THE LIVED EXPERIENCES OF AN INJURED ATHLETE AND MEMBERS OF A PERFORMANCE MANAGEMENT TEAM DURING INJURY REHABILITATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS.

by

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ABSTRACT

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Under the Supervision of Barbara B. Meyer, Ph.D.

In response to an ever growing understanding of the biopsychosocial nature of health and well-being, multidisciplinary and interdisciplinary approaches to rehabilitation have grown in acceptance over the past decade. Studies that have explored the effect of these two approaches have found them to be effective in improving rehabilitation outcomes (McAlister et al., 2001; Tur et al., 2003). Although they have been shown to be objectively effective, the impact that these approaches have on the lived experiences of the team employing them, and the athlete or patient they serve, is not well understood. As such, the purpose of the current study was to investigate the lived experiences of the same members of a performance management team (PMT) through two separate injury Cases. Members of the same Australian Slopestyle Ski PMT (N=5) were asked to participate in the current study. An Interpretative Phenomenological Analysis (IPA) framework was utilized (Smith, Flowers, & Larkin, 2009), and as such, in-depth, semi-structured interviews were conducted with each member of the team. Interviews were audio recorded, transcribed verbatim, and analyzed using guidelines given by IPA scholars (Smith et al., 2009). Analysis of transcribed interviews revealed three higher-order themes that remained consistent across the two injury Cases (i.e., sociocultural context, team functioning, individual human struggle). Although the themes remained consistent, the essence of those

themes changed considerably across the two Cases, highlighting the varied lived experiences for all members of the PMT. Analysis of the two Cases revealed that the lived experiences of the participants changed as a result of participants' appraisal of the sociocultural context around them, and the consequential focus on either their own individual struggles (i.e., Case #1), or the team's functioning (i.e., Case #2). The approach to injury rehabilitation in Case #1 resembled previous definitions of a multidisciplinary team (Melvin, 1980), while the approach in Case #2 resembled an interdisciplinary team approach (Körner, 2010). Results suggest that an interdisciplinary approach should be used when possible, as it facilitates improved team functioning and more positive lived experiences for all team members. Findings will be discussed in light of relevant literature, and implications for research and professional practice are discussed.

To Andrew & Aaron, your courage inspires me every day.

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Chapter I: Introduction

Background

The question of how to move patients from a sick to healthy state as effectively as possible has been a common theme among researchers and practitioners alike for centuries. For most of the past century, practitioners have adopted a biomedical model to best understand the experience of injury and sickness. Within the biomedical model, injury and sickness are considered physiological or physical in nature, and other displays or types of sickness are not considered. In 1948, however, the World Health Organization (WHO) delivered a statement which suggested that the health and well-being of an individual is holistic—comprised of psychological, sociological, and physiological components—and is not merely the absence of disease. Subsequently, a shift occurred toward a more holistic, multidisciplinary understanding of health and wellness. Models are now in place which describe health and wellness as physical, psychological, and social/contextual constructs (i.e., biopsychosocial model [Engel, 1977]).

The aforementioned shift in the conceptualization of health and wellness was accompanied by a shift in the conceptualization of best practices for healthcare service delivery, advocating for multidisciplinary and interdisciplinary approaches to *patient* care (Drossman, 1996). The multidisciplinary approach is described as the independent involvement of healthcare providers from multiple disciplines (e.g., nurse, nutritionist, social worker) in the care of a patient (Melvin, 1980). In contrast, the interdisciplinary approach to healthcare service delivery is described as the collaboration of healthcare providers from multiple disciplines with one another to best care for the patient (Körner, 2010). Although both approaches have been shown to be effective in the delivery of healthcare services (McAlister, Lawson, & Teo, 2001; Tur, Gursel, Yavuzer, Kucukdeveci, & Arasi, 2003), evidence suggests that the interdisciplinary

approach to healthcare service delivery may yield better results than the multidisciplinary approach (Howarth, Warne, & Haigh, 2012; Körner, 2010). That said, the patient perspective regarding approaches to the rehabilitation process has yet to be examined. Additionally, populations that could benefit from novel approaches to managing injury and sickness have not been considered (i.e., tactical, military, elite sport athletes).

One specific area of healthcare of particular interest to sport psychology professionals is the rehabilitation and return to sport among elite athletes. Models within this specific domain have been largely influenced by the general healthcare domain, however, the use of holistic models to conceptualize injury rehabilitation and return to sport is lacking. This is evidenced by return-to-play decisions currently dominated by data on physical status (Herring, Kibler, & Putukian, 2012; Mazer et al., 2010). And while effective in monitoring physical healing, a sole emphasis on these data has led to suboptimal outcomes following return to sport (Ardern, Taylor, Feller, & Webster, 2012; Orchard, Best, & Verrall, 2005). In an effort to better understand these suboptimal outcomes and make strides to improve them, sport psychology professionals began to investigate the sport injury and rehabilitation process from a psychological perspective.

Early research in the sport domain borrowed largely from thanatological theory in that the losses associated with injury occurrence were compared to the losses associated with the death of a loved one, giving rise to a grief process model of injury (Evans & Hardy, 1995). The grief process model was effective in understanding emotional aspects of the injury process, but failed to consider the holistic nature of injury as well as individual differences among athlete populations (e.g., injury may not be a devastating loss to all athletes). Thus, researchers continued to develop theories that better explained the injury and rehabilitation process of athletes. To date the two most commonly accepted models of injury and rehabilitation are the

integrated model of response to sport injury and rehabilitation process (Wiese-Bjornstal, Smith, Shaffer, & Morrey 1998), and Brewer's biopsychosocial model of sport injury rehabilitation (Brewer, Andersen, & Van Raalte, 2002). The authors of both models suggest that the injury rehabilitation process involves physical, psychological, and social/contextual experiences, and prompt practitioners to treat the whole individual instead of the injury in isolation. As such, and consistent with what we have seen in the general healthcare domain, a similar push has since been made in the sport domain for more comprehensive approaches to rehabilitation among elite athletes. Although limited, the implementation of an integrated approach to performance management within sport has been documented.

A recent paper, informed by decades of professional practice knowledge, described the implementation of the Meyer athlete performance management model (MAPM) within an elite sport domain for the purpose of managing elite athlete injury and performance (Meyer, Merkur, Massey, & Ebersole, 2014). The authors of the paper suggest that in order to best facilitate performance for an athlete, representatives from the physical, technical, psychological, and operational domains should be represented and work with one another to ensure optimal athlete care. Despite the fact that anecdotal evidence would suggest that approaches such as the MAPM are effective, the expansion of these types of approaches to injury care is minimal.

To date, researchers have provided evidence for the efficacy of multidisciplinary and interdisciplinary teams within the healthcare domain, with momentum gaining for the use of holistic models within the sports medicine domain. It is conceivable that multidisciplinary and interdisciplinary approaches to *sport* injury rehabilitation would be effective in facilitating the rehabilitation process for this specific population. That said, no research to date has examined

the effect of these approaches to injury rehabilitation management on the subjective experiences of the athletes. Accordingly, the results of the current study help to fill that gap. .

