging themes. It was possible for a sentence to contain more than one theme, so the researchers considered each phrase, statement, or sentence in isolation in order to not misunderstand the meaning of a participant’s experience (Fitzpatrick & Watkinson, 2003).

The research team coded potential inductive themes based on the transcriptions. Researchers organized themes into an Excel document. Researchers used inductive coding when there is little known about the present research subject and a there is a need for heuristic or exploratory approach (Laverty, 2003). Inductive coding also allows for themes to emerge from the participants’ responses (Fereday, & Muir-Cochrane, 2006). The researchers coded the findings into meaning units (Laverty, 2003), ranging from a single word to a longer phrase to capture notable ideas. Once the researchers reviewed the overall data, they established initial codes from the meaning units. Researchers used categorization to generate final themes from the codes (Guest et al., 2012).

The researchers created explicit subthemes to further examine patterns and provide clarity to the participants’ responses. The researchers categorized quotes that diverged slightly from the main themes. These quotes led to the development of subthemes (Sundler et al., 2019).

Throughout the thematic analysis process, the researchers debated to reach agreements on the descriptions and interpretations of the participants’ experiences, a method coined peer

debriefing. This method also assisted the researchers in avoiding confirmation bias. Along with peer debriefing, the researchers used triangulation to promote the quality control of this study (Krysiak & Finn, 2013). The research team consisted of one tenured faculty member, two pre-tenured faculty members, and an undergraduate psychology student. All members of the research team are active within the sporting community. The vast experience in both research and sport supports increased quality control of the data process. The research team has experience in college coaching (5 years), varsity high school coaching (10 years), youth sport coaching (10 years), and three members of the research team competed as collegiate athletes.

## Results

This section identifies the emerging themes from the analysis of the transcripts. The researchers trust participants' voices reflect the themes and portray each student-athlete's experience with COVID-19 and the impact on their sport injury rehabilitation. The researchers identified three emerging themes from this study: (1) emotional stress, (2) impact on interpersonal relationships, and (3) delay in recovery. Subthemes further expanded the concepts illustrated within the main themes. The researchers explored the meaning of each theme through quotations from the participant interviews.

### Emotional Stress

All 11 participants expressed emotional distress stemming from their injury, COVID-19, or a combination of the two. The most common feelings were uncertainty, fear of re-traumatization, and identity loss.

### *Uncertainty*

The most common emotional response the participants expressed was uncertainty. Olivia expressed her uncertainty originating from "the unknowns of time – times of when I am supposed to be hitting, times of when I am supposed to run, jump, all that – it is all up in the air." Due to COVID-19, Olivia did not have access to doctors or her athletic trainer, causing her to feel unsettled. Noah also expressed uncertainty over his athletic ability, stating, "You do not know where you stand versus where you were, and it can get really tough." Obstructions in athletic ability is a scare for many student-athletes, especially when their timeframe to play is short. Mason said, "It is scary when you are on a team and you know you only have four years to compete. Having uncertainty about your care messes with you"

Inconsistencies in the rehabilitation process can also cause uncertainty, leaving the student-athlete unaware of the outlook for their future athletic career. Ava stated, "A lot of rehab is subjective. So, my trainer will do things that my doctor in Indianapolis does not approve of and... there was just this constant contradicting." Without reassurance from medical personnel and a coherent rehabilitation plan, anxiety may begin to form within the student-athlete. Sophia was never given a confident answer concerning her injury due to inconclusive MRI scans, leaving her in a state of worry concerning what the injury may be. Sophia shared, "Last year, my friend passed away from cancer on her spine. It was super

sudden, just came out of nowhere. Things like that would pop into my mind. The fear of the unknown is real.”

### ***Re-traumatization***

Three student-athletes specifically highlighted stress over the injury reoccurring. Emma explained the mental battle of preparing for return-to-play and “if [the injury] is going to happen again.” Ava described the hardest challenge of being injured is imitating the movement that caused the injury the first time. She stated, “I think the hardest part is moving to the right or moving to the left... just being fearful that I am going to do it again.” Another participant’s anxiety over re-traumatization was so significant it caused anxiety dreams. Noah explained, “I will have dreams that I re-hurt it because that is how much it worries me.”

### ***Identity Loss***

Being a student-athlete formed a significant part of each participants’ identity. Lily questioned, “What does that do to you as a person if you worked really hard, but you just cannot come back to where you were?” Lily particularly stated sustaining an injury can cause a student-athlete to question who they are as a person. Noah also mentioned experiencing some loss and separation due to his injury, stating, “Athletes can feel forgotten when they lose a role on the team and feel reduced to an injured reserve player.” Olivia explained, “I had a starting position last year, and I am like, damn, did I just lose it due to this injury?”

