Goal Setting: A Key to Injury Rehabilitation

Valerie K. Wayda, EdD
Physical Education
Ball State University

Francine Armenth-Brothers, MS, ATC
Health Education
Heartland Community College

B. Ann Boyce, PhD
Health & Physical Education
University of Virginia

Commitment and motivation are very important to an injured athlete’s adherence to rehabilitation. Athletic therapists can enhance the athlete’s commitment and motivation by making sure the athlete plays an active role in the design and implementation of the rehabilitation program.

If an athlete perceives himself or herself as an integral part of the process, he or she is much more likely to be committed to the program.

One way to make sure an athlete feels he or she is part of the process is to have him or her help set the rehabilitation goals. Setting goals is not new to athletes. Most are continually driven to become better at their sport and thus are naturally goal-directed (Heil, 1993). Their focus on goal achievement can be transferred to include the establishment of rehabilitation goals.

Effective goal setting requires a systematic approach (Boyce & King, 1993), which few have employed despite the abundance of articles in support of this strategy. A systematic approach can enhance the athlete’s commitment and motivation in several ways:

- It clarifies each person’s role in the rehabilitation process.
- It gives the athlete an active role both psychologically and physically in his or her rehabilitation.
- It helps the athlete understand the importance of the rehabilitation exercises.
- It provides optimal challenges.
- It gives the athlete a feeling of being back in control.
- It holds the athlete accountable for a given standard of performance.
- It increases the athlete’s self-confidence.
- It breaks the rehabilitation process into manageable steps.
- It decreases anxiety by focusing on what needs to be done.

Goal Setting as a Psychological Strategy

Goal setting helps the injured athlete by (a) facilitating a faster return (DePalma & DePalma, 1989); (b) motivating one’s effort and persistence (Weiss & Troxel, 1986); (c) providing a sense of accomplishment (Fisher, Mullins, & Frye, 1993); and (d) increasing adherence (Fisher, Mullins, & Frye, 1993).

In Phase 1 the therapist and injured athlete collaborate to design a goal-setting plan (Steps 1–5). In Phase 2, implementation, they develop a monitoring system for goal attainment (Step 6). In the final phase, evaluation, the therapist provides information on goal attainment (Step 7). The sidebar on p. 23 lists several guidelines that enhance the effectiveness of the goal-setting strategy.

Planning Phase

The planning phase begins immediately after the injury occurs. In this phase the athletic therapist and the injured athlete must follow five steps:

- Step 1: Identify the exercises, treatment, and responsibilities (e.g., time commitment, attitude, effort).
- Step 2: Determine how the goal can be measured.
- Step 3: Set the goal.
- Step 4: Clarify the goal.
- Step 5: Develop a strategy for achieving the goal.

This paper presents a three-phase (planning, implementation, evaluation) process that can be broken down into seven steps adapted from the work of Boyce and King (1993), Martens (1987), and Botterill (1983). The three phases are outlined in Figure 1.

In addition, potential barriers such as boredom, time constraints, severity of the injury, and plateaus in recovery must be identified and addressed.
Early in Phase 1 the therapist and the injured athlete discuss the severity of the injury, the duration of the disability, the expected recovery level, and the athlete’s role in the rehabilitation process. The time spent in planning can enhance adherence by clarifying each person’s role in the process.

The following five steps will explain how the athletic therapist and the athlete can collaborate to establish a positive experience.

**Step 1: Identification of Exercise, Action, Responsibilities.** One way to ensure the athlete’s active participation in this process is to jointly identify the exercise (task), action, or responsibility (the goal) to be undertaken. Although the severity of injury may dictate the type of goal, an effort should be made to ensure that the athlete understands why achieving the goal is critical for successful rehabilitation. The athlete must also perceive the goal as meaningful, otherwise he or she may not accept it and this could hinder his/her commitment (Heil, 1993).