Statement of Purpose

As such, the purpose of the current study was to illuminate the lived experiences of members of the same elite athlete performance management *team* through two different injury rehabilitation and return to sport Cases. In the current study the elite athlete performance management team was defined by the individuals who were most involved with the two injury rehabilitation and return to sport Cases, and included the: (a) coach, (b) sport psychology consultant, (c) physiotherapist, (d) injury rehabilitation manager, and (e) athlete.

Study Design

In an effort to obtain a rich understanding of the experiences of the individuals in the identified performance management team, employed qualitative research methodology. Specifically, Interpretative Phenomenological Analysis (IPA) was utilized to better understand two separate injury Cases involving the same performance management team. IPA is a qualitative approach to research which is aimed at (a) understanding the lived world of individual participants, and (b) positioning those experiences within relevant social and theoretical frameworks (Larkin, Watts, & Clifton, 2006). Through my role as a student of the relevant literature, I have gained an understanding of the existing models that conceptualize the injury rehabilitation and return to sport process as well as existing standards for best practices in service delivery. As I proceeded through the research process, I drew on that knowledge, thereby lending further support for the use of an IPA approach as it is an accepted part of the research process in this specific type of research methodology.

Assumptions

Considering the qualitative nature of the current study, certain assumptions were made regarding the research process and the data. First, standards among IPA researchers do not dictate that the researcher must be eliminated from the data collection process, yet the researcher must identify the biases that she possesses which may influence data collection and interpretation. Therefore, I openly identified and discussed any biases I was aware of which may have influenced the data collection and analysis processes. Second, since the data represent the subjective experiences of each participant, I assumed that each participant was honest in their responses. Furthermore, since the participants in the current study were not de-identified, I must assume that knowledge of their potential exposure did not alter their forthrightness with their experiences. Finally, due to the senior researcher's role as both a researcher and participant in the study I assumed that her answers were honest and I accepted the biases she inherently possessed in regard to knowledge of the study.

Significance

Scientific. Results of the current study fill a void in both the general healthcare and sport-specific bodies of literature, such that they provide an understanding of how the mode of service delivery impacts *all* members of an elite athlete performance management team. Specifically, the current study was one of the first to examine the subjective experiences of the athlete or patient *and* all members of the respective multidisciplinary or interdisciplinary performance management team concurrently. Furthermore, findings of the current study provide an operational definition for a multidisciplinary and interdisciplinary team as it appears within the elite sport domain.

Practical. Results of the current study also provide practical significance to professionals within the sport injury and rehabilitation domain. Specifically, through a continued working relationship between the senior researcher and the OWIA, results of the study can be reported back to relevant members of the organization. As such, consistent with evidence-based practice, the findings in the current study can be utilized to inform future work within the organization, and similar others. Additionally, results of the current study help to confirm an operational definition for two common approaches to injury and rehabilitation—multidisciplinary and interdisciplinary. Through rich description of the methods and Cases utilized, other organizations and helping professionals can evaluate the relevancy and usefulness of the findings to their own situation.

CHAPTER II: Review of the Literature

Introduction

Best practices for the care of unwell individuals has been a long and evolving discussion in the healthcare domain. Over the past century a shift has occurred from a biomedical model of healthcare service to a more holistic (i.e., biopsychosocial) model of care. The shift in models was followed by a shift in theories of best practices for service delivery, from the lone physician to multidisciplinary and interdisciplinary teams of healthcare service delivery (McAlister, Lawson, & Teo, 2001). Despite high injury incident rates among athlete populations (Engebretsen, Mountjoy, Renstrom, & Dvorak, 2009) research on the use of these biopsychosocial models in the sport domain has lagged behind. That said, sport psychology researchers began investigating the sport injury phenomenon through a psychosocial lens. In light of this early research which highlighted the multifaceted nature of the sport injury rehabilitation and return to sport experience (Weiss & Troxel, 1986), holistic sport-specific models emerged.

The most accepted and utilized models currently in the sport domain are the integrated model of response to sport injury and rehabilitation process (Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998) and the biopsychosocial model of sport injury rehabilitation (Brewer, Andersen, & Van Raalte, 2002). The authors of these models suggest that an athlete's injury rehabilitation and return to sport process is multifaceted, comprised of biological, psychological, and social/contextual factors. Thereby it is reasonable to believe that consistent with healthcare generally, multidisciplinary and interdisciplinary approaches to service delivery would be effective in the sport domain as well. One model which has emerged from decades of professional practice knowledge, the Meyer athlete performance management model (MAPM:

Meyer, Merkur, Massey, & Ebersole, 2014), exemplifies an interdisciplinary approach to athlete care. That said, application of holistic models in sport injury rehabilitation practice has been inconsistent as evidenced by the predominant biomedical emphasis in current return-to-play guidelines (Reid, Birmingham, Stratford, Alcock, & Griffin, 2007). Additionally, regardless of the model being used to inform rehabilitative practice, the patient voice is missing and warrants exploration. Taken together, in the following literature review I will provide a historical context for the patient care models in both the healthcare and sport domains. Additionally, and informed by these models, I will identify currently adopted approaches to rehabilitation delivery along with their respective limitations, which lead to the purpose of the proposed study—to illuminate the lived experiences of *all* members of a performance management team, most notably, the athlete.

Models of Health and Approaches to Healthcare Delivery

Biomedical Model

The biomedical model of healthcare service delivery, a derivative of Louis Pasteur's germ theory of disease (1864), has dominated Western medicine for the greater part of the last century. According to the biomedical model, all diseases are reduced to a biological defect, and those diseases that cannot be explained by biological defect are not considered (Johnson, 2012). Given the time period in which the biomedical model emerged, focus on biological defects alone was quite successful in reducing mortality rates around the world. Although use of the biomedical model allowed for successful treatment of patients experiencing physical disease and sickness, the rigidity of the model along with an inability to explain a large number of non-physical diseases prompted scholars to begin thinking about sickness and disease in a different way.

The Biopsychosocial Model

A shift in the medical paradigm emerged in 1977 following publication of a seminal paper by Dr. George Engel. In his paper "The Need for a New Medical Model: A Challenge for Biomedicine", Engel called into question the disregard for non-physical ailments experienced by patients as well as clinicians' failure to recognize the subjective opinions of their patients. Furthermore, almost 30 years prior to Dr. Engel's paper, the World Health Organization (WHO) published a new definition of wellness as "a complete state of physical, mental, and social well-being and not merely the absence of disease" (Official Records of the World Health Organization, no. 2, p. 100, 1948). Dr. Engel was one of the first to challenge the accepted model of medicine (i.e., biomedical model) and a physician's ability to adequately fulfill these expectations while utilizing this framework for patient care. In order to most effectively serve patient needs, Engel advocated that there must be a more comprehensive understanding of disease and sickness. Alongside a more holistic understanding of disease and sickness treatment, the biopsychosocial model prompted a focus toward health and wellness among patients, which necessitated a multifaceted understanding of what it means to be *well*. This newly adopted meaning of wellness produced, in practice, an important shift from treating the disease or biological defect to treating the whole individual (Drossman, 1996). The biopsychosocial model displays the consideration of individuals' symptoms, social and cultural context, as well as their psychological condition. Through the lens of the biopsychosocial model, diagnosis and treatment options are influenced by a variety of factors including patient age, patient-physician relationship, and structure of healthcare within the country or organization. This shift in the focus of treatment facilitated the way in which professionals approach interventions and service

delivery. Consistent with the purpose of the proposed study, relevant approaches to service delivery are discussed below.