Furthermore, student-athletes reported feelings of separation. Grace stated, “It can be hard when you are used to just doing something every day, and then it has to stop all of a sudden.” Lucas added, “Watching everyone else kind of do what you want to be able to do is definitely super hard.” Abby’s injury kept her physically separated from her teammates, and she said, “I spent a whole year present, around the team, but not actively engaged with people... being there but not actually being out there.”

### **Impact on Interpersonal Relationships**

All 11 student-athletes reported a negative impact on their interpersonal relationships due to both their injury and COVID-19. The student-athletes described communication deficits and conflict among their teammates. They also talked about challenges with their coaches and families.

### ***Lack of Communication***

All 11 participants expressed frustration with communication issues concerning their injury and rehabilitation. Lucas had a difficult time receiving a clear answer on his injury, leaving himself and others in a state of uncertainty. Lucas explained, “It has been really hard, because there has been so much back and forth to what is even going on with my injury, and you are not able to convey that with your teammates or coaches.” Abby had difficulty communicating with her teammates as well, but on a more personal level. Abby

shared, “I remember reaching out to people when they were away on tournaments to try and check in, and nobody wanted to talk to me about softball.”

Isabella was upset over the lack of communication sharing. She stated, “None of my coaches said anything or reached out... I had to text my trainer multiple times to get them to respond.” Isabella later added, “When they do not respond or people do not reach out, it feels like they really just do not care about you as a person.” Olivia also felt isolated, stating, “I was going through a lot of hard stuff mentally, trying to get through my recovery process. It was difficult not hearing from [my teammates] or having that extra support.”

### ***Teammate Conflict***

Ava shared concerns about the reactions received from her teammates, “I was terrified that my teammates were going to think I was faking it.” Ava later added, “When I found out I tore my ACL, as sad and as heartbreaking that it was... I kind of have validation now... this is a true injury... [My teammates] do not have permission to talk behind my back.” Ava’s fear of her teammates’ reaction is rooted in some experiences other participants shared. Emma stated, “I had some [teammates] saying I was faking it and doing it for attention, and they were kind of mad at me because I was not coming to practice on time, and I was in the training room rehabbing.” Grace and her other injured teammates also experienced conflict on their team, adding, “I had a few teammates that were kind of going behind our backs and saying that we were not working as hard, and we were not putting in as much.”

Hoping to avoid the backlash, Isabella felt she had to push through her injury. She said, “It put a lot of tension on me trying to prove that I was a better athlete than I was showing.” Lucas shared his relationships with certain teammates were impacted due to interpersonal conflict,

It’s easy to see from an outside perspective of they just think you are basically slacking off and just making stuff up and you are not really trying your hardest, and that definitely impacted a couple of the ways that I interact with some of my teammates.

### **Delay in Recovery**

All 11 participants expressed they experienced some sort of delay in their recovery and felt less prepared than they believed they would have if COVID-19 did not affect their rehabilitation. Lily shared, “It has been almost six months that I have been dealing with the injury. It was supposed to be three months.” Emma agreed with the delay in her recovery, “I am still kind of stuck in the same place I was nine months ago.” Olivia’s delay caused her to feel “behind on where [she] should be as an athlete.” The most common reasons for delayed recovery identified were COVID-19 restrictions, virtual barriers, and lack of access to training and behavioral and/or mental health services.

### ***COVID-19 Restrictions***

COVID-19 sent many states into a lockdown period, including stay-at-home orders, curfews, and business closures. However, nationwide lockdowns and stricter policies placed strain on injured student-athletes seeking rehabilitation. Noah said, “When March came, we closed down, I was not seeing anybody. That really set me back because all of a sudden, I had to do everything on my own.” COVID-19 also implemented quarantine procedures, typically requiring a 14-day isolation period (8). Abby experienced stress with this policy, “[The doctors] said if you are coming in from out of town, you have to self-quarantine for two weeks, and I cannot drive to (Major City) and self-quarantine for two weeks just to get in for one appointment.”

Olivia also faced a tough situation. Her surgery was delayed for weeks, and when there was finally an opportunity, she had to take extra steps.

I had a two-week notice [of my surgery options], so I had to get a COVID test... had to quarantine 14 days before I could go get surgery... that was very stressful on what places were offering COVID testing because it was still new.

### ***Virtual Barrier***

Many student-athletes struggled with the social distancing implemented by different state and local health departments. With the cancellation of NCAA sport seasons and closures of universities across the nation, many student-athletes went home without hands-on rehabilitation from their athletic trainers. Without being able to see their trainers in person, many student-athletes reported they received a text message or email containing their rehabilitation exercises. Noah said, “Getting a sheet or text of things you are supposed to do is not the same.” Lily agreed with Noah’s frustration, adding, “It is different when you are messaging with someone versus them actually seeing you in person.” Olivia’s doctor moved all appointments virtually, blocking the opportunity for her doctor to examine her recovery and release her back to play. Olivia said, “Everything was online for how the doctors [saw me], so he was like, ‘I am not going to fully know until I see you’.”