Just as one must individualize the rehabilitation prescription according to the severity of the injury, the goal must also be individualized. Characteristics such as intrinsic motivation should be noted when identifying the rehabilitation goal. Athletes with low internal motivation may need more help in identifying and setting their goals, and more support as they work to attain those goals.

In addition, the athletic therapist should ensure that the rehabilitation goal is controllable or performance oriented as opposed to an outcome oriented goal. Performance oriented goals are specific behaviors that are directly under an athlete’s control; they focus on the rehabilitation process. An example is when an athlete sets a performance goal of lifting 210 lbs on the leg press for 10 reps.

Outcome goals are not directly under the athlete’s control and may not be attainable. An injured athlete could set a goal of regaining his or her starting position on the team, but there is no guarantee this will happen since this decision is up to the coach.

**Step 2: Measurement.** Once the task, action, or responsibility has been identified, one must make sure it is objective and specific. An objective goal can be measured by...
an established instrument and leaves no question as to whether the goal has been attained. A common mistake is establishing subjective goals, which can be difficult to determine (e.g., "I want to throw like I used to").

A specific goal has a criterion of success and provides clear expectations so the athlete knows exactly what must be achieved (e.g., "I need to have 90% strength as measured by isokinetic testing on the affected side before full participation"). Most injured athletes are unaware of what goals need to be accomplished, therefore the athletic therapist must guide them to the appropriate goals.

**Step 3: Setting the Goal.** Working together, the athletic therapist can guide the athlete in setting goals that provide an optimal challenge yet remain physically safe. Some athletes may set goals that are either too difficult or too easy. This may be due to unrealistic personal expectations, trying to impress someone, underestimation of ability, being pressured for a quick recovery, or lack of knowledge. A challenging goal can increase one’s level of motivation, but an unattainable goal can pose a threat to self-confidence and physical well-being.

Once a difficult but challenging goal has been determined, it is important to state it in positive terms. Have the athlete focus on what is to be accomplished (success) rather than what to avoid (failure). For example, instead of setting a goal of "not being on crutches for more than 5 days," set the goal as "to walk with a normal gait within 5 days."

In severe injuries, progressive short-term goals should lead to a long-term goal. Short-term goals are important because they tend to be more flexible than one overall long-term goal. They also provide more frequent feedback, which can enhance an athlete’s level of confidence and allow opportunities for constant reinforcement.

**Step 4: Goal Clarification.** When determining the goal, it is important to set a target date for goal attainment. This will keep the athlete focused on accomplishing the goal and provides a medium in which the therapist can evaluate the progress of rehabilitation.

Depending on the nature or type of injury, it might be appropriate to set several goals. But make sure not to set more than three or four goals and prioritize them (Boyce & King, 1993). For example, in most injuries it is important to decrease the pain and swelling before attempting to strengthen the injured area. Thus there is a specific sequence that could encompass short-term goals leading to one long-term goal.

Since most athletes have no medical background, it is imperative the athletic therapist help the injured athlete sequence these goals and monitor target dates to ensure that they are realistic.

**Step 5: Developing a Plan or Strategy.** Once the rehabilitation goal has been clarified, it is time to identify strategies that will help the athlete reach the goal. It is also important to plan for potential barriers such as plateaus, boredom, distractions, or alienation. The following strategies can be used to prevent these barriers:

---

**GUIDELINES FOR GOAL SETTING**

1. Goals should be meaningful to both therapist and athlete.
2. Goals must be performance—not outcome—oriented.
3. Goals should be individualized for each athlete.
4. Goals must be objective and measurable.
5. Goals must be specific.
6. Goals must include a criterion for success.
7. Goals must be realistic but challenging.
8. Goals should be stated in positive terms.
9. Progressive short-term goals should lead to a long-term goal.
10. Goals should have a target date for completion.
11. Goals should be few and prioritized.
12. Goals should be accompanied by strategies for achievement.
13. Goals must be recorded and monitored.
15. Goals must be reinforced or supported.
1. Provide a variety of exercises daily.
2. Arrange rehabilitation appointments around the athlete’s practice schedule. It is important for the athlete to remain in contact with the team so he or she does not feel isolated.
3. Allow the athlete to express anger, frustration, anxiety, and other emotions.
4. Reassure the athlete that progress will not always be apparent and that most lapses are temporary.