Multidisciplinary approach to healthcare service delivery. In an effort to align best practices with the biopsychosocial model, as well as the WHO definition of wellness, a push for the increased specialization of healthcare professionals was made (Vyt, 2008). Since physicians were no longer a *one stop shop* for all health needs, a new call emerged within healthcare to combine the specializations of different professionals. The actualization of this demand resulted in the emergence of a multidisciplinary approach to healthcare service delivery. Melvin, (1980) defined this approach to healthcare as:

> Activities that involve the efforts of individuals from a number of disciplines. These efforts are disciplinary-oriented and, although they may impinge upon clients or activities dealt with by other disciplines, they approach them primarily through each discipline relating to its own activities. (p. 379)

The preceding definition of the multidisciplinary approach to health services altered the way in which service delivery occurred, and although rehabilitation services had been delivered previously in isolated circumstances (Semlyen, Summers, & Barnes, 1998), the multidisciplinary approach better aligned with the model and theory underpinning the work. In light of the accepted definition of health by the WHO, it is reasonable to believe that the utilization of a multidisciplinary approach to service delivery that incorporates a range of disciplines may help to best restore a sick individual back to complete *health*.

Researchers have examined the efficacy of multidisciplinary treatment teams on a range of outcome measures, identifying increases in functional independence (Freeman, Langdon, Hobart, & Thompson, 1997), decreases in hospital bed occupancy (Griffiths et al., 2000),

decreases in dependence on caregivers (Guagenti-Tax, 2000), and overall improvements in patient and caregiver quality of life (DiFabio, 1997; Khan, Pallant, Zhang, Turner-Stokes, 2010; Patti, Ciancio, Reggio et al., 2002; Patti, Ciancio, Cacopardo et al., 2003). Researchers have also examined the efficacy of a multidisciplinary team approach to rehabilitation services across different populations (e.g., patients with multiple sclerosis [Khan, Pallant, Brand, & Kilpatrick, 2008], pulmonary disease [Griffiths et al., 2000], coronary heart disease [Jones & West, 1996; Stewart, Marley, & Horowitz, 1999; World Health Organization, 1983]). Findings from select studies examining the effectiveness of multidisciplinary approaches to intervention delivery among differing populations are summarized below.

In a study of the effectiveness of a multidisciplinary, home-based, rehabilitation intervention for patients with congestive heart failure, participants were randomly assigned to either a usual care group (n = 100; f = 41; 76.1 ± 9.3) or a treatment group (n = 100; f = 35; 75 ± 7.1). Both the usual care and treatment participants followed the regular discharge protocol employed by the hospital. The protocol included inpatient- and community-based contact with a cardiac rehabilitation nurse, dietician, social worker, community nurse, as well as a two-week follow up meeting with the primary care physician and/or the cardiology outpatient clinic. The treatment group received an additional multidisciplinary home-based treatment, which consisted of home visits by a cardiac nurse in an effort to evaluate current health level, adherence to diet and exercise, and social support. The physician and cardiac nurse then made recommendations, and when appropriate, family counseling services were offered. At a six-month follow-up, significantly more treatment group patients had remained free of cardiac events when compared to usual care group patients (i.e., 38 vs. 51, $p = 0.04$). Furthermore, at six-months, the usual care treatment group had 118 unplanned readmissions to the hospital compared to only 68 unplanned

readmissions in the treatment group ($p = 0.04$). Results of the study suggest a multidisciplinary home-based mode of intervention delivery may be more effective in reducing cardiac event reoccurrence and hospital readmission (Stewart et al., 1999).

In a more recent study (Griffiths et al., 2000) investigating a multidisciplinary approach to treating pulmonary disease (e.g., asthma, chronic bronchitis, emphysema), patients were randomly assigned to either the rehabilitation (n = 99; f = 38; 68.2 ± 8.2) or the control (n = 101; f = 42; 68.3 ± 8.1) group. The rehabilitation group engaged in a multidisciplinary rehabilitation program including two-hour sessions, three times a week for six weeks with staff from occupational therapy, physiotherapy, and dietetics. Each session was comprised of both an educational and individualized exercise component. Individuals assigned to the control group continued with typically planned outpatient/primary care follow up for one year. Both groups were assessed on physical and psychological measures at baseline, six weeks, and finally at the one-year follow-up. Although no F tests were reported, authors indicated that the rehabilitation group experienced significant improvements in many areas of general health (e.g., physical functioning, role limitation, mental health), and the number of days spent in the hospital following their discharge was approximately half in comparison to the control group counterpart. Results of the study offer further empirical support for the use of a multidisciplinary approach to rehabilitation delivery.

The effectiveness of a multidisciplinary approach to healthcare delivery, as found in the literature, supports its continued use over traditional forms of healthcare delivery (i.e., the lone physician). That said, a lack of communication between members of the multidisciplinary healthcare team prompts researchers and practitioners alike to consider alternative modes of service delivery – namely an interdisciplinary approach (Shofield & Amodeo, 1999; Vyt, 2008).

In a recent study, Körner (2010) more clearly delineated multidisciplinary and interdisciplinary approaches to healthcare, and used the perceptions of healthcare professionals to compare the efficacy of the two approaches. Results of the study indicated that the interdisciplinary approach is preferred over the multidisciplinary approach, thus prompting research into the effectiveness of this mode of service delivery.

Interdisciplinary approach to healthcare service delivery. The interdisciplinary team approach for the delivery of healthcare services is similar to the multidisciplinary team approach in that both involve the utilization of multiple disciplines in order to holistically treat patients toward complete wellness. In both approaches there is the belief that it takes helping professionals representing different disciplines or specialties to best serve the patient, yet in the interdisciplinary approach there is a call for interdependence (or, communication and cooperation) between helping professionals and the patient to augment the level of care. Melvin (1980) described the interdisciplinary approach to patient care as "synergistic, producing more than each individually and separately could accomplish" (pg. 380). Although this approach has been tested in a limited capacity, findings to date show promise for its continued use and expansion to different healthcare domains.

In an early study, Semlyen et al. (1998) examined the efficacy of an interdisciplinary team approach for the treatment of traumatic brain injury. Upon hospital discharge, patients in the study were sent to either the Hunters Moor Regional Rehabilitation Center ($n = 33$; $f = 15$; 36 ± 13) or a local hospital ($n = 18$; $f = 16$; 30 ± 12). Caregivers of both sets of patients were also recruited to participate in the study ($N = 51$). Patients who were sent to the Hunters Moor Rehabilitation Center experienced treatment delivered by a team of nurses, physiotherapists, speech and language pathologists, clinical psychologists, occupational therapists, rehabilitation

medicine, counseling, and social work professionals who oversaw daily therapy and set goals together with the patient. Patients who were sent to local hospitals received treatment from a variety of professionals, each professional with her own individual goals for the patient's recovery. All patients were tested on their functional independence at four, eight, and twelve weeks, as well as 6, 12, and 24 months post-injury, and caregivers were assessed on measures of quality of life at 12 weeks, 6 months, and 12 months post-injury. At 12 months post-injury, differences in functional independence no longer existed between the patients at the Hunters Moor Rehabilitation Center and those at local hospitals, despite the fact that patients at the Hunters Moor Rehabilitation center were significantly more impaired at the onset of the study. The caregivers aiding patients at Hunters Moor Rehabilitation Center reported improvements across time in all areas of general quality of life, while the caregivers of patients at other rehabilitation centers reported higher somatic symptom scores ($t = 4.26$, $p = 0.57$) and higher social dysfunction scores ($t = 2.14$, $p = 0.57$). The results of the study suggest that the interdisciplinary approach to rehabilitation offers promising results for both the patient and those responsible for their care.