Lily, along with five other student-athletes, identified accountability as a problem stemming from virtual rehabilitation. Lily shared her exercises were sent to her on a word document. Other student-athletes shared the same experience, whether it be a word document, text message, email, etc. Lily said, “I did not really have anyone holding me accountable.” Mason also shared, “I did not have my trainer saying, ‘Come at this time.’ You have to do it on your own.” Without having scheduled appointments and a trainer supervising the rehabilitation, many student-athletes found it difficult to complete their exercises on time, consistently, and correctly.

### ***Lack of Access***

All 11 student-athletes experienced a lack of access to some sort of resource. Due to the restraints of COVID-19, many student-athletes lost access to trainers, doctors, equipment, and mental and/or behavioral support. Noah said, “I do not know that I ever recovered the way that I would have if I was on my normal [rehabilitation] schedule.” Lily



also felt deprived of her trainer, “At the time where I needed to be at the trainer the most, I could not.” Lily lacked the support she needed to feel confident in her rehabilitation. She added, “It was hard not being able to really see anyone for so long and not hearing, ‘Oh, you are making progress, you are looking good, doing better’.”

Beyond athletic trainers, many student-athletes faced challenges with seeing the orthopedic or other medical doctors regarding their injuries. Lucas claimed, “It was about two and a half months before I really had any kind of contact with any kind of medical personnel.” Abby also experienced a struggle with this, “The hip institute was shut down for a while when we were trying to get in earlier this year, and now they are seeing surgery-needed-only patients.” Emma also wanted to meet with her school’s sports psychologist, but never received any response to her emails. She said, “It is really hard to contact her now since everything is virtually.”

The lack of access to resources created many feelings of confusion and defeat for the student-athletes. Emma reported being unmotivated to complete her rehabilitation, explaining, “[I was] coming home to just bands and I had to use a backpack filled with books to do the weight.” Olivia was unsure how to proceed with her rehabilitation due to the lack of supervision from her trainer. She said, “I would feel pain, but I did not know if I could push the envelope, to keep going... because I did not have somebody watching me.” Lily added on to the lack of supervision, adding the lack of therapy caused feelings of failure. She said, “I would come home feeling defeated, and how am I ever supposed to play in a game if I cannot get into therapy, and I cannot get better?”

## Discussion

### Thematic Analysis Review

This study highlighted themes that represent the experiences of injured student-athletes impacted by COVID-19. These experiences overlapped with previous research concerning sport injury rehabilitation and also found new themes specific to COVID-19. First, all 11 student-athletes experienced emotional distress. Participants felt uncertain of their rehabilitation process due to the injury itself, COVID-19, or a combination of the two. Participants also disclosed fears of re-traumatization. The fear of reinjury is at the highest immediately following the injury, and generally lessens throughout the rehabilitation process (Hsu et al., 2017). However, without addressing the psychological barrier of reinjury, the rehabilitation process and return to sport can experience delays (Wiese-Bjornstal, 2010). Finally, participants suffered feelings of identity loss and separation from their sport and/or teammates. Social identity theory explains that one views themselves based on the groups they belong to (Wicklund & Gollwitzer, 1981). Sustaining an injury can threaten a student-athlete’s identity (Heird & Steinfeldt, 2013), resulting in negative emotional and psychological repercussions (Brewer et al., 2010; Green & Weinberg, 2001). Due to this fear of losing a part of who they are, student-athletes experience great psychological stress tied to their athletic identity and role after an injury (Weinberg et al., 2013). Feelings of separation from a student-athlete’s sport and teammates may also precede or happen simultaneously with feelings of identity loss (Smith & Hardin, 2018). The sudden disruption in routine can lead to feelings of loss, and athletes even reported delusions due to the intense focus on athletics in response to no longer being able to participate (Lally, 2007; Lotysz & Short, 2004; Wylleman et al., 2004).

Second, participants experienced interpersonal-relationship struggles. All 11 student-athletes reported communication issues with their teammates, coaches, and/or athletic trainers regarding their injury. The lack of communication stemmed from both the injury itself and the addition of COVID-19. Due to COVID-19, student-athletes all over the country returned home away from their teammates, coaches, and athletic trainers (at various points in time). Self-completion theory explains when a person's self-concept feels threatened, they try to seek additional social recognition tying to that identity (Wicklund & Gollwitzer, 1981). Due to COVID-19, student-athletes with injuries now had to rehabilitate on their own, without the consistent, in-person support they would typically receive if they were able to still recover at their school. This left many of the participants feeling alone, separated, and forgotten. Participants also reported teammate conflict from their injury. When a student-athlete sustains an injury, the possibility of a "negative reaction from their teammates" (Mallard, 2017, p. 8) can deter them from reporting the severity of it. Student-athletes explained fears of their teammates believing their injury was fake and/or talking negatively about their injury and rehabilitation process. These fears led some student-athletes to avoid reporting their injury to their athletic trainer, and some student-athletes reported a lack of team cohesion due to the conflict.