**Implementation Phase**

The implementation phase emphasizes a monitoring system. It consists of both the athlete and athletic therapist developing a regulating system to collect information on progress toward goal attainment.

**Step 6: Monitoring System.** A key component of the monitoring phase is supervising goal attainment. For example, it could be helpful to compile a folder for each athlete that contains the written goal, documentation of progress, and other pertinent information. But make sure the athlete is involved in this recording procedure since it signifies his or her responsibility and commitment (Tutko, 1990).

The folder serves many functions, among them, providing a record of progress for comparing objective measurements; providing a medium for recording thoughts and reminders that can be discussed later; and helping the athlete feel a sense of ownership by giving him or her a special, confidential plan.

An athlete’s motivation and commitment can also be facilitated through the supervision of goal attainment. It is important for the athletic therapist to point out progress, including small gains, to the injured athlete since he or she may not realize that progress is being made.

Athletic therapists also need to remind athletes that small setbacks are normal and to focus instead on the overall gains made. Since most athletes do not understand the healing process, they need to be educated about normal progression. If it can be demonstrated to the athlete how progress is being made, for example, small gains in range of motion, then the athlete’s motivation will likely be higher.

Second, supervising an athlete’s progress toward a goal holds the athlete accountable. This can be accomplished by setting minimum and maximum standards and then holding the athlete accountable for attaining those standards (Fisher, Scriber, Matheny, et al., 1993). In this way the athlete is more likely to be committed to the entire rehabilitation process.

Of equal importance to monitoring and recording goals are the reinforcement and support of the therapist and others such as the coaching staff. Words of encouragement are important to the injured athlete, but positive, realistic information about the athlete’s progress is even more salient (Fisher & Hoisington, 1993).

**Evaluation Phase**

The third and final phase is evaluation. During this phase the athletic therapist provides the athlete with evaluative feedback in order for the athlete to assess the goal.

**Step 7: Feedback.** Once a goal has been accomplished, there are two options. The goal could be reset with a different criterion (e.g., return to planning phase, Step 3) or another goal could be identified (return to planning phase, Step 1).

It is important to remind the athlete that goal setting is an ongoing, dynamic process, and as one goal is attained, this is a signal that healing is occurring.

If the goal was not achieved, review the goal and any problems encountered (return to the planning or implementation phase) since the goal may need to be modified (e.g., target date, criterion, achievement strategy).

Stress to the athlete that progress has been made but that perhaps the goal was not achieved because of a plateau in the rehabilitation (Fisher, Scriber, Matheny, et al., 1993). Discuss what a rehabilitation plateau is and modify the target date. Typically athletes will be less frustrated if they understand that the lack of progress is simply a temporary plateau (DePalma & DePalma, 1989).

**Summary**

This paper has provided the athletic therapist with a systematic goal setting strategy that can be implemented in any rehabilitation
While we recognize that many individuals do set goals during rehabilitation, the use of a systematic strategy has largely been neglected. A systematic approach could enhance the athlete's commitment and motivation since it ensures that he or she becomes an active participant at every step of this strategy.

References


Valerie K. Wayda is an assistant professor of sport psychology at Ball State. For the past 3 years her masters level students have collaborated with senior athletic training students on a psychology-of-injury rehab practicum experience.

Francine Armenth-Brothers teaches health education at Heartland Community College in Bloomington, IL. She holds a masters from Ball State University.

B. Ann Boyce is associate professor of pedagogy/teacher education at the University of Virginia. She has conducted research on goal setting for 10 years and has published research articles and scholarly papers on this topic.