In a more recent study (Richardson et al., 2014), researchers examined the use of an interdisciplinary team to deliver treatment among adolescents (aged 13-18 years) experiencing symptoms of major depression. Participants were randomly assigned to either the intervention group ($n = 50$) or the control group ($n = 51$). The intervention consisted of a collaborative effort between the depression care manager, patient, and family to best facilitate treatment of the major depression. Patients in the control group received a letter summarizing the diagnosis and a suggestion to pursue depression care. No significant differences existed between the two groups on baseline levels of depression, as measured by the Child Depression Rating Scale-Revised

(CDRS-R). However, results of regression analysis calculations revealed at 6 months post-baseline, the children in the intervention group had an 8.5-point greater decrease in their CDSR-R scores, indicating a reduction in severity of their depression (95% CI, −13.4 to −3.6; $p = .001$). A similar trend was seen again at 12 months post-baseline, such that the intervention group achieved a 9.4-point greater decrease in their CDSR-R scores in comparison to the control group (95% CI, −15.0 to −3.8; $p = .001$). Combined, these results indicate that a collaborative team effort may be an effective way to deliver interventions among adolescents with depression. While these are the only two studies to date that have investigated the effects of an interdisciplinary team approach on patient outcome measures, the results suggest the efficacy of this approach to intervention delivery among a variety of populations.

In addition to research which uses outcome data to support the efficacy of interdisciplinary care approaches in a variety of populations, another area of empirical research uses the perceptions of the helping professionals to support the continued use and investigation of interdisciplinary approaches to healthcare service delivery. Research in this area has focused on perceptions of collaboration (Sinclair, Longard, & Mohabeer, 2009), group cohesion, work satisfaction, and work climate (Farrell, Schmitt, & Heinemann, 2001; Schofield & Amodeo, 1999). For example, in the previously mentioned study by Körner (2010), a cross-sectional, descriptive-explorative design was utilized to assess healthcare professionals' perceptions of multidisciplinary and interdisciplinary team approaches to service delivery. Healthcare professionals at 23 different clinics (interdisciplinary teams = 12, multidisciplinary teams = 11) completed questionnaires regarding teamwork and staff satisfaction, as well as their perceptions of the interdisciplinary or multidisciplinary team. Results of the *t*-test for independent samples revealed that the interdisciplinary teams scored higher than the multidisciplinary teams in areas

of organization and communication (T = -3.171, p = 0.002), and workplace atmosphere (T = -1.112, p = 0.0267). The findings of this study are consistent with other empirical studies as well as theoretical and professional practice evidence (Farrell et al., 2001), and suggest that while multidisciplinary approaches to service delivery can be effective, the preferred mode of delivery is the interdisciplinary team approach.

Collectively within the healthcare domain, there is evidence to suggest that the accepted model of healthcare has significant influence over the way in which healthcare services are delivered. Current evidence (McAlister et al., 2001; Semlyen et al., 1998; Stewart et al., 1999; Tur, Gursel, Yavuzer, Kucukdeveci, & Arasil, 2003; Williams, Frankel, Campbell, & Deci, 2000) strongly supports the use of either the multidisciplinary approach or the interdisciplinary approach to treatment over traditional medical models of treatment. That said, according to the perspectives of helping professionals within both environments, an interdisciplinary approach may yield superior results over a multidisciplinary approach (Howarth, Warne, & Haigh, 2012; Körner, 2010; Neumann, Gutenbrunner, Fialka-Moser, Christodoulou, Varela, Giustini, & Delarque, 2010). And while current literature is helpful in understanding best practices of intervention delivery, gaps and limitations do exist which warrant further investigation.

One limitation of studying multidisciplinary and interdisciplinary approaches to healthcare is an inconsistent use of the two terms. Previous research has suggested distinct definitions between these two forms of service delivery (Melvin, 1980; Körner, 2010), yet neither practitioners nor researchers have consistently operationalized the approach according to these definitions (Schofield, & Amodeo, 1999; Semlyen et al., 1998). The interchangeable or synonymous use of these two terms is counterfactual considering literature has clearly described them as different, and more importantly, literature has found the two approaches yield different

outcomes (Körner, 2010; Neumann et al., 2010). To provide clarity on this front, researchers and practitioners should be *consistent* in operationalizing approaches in their scientific and applied efforts. Another limitation in the current body of literature is an omission of the patient voice in intervention research. Although current literature shows promise for the continued use of multidisciplinary and interdisciplinary modes of intervention delivery, it is important to understand the perceptions and experiences of the patients served. Only then will researchers and clinicians more fully understand the advantages and disadvantages of delivering interventions by means of multidisciplinary or interdisciplinary teams. A final limitation of the current body of literature is the dearth of populations considered in healthcare research, specifically as it relates to modes of rehabilitation delivery. Populations such as members of the military as well as tactical and sport athletes are missing from the rehabilitation research despite the plausible need these individuals have for better modes of rehabilitation delivery.

Due to the high physical demands experienced by elite athletes on a regular basis, injury is a common phenomenon (e.g., 1055 injuries were reported during the 2008 Olympic games in Beijing, China [Engebretsen et al., 2009]). However, research in the healthcare domain has failed to recognize and examine injury and rehabilitation among this specialized yet sizeable population. Thus, sport psychology professionals began developing theories and models to facilitate a holistic understanding of the sport injury and rehabilitation process. Before reviewing the most commonly accepted models of injury rehabilitation and return to sport, I will provide an overview of the historical landscape of sport injury models in an attempt to explain the movement from a biomedical understanding of injury to the present day understanding of injury within this specific population.

Models of Injury and Rehabilitation in Sport

Biomedical Model

The way in which healthcare has been conceptualized and practiced in medicine generally has informed a paralleled progression of the way injury and rehabilitation are conceptualized in a sport-specific context. Consistent with practice in general healthcare, as discussed above, the biomedical model has also dominated the sport domain for decades. Informed by the biomedical model, the focus of injury rehabilitation interventions is the injury (i.e., rotator cuff tear) or the affected body part (i.e., shoulder), rather than the athlete as a whole. Although researchers (Ardern, Taylor, Feller, & Webster, 2012; Bianco, Malo, & Orlick, 1999; Pearson & Jones, 1992; Podlog, Kleinert, Dimmock, Miller, & Shipherd, 2012) have documented the multifaceted nature of injury rehabilitation experiences within sport, the treatment of injuries has remained largely biomedical in practice. That is, practitioners adopt a sickness focus aimed to rectify a physical defect which limits the athlete's performance in some way.