Finally, all 11 participants reported a delay in their recovery due to COVID-19 causing them to feel less prepared. Atalan (2020) found lockdowns significantly reduced the spread of COVID-19. However, COVID-19 implemented many state and national restrictions that affected the availability of injury or physical rehabilitation. Due to these restrictions, surgeries were delayed, physical therapy was postponed, and patients had to take extra precautions such as COVID-19 testing and self-quarantines. COVID-19 also moved many medical appointments and sessions to a virtual platform. Full medical clearance is required for return to play (Kraemer et al., 2009), and many doctors and physicians limited their appointments based on the severity of the injury. The absence of medical clearance lengthened many student-athletes' return-to-play timeline. The deficit of hands-on therapy and in-person instruction also left many student-athletes feeling confused, defeated, and unmotivated. The virtual rehabilitation caused accountability issues for many student-athletes and delayed their recovery and release to play. Lastly, all 11 participants reported a lack of access to some sort of resources they felt were vital to their rehabilitation. The relative deprivation theory explains that one feels deprived and deficient compared to their own past or other persons/groups accompanied by feelings of anger, resentment, and dissatisfaction (Smith et al., 2011). Without access to their athletic trainer, proper equipment, and medical personnel, student-athletes felt even more confused and uncertain of their rehabilitation process.

At the conclusion of each interview, participants shared recommendations regarding supporting an injured student-athlete. The responses included validating the student-athlete, adding more mental-health resources, and eliminating the stigma surrounding mental health. Many student-athletes reported feeling forgotten or as if their physical health was the only important aspect in their recovery. The participants discussed the importance of having unconditional support from their teammates, coaches, and athletic trainers and wanting more awareness among others of the physical and mental stress that comes with a sports injury.

### **Limitations and Future Research**

The first limitation of this study is the findings rely on self-reports from the student-athletes. Sleijpen et al. (2016) found self-reported data does not always reflect real

transformation. Another limitation is the use of focus groups versus individualized interviews. Focus groups allowed for quicker gathering of information, but it may not be representative of those that do not participate or share as much as the rest of the group (Hennink et al., 2019; Queirós et al., 2017). Finally, the last limitation is the possibility of research bias. The researchers have extensive experience with athletics which may have affected the data analysis (Anderson, 2010).

### **Future Research**

As the COVID-19 pandemic continues to affect daily life, future research should explore how attitudes toward COVID-19 (or future pandemics) and rehabilitation progress. Restrictions are beginning to lift with the assistance of the COVID-19 vaccines becoming readily available, but social distancing guidelines and required mask-wearing remain in many areas. Future research should also explore feelings of relief from injured student-athletes due to COVID-19. Four student-athletes reported optimism from COVID-19. Because of the restrictions put in place, all student-athletes, injured or not, were forced to temporarily stop their training. Four student-athletes felt a burden taken off their shoulders knowing they had extra time to recover and that their teammates also experienced lack of access to different resources needed to continue preparing for their upcoming seasons. These findings can help better train mental health professionals and athletic trainers working with injured student-athletes. This study highlighted key experiences injured student-athletes experience (i.e., identity loss, lack of communication, etc.) and new challenges from COVID-19 (i.e., lack of access, virtual barrier, etc.). Understanding injured student-athletes' perspectives and struggles can lead to more effective intervention strategies and prepare professionals for future pandemics or global challenges.

### **Conclusion**

Student-athletes may experience and react to injuries in many different ways. With higher risks of depression, anxiety, and suicidal ideation after injury (Koren et al., 2005; Sheinbein, 2016), it is imperative for athletic trainers, coaches, medical personnel, sport psychologists, and sport social workers to understand injured student-athletes' experiences and develop appropriate intervention strategies. With the addition of COVID-19, communication and access to rehabilitation resources were restricted, causing more distress and delay in the student-athletes' rehabilitation process.

This study allowed for a greater understanding of how injured student-athletes are navigating the COVID-19 pandemic and how their rehabilitation is impacting their psychosocial well-being. Those working with student-athletes must be willing to learn, develop, and implement appropriate support strategies and resources for injured student-athletes to help them overcome the physical and mental stress of sport injury rehabilitation and understand how those feelings can intensify during a pandemic. This research may also translate to other global challenges such as natural disasters.

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