Within the sport domain, the biomedical model of injury rehabilitation is most represented in return-to-play decision guidelines (Creighton et al., 2010; Herring, Kibler, Putukian, 2012; Mazer et al., 2010). These guidelines serve as the primary resource for practitioners during rehabilitation, and inform decisions about whether the athlete is ready to return-to-*play*. Although effective tools, the guidelines are dominated by physical measures (e.g., range of motion [Myklebust & Bahr, 2005], strength, flexibility [Orchard, Best, & Verrall, 2005], and functional movement [Reid et al., 2007]), and rarely consider other factors contributing to an athlete's successful return-to-play. The efficacy of these return to sport guidelines comes into question when one considers the data surrounding athletic injury and

recovery. For example, the injury reoccurrence rate in Australian Rules football are cited at 30% (Orchard et al., 2005). Additionally, up to 50% of athletes returning to sport following an anterior cruciate ligament (ACL) reconstruction claim not feeling able to return to pre-injury levels of performance (Feller & Webster, 2003; Kvist, Ek, Sporrstedt, & Good, 2005), and up to 32% of athletes returning from injury either did not return to competition, lowered their level of play when they did return, or changed the sport in which they participated (Ardern et al., 2012). These suboptimal outcomes continued to occur despite athletes being deemed physically *ready* to return back to play according to return-to-play guidelines. Such findings prompted the need to further investigate other factors that may be important in facilitating recovery and return to sport.

The results of qualitative and quantitative research examining the athlete injury experience indicated that throughout the rehabilitation and return to sport process, athletes consistently experience psychological concerns (Johnston & Carroll, 1998; Leddy, Lambert, & Ogles, 1994; McGowan, Pierce, Williams, & Eastman, 1994; Pearson, & Jones, 1992). The unequivocal findings from this line of research suggest that physical and psychological recovery from injury do not necessarily coincide. Thus, a call went out to identify comprehensive models for understanding the experience of athlete injury, rehabilitation, and return to sport. A review of the most accepted and utilized models for injury, rehabilitation, and return to sport ensue.

Grief Process Model

The first step toward a more comprehensive understanding of the injury and rehabilitation experience came in the form of process models, largely adapted from established thanatological models (i.e., On Death and Dying; Kubler-Ross, 1969). In the grief process model, Kubler-Ross suggests that all individuals experiencing loss will move through five phases of emotions: (a) disbelief, denial, and isolation; (b) anger; (c) bargaining (d) depression; and (e) acceptance and

resignation. The early sport psychology professionals argued that the athlete injury experience paralleled a loss experience, thus they began utilizing this framework to better understand the psychological experiences of athletes undergoing injury and rehabilitation. Sport psychology professionals soon recognized that although both death and injury involved a significant loss, there were differences in the way individuals responded to each loss. Furthermore, every athlete did not have the same negative emotional response to injury, thereby prompting adaptations to the Kubler-Ross model for this unique population. One example of these adaptations was the switch from a linear understanding of these emotions to a cyclical understanding, such that all athletes may not experience all emotions in the same order or without relapses to previous states of emotion (Evans & Hardy, 1995; McDonald & Hardy, 1990). While the grief process model was helpful to sport psychology professionals seeking to explain the emotions experienced by athletes, limitations to its usefulness became apparent. Specifically, the model provides a *one size fits all* approach to the psychosocial response to sport injury and rehabilitation. For example, the grief process model does not adequately describe the athlete who perceives injury as an opportunity to train less and study or socialize with friends more regularly. Therefore, sport psychology professionals continued to examine and theorize more appropriate frameworks through which injury and rehabilitation could be viewed, resulting in the emergence of cognitive models of sport injury which are reviewed next.

Cognitive Appraisal Models

Informed by early research conducted on injury rehabilitation and return to sport experiences (Gordon, 1986; Ievleva & Orlick, 1991; Pederson, 1986; Rose & Jevne, 1993; Weiss & Troxel, 1986) in conjunction with theoretical inferences from the healthcare practice literature, comprehensive models have begun to emerge which extend the understanding of sport injury and

rehabilitation as a multifaceted experience. Developers of cognitive models recognized the benefit of grief process models, and posit that the two are not mutually exclusive. Rather, an adaptation of the grief process model is found in currently accepted cognitive models of injury and rehabilitation. To date, the most widely accepted and utilized models in sport injury rehabilitation are the integrated model of response to sport injury (Wiese-Bjornstal et al., 1998) and the biopsychosocial model of injury rehabilitation (Brewer et al., 2002). Research surrounding the experiences of athlete's throughout injury, rehabilitation, and return-to-play experiences has confirmed the need for these models in that athletes (Bianco et al., 1999; Bianco, 2001; Podlog & Eklund, 2005, 2006), coaches (Podlog & Eklund, 2007), parents (Podlog et al., 2012), and athletic trainers (Clement, Granquist, & Arvinen-Barrow, 2013) alike have identified the injury and rehabilitation process as a physical, psychological, and social experience.

The integrated model of response to sport injury. The integrated model of response to sport injury (Figure 1; Wiese-Bjornstal et al., 1998) was the first model in sport to holistically describe an athlete's path toward return to sport following injury. At the core of the model is the athlete's cognitive appraisal of the injury. The appraisal is informed by a number of personal (e.g., injury severity, injury history, athletic identity, psychological skills) and situational (e.g., level of competition, playing status, sport medicine team influences) factors. As a result of the initial cognitive appraisal of the injury, an athlete will have an emotional response, which directly affects his behaviors. Although it is generally thought that cognitive appraisals will dictate an emotional response, which will then affect a behavioral response, Wiese-Bjornstal et al. propose that the reverse can be true as well. That is, behaviors can influence an emotional response, which will then dictate a new or different cognitive appraisal. This cyclical pattern of an athlete's appraisals, emotions, and behaviors comprise the dynamic core of the integrated

model. The valence of the dynamic core (i.e., negative vs. positive thoughts, emotions, behaviors) will either facilitate or hinder rehabilitation outcomes for the athlete. Thus, Wiese-Bjornstal et al. suggest that the dynamic core should be interpreted to be three dimensional in nature such that positive thoughts, emotions, and behaviors foster an upward cycle toward positive rehabilitation outcomes, while negative thoughts, emotions, and behaviors result in a downward cycle toward negative rehabilitation outcomes. For example, if an athlete appraises her injury as catastrophic to her career, emotional responses could be fear of the unknown, anger, and grief. Those emotions will then effect the way she engages with her rehabilitation, such that motivation to rehabilitate may be low and she may begin to engage in risky and maladaptive behaviors. This cycle may continue in a negative pattern until the athlete, either alone or through outside intervention, disrupts the circuit in such a way to elicit positive thoughts, emotions, or behaviors. This model will also hold true for athletes whose positive thoughts, emotions, and behaviors result in adaptive coping to the injury and rehabilitation process.

At the top of the integrated model, the authors include an adapted version of a previously published pre-injury model by Andersen and Williams (1988), whereby they describe the way in which pre-injury factors can influence an athlete's susceptibility to incurring an injury. Factors highlighted in the pre-injury model are an athlete's personality, their history of stressors, their coping resources, and interventions which may be delivered to mitigate injury potential. These factors interact to influence an athlete's cognitive appraisal of potentially stressful situations and subsequent risk of injury, and also have an impact on the process of rehabilitation as they interact with post-injury factors identified by Wiese-Bjornstal et al. Additionally, as the athlete experiences an injury, that becomes an additional stressor to his or her lived experiences and is considered a part of the pre-injury stressors.

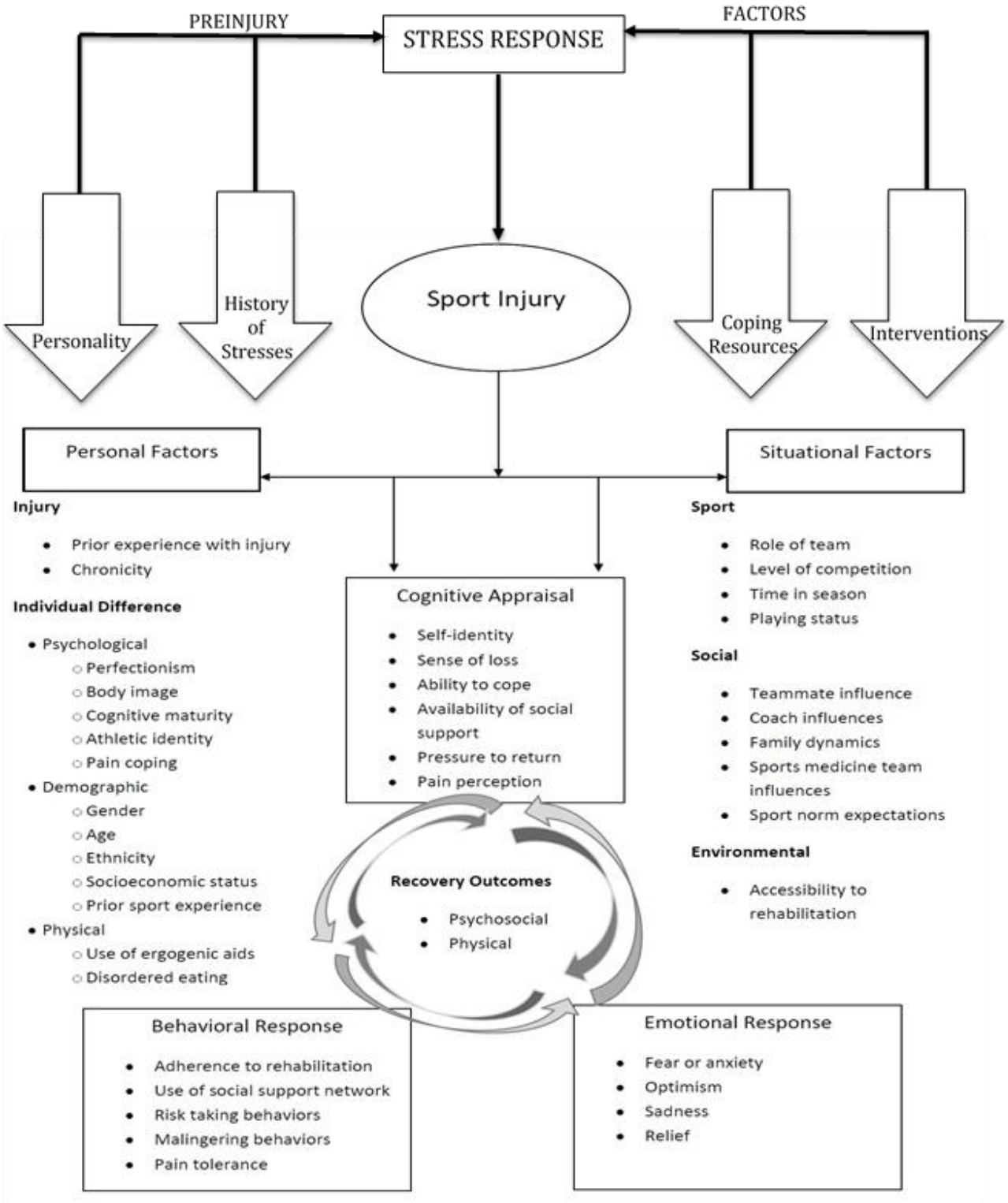

Figure 1. Adapted from "An Integrated Model of Response to Sport Injury: Psychological and Sociological Dynamics," by Wiese-Bjornstal et al., 1998, *Journal of Applied Sport Psychology*, 10, 46-69.

Since its publication, the integrated model of response to sport injury has been utilized as a framework through which researchers can investigate specific aspects of an athlete's recovery process. Although the model in total has yet to be studied, research has been conducted on certain aspects of the model and supports its continued use. To that end, support has been found for the need to consider the psychological response to sport injury and rehabilitation (Brand & Nyland, 2009; Heredia, Munoz, & Artaza, 2004; Johnston & Carroll, 1998; Meyer & Ebersole, 2007; Tracey, 2010). Support has also been found for the efficacy of interventions informed by the factors identified as significant to the rehabilitation process by Wiese-Bjornstal et al. such as: (a) imagery (Cupal & Brewer, 2001; Evans, Hare, & Mullen, 2006; Milne, Hall, & Forwell, 2005), relaxation (Dawson, Hamson-Utley, Hansen, & Oplin, 2014), coping (Wadey et al., 2014) (b) self-motivation (Brewer et al., 2000), and (c) social support (Mitchell, Evans, Rees, & Hardy, 2013; Mitchell, 2011; Rees, Mitchell, Evans, & Hardy, 2010a, 2010b; Yu & Hsu, 2013). Regarding social support specifically, it is one of the few factors to have been evaluated from the perspective of the athlete (Bianco, 2001; Clement & Shannon, 2011; Robbins & Rosenfeld, 2001). Finally, researchers have also identified support for the cyclical or dynamic nature of rehabilitation in that throughout the process of rehabilitation, cognitions, emotions, and therefore behaviors tend to change (Carson & Polman, 2008; Langford, Webster, & Feller, 2008; Morrey, Stuart, Smith, & Wiese-Bjornstal, 1999).

One recent study investigated the effect of re-injury anxiety and coping skills on return to sport outcomes (Wadey et al., 2014), thereby highlighting the way in which personal factors can influence the dynamic core of the integrated model. Researchers in the study sampled 335 injured elite athletes (f = 126, 23.5 ± 6.6 years) from a variety of sports such as soccer (n = 55), American football (n = 39), and basketball (n = 36). Athletes reported their level of re-injury

anxiety upon return to sport (Re-injury Anxiety Inventory Re-entry subscale [RIAI-RE]; Walker, Thatcher, & Lavallee, 2010), their coping strategies (MCOPE; Crocker, Kowalski, & Graham, 1995), and their perceived return to sport outcomes (Return to Sport After Serious Injury Questionnaire [RSSIQ; Podlog & Eklund, 2005]). Results of the multiple mediation model revealed that maladaptive coping behaviors (i.e., denial [indirect effect = 0.04, *SE* = 0.02; 0.007, 0.10], wishful thinking [indirect effect = 0.06, *SE* = 0.02; 0.02, 0.12], venting of emotions [indirect effect = 0.05, *SE* = 0.02; 0.01, 0.10]) mediated the relationship between RIAI-RE and RSSIQ. These findings support the relationship between the dynamic core and rehabilitation outcomes as proposed by Wiese-Bjornstal et al., in that re-injury concerns and negative coping behaviors increase the likelihood for negative rehabilitation outcomes (i.e., return-to-play concerns). Furthermore, the reversed cyclical nature of the relationship between the dynamic core and rehabilitation outcomes was reinforced in that individuals who had higher levels of re-injury anxiety were more likely to display these maladaptive behaviors and further increase negative rehabilitation outcome measures. Results of this study lend support to the dynamic core of the integrated model and suggest continued investigation into these cyclical relationships.

As indicated above, many aspects of the integrated model are relevant among athletes experiencing injury and rehabilitation. These findings suggest that the integrated model of response to sport injury may be a good framework through which researchers and practicing professionals can better understand the injury and rehabilitation process. That said, limitations of the model warrant further investigation. For one, the ways in which personal and situational factors may interact with each other to influence the dynamic core are not considered in the model. Additionally, a thorough explanation regarding the effects of physical recovery (or lack thereof) on the dynamic core (i.e., cognitive appraisal, emotional response, behavioral response)

is lacking. Therefore, researchers continued to explore other frameworks to better understand the sport injury process.

The biopsychosocial model of sport injury rehabilitation. Emerging from the aforementioned model of response to sport injury is another comprehensive model which facilitates our understanding of the sport injury and rehabilitation experience. Similar to the integrated model of response to sport injury, Brewer et al.'s biopsychosocial model of sport injury rehabilitation illustrates that psychological, social and contextual, as well as socio-demographic factors will determine sport injury rehabilitation outcomes (see Figure 2). Their model fills two gaps commonly identified in Wiese-Bjornstal et al.'s integrated model (Walker, Thatcher, Lavallee, 2007): (a) explaining the *interaction* between identified factors (i.e., biological, sociological, psychological) as significant determinants of injury rehabilitation outcomes rather than independent contributors of injury rehabilitation outcomes; and (b) offering a more in-depth explanation of how the biological aspects of recovery, or lack thereof, will affect psychological aspects of rehabilitation and ultimately rehabilitation outcomes. Brewer et al. suggest in the biopsychosocial model that both the specific characteristics of the injury (e.g., severity, location, history) and the sociodemographic factors of the individual (e.g., age, gender, race) will have a direct influence on the biological factors (e.g., endocrine, sleep, immune functioning), psychological factors (e.g., personality, cognition, behavior), and social/contextual factors (social network, rehabilitation environment, life stress) of an individual athlete. These biopsychosocial factors will then interact with one another in determining the intermediate biopsychological outcomes (e.g., range of motion, strength, pain), ultimately facilitating or impeding rehabilitation outcomes. The psychological factors are also proposed to directly influence the sport injury rehabilitation outcomes (e.g., functional performance, quality of life,

treatment satisfaction), thereby highlighting the importance of these factors in determining the ability of an athlete to successfully return to sport following injury. Brewer et al.'s biopsychosocial model demonstrates another effective framework for researchers and practicing professionals to better understand the injury and rehabilitation experiences of athletes.

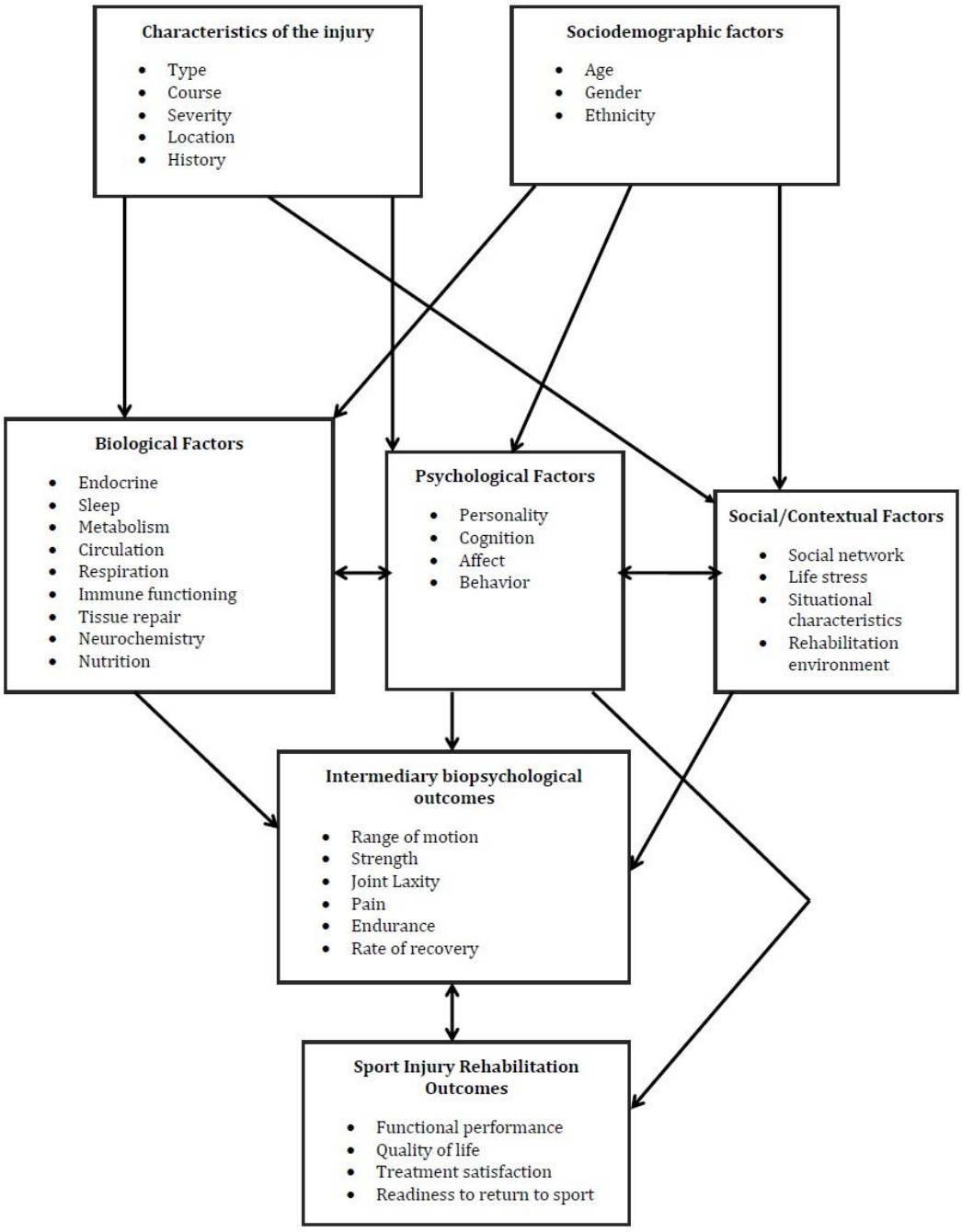

Figure 2. Biopsychosocial model of sport injury and rehabilitation "Psychological Aspects of Sport Injury Rehabilitation: Toward a Biopsychosocial Approach," by Brewer et al., 2002, *Medical and Psychological Aspects of Sport and Exercise*, 41-54.

Research that supports Brewer et al.'s biopsychosocial model of sport injury rehabilitation also supports Wiese-Bjornstal et al.'s model in ways that include but are not limited to: (a) personal factors (e.g., level in sport [Podlog & Eklund, 2009; Rees et al., 2010]; (b) injury history [Kvist et al., 2005; Meyer & Ebersole, 2007; Wadey et al., 2014]; (c) age and gender [Dawson et al., 2014; Johnson, 1997]); and (d) psychological factors (e.g., motivation [Levy, Polman, & Clough, 2008; Podlog & Eklund, 2005], self-efficacy [Milne, Hall, & Forwell, 2005], emotional responses [Bianco, 2001]). Additionally, interventions informed by both Brewer et al.'s biopsychosocial model and Wiese-Bjornstal et al.'s integrated model have also been investigated in the literature (e.g., social support [Bianco, 1999; Clement & Shannon, 2011; Rees et al., 2010], imagery [Evans et al., 2006; Milne et al., 2005], self-efficacy [Milne et al., 2005], relaxation, breath control [Dawson et al., 2014]), and provide support for continued use of such interventions.

One study specifically aimed at supporting Brewer et al.'s biopsychosocial model investigated the effect of psychological strategies on levels of cortisol and perceived stress (Dawson et al., 2014) among college students (N = 97; 20.65 ± 4.38 years). Researchers delivered either a visual imagery script (i.e., cognitive group), deep breathing exercises (i.e., somatic group), or ambient nature sounds (i.e., control group) to students in three randomly assigned groups. Salivary samples and levels of perceived stress (Stress-O-Meter [SOM]; Perceived Stress Scale [PSS]; Oplin & Hesson, 2010) were collected before and after delivery of one of the three 15-minute scripts (i.e., cognitive, somatic, control). Results of a one-way analysis of variance (ANOVA) revealed that differences existed in cortisol levels between participants in the three groups ($F(2,97) = 15.62$, $p < .0010$), such that cortisol levels among those in the cognitive and somatic groups were significantly lower than cortisol levels among

those in the control group. Furthermore, perceived levels of stress were higher for females on both the SOM (5.15 ± 1.796) and PSS (18.31 ± 5.833) when compared to males (SOM [4.25 ± 1.741]; PSS [15.272 ± 5.390]). The results of the study indicate that the two psychological interventions employed (i.e., imagery, breathing exercises) may be a beneficial way to reduce stress, which according to Brewer et al., may be a beneficial way to facilitate rehabilitation outcomes. Results of the study also support both the biopsychosocial and the integrated models inclusion of personal factors such as gender whereby levels of perceived stress appear to be influenced by an individuals' gender. Although much support exists for both models, many factors identified as important to understanding an athlete's injury rehabilitation and return to sport experience have yet to be investigated and empirically validated (e.g., performance management team influences, rehabilitation environment influences).

As indicated above, evidence exists to suggest that both the integrated model of response to sport injury and the biopsychosocial model of sport injury rehabilitation provide a framework through which injury and rehabilitation can be studied. That said, gaps in the literature and limitations in practice remain and warrant exploration. Notably, there is a paucity of research examining the lived experiences of athletes served by these models. Although the athlete voice is evident in other areas of the sport psychology literature (e.g., factors deemed important to successful Olympic performance [Gould, Guinan, Greenleaf, Medbery, & Peterson, 1999; Greenleaf, Gould, & Dieffenbach, 2001]), it is largely missing in the injury rehabilitation literature. For example, one factor proposed to affect rehabilitation outcomes is the performance management team (Wiese-Bjornstal et al., 1998). However, no research to date has been conducted to understand how the performance management team can influence injury rehabilitation and return to sport experiences from the perspective of the injured athlete. Future

research should investigate the way in which the type and functioning of a performance management team affect the subjective experiences of the athletes. Furthermore, research in the sport domain has unequivocally identified injury rehabilitation as a multifaceted experience, and healthcare literature supports the delivery of interventions through multidisciplinary or interdisciplinary teams. However, despite these research findings, injury and rehabilitative care of athletes remains predominantly biomedical in nature. The continued emphasis on biomedical indicators of readiness to return-to-play suggest that research findings are not being consistently transferred into professional practice, with deleterious consequences (e.g., high re-injury rates [Steffen et al., 2010], cessation of sport participation [Ardern et al., 2012; Wadey et al., 2014]). As such, future research should aim to understand the lived experiences of the athletes *and* the performance management professionals who surround the athletes, as well as better understand the usefulness of current rehabilitation models in actual professional practice.

Integrated Models of Athlete Care

Two recent pieces of literature that demonstrate bridging the gap between research and professional practice knowledge are the integrated performance health management and coaching model (Dijkstra, Pollock, Chakraverty, & Alonso, 2014), and the Meyer athlete performance management model (Meyer, Merkur, Ebersole, & Massey, 2014). Both of these models, rooted in professional practice knowledge, provide frameworks for intervention research and are discussed in more detail below.

The Integrated Performance Model

The integrated performance health management and coaching model emerged in the literature following the 2012 Olympic Summer Games in London, whereby a United Kingdom sports medicine team employed the use of components of this model to help manage sick and

injured athletes through the Olympic Games. Dijkstra et al. recognized that using the traditional biomedical model may incorrectly withhold or permit athletes to compete in sport. Consistent with an integrated approach to service delivery, sport injury management requires considerations beyond biological markers (e.g., an athlete's determination and psychological readiness to compete may enable her to overcome identified physical deficiencies). The authors termed this approach to athlete care management "preference-evidence practice" (pg. 525) such that when making return-to-play decisions, sports medicine professionals must consider both the preference of the athlete and performance management team, in conjunction with the evidence surrounding the benefits and risks of competing. As such, Dijkstra and colleagues suggest that elite sport team members should consider an athlete's wellness along a continuum rather than as a dichotomous state (i.e., injured or healthy). For example, when determining post-injury readiness to compete, an athlete in conversation with the members of his elite sports team may decide that the assumed risks (i.e., lower level of performance, re-injury) of competing are worthwhile at the Olympic Games, but may not be worthwhile at a regional or national level competition. Conversely, it is important to consider the possibility that while biological markers may indicate that an athlete is ready to compete, psychological factors may limit her readiness to return to competition. Both situations highlight the importance of holistic decision-making with input from different members of the performance management team, most importantly the athlete. Ultimately the decision whether to compete should be the athlete's, thus providing true patient- or athlete-centered care. Although seemingly effective during the 2012 Olympic Summer Games, no evidence exists of attempts to implement this model in other settings or to evaluate its effectiveness.

The Meyer Athlete Performance Management Model

Similarly, the Meyer athlete performance management model (MAPM [Figure 3; Meyer et al., 2014]) is informed by decades of professional practice knowledge and places the athlete in the center of a performance *team*. This team consists of helping professionals from the physical, technical, operations, and psychological domains, whose respective roles within the team are dynamic and influenced by the athlete's current situation. For example, if a healthy athlete is preparing for several competitions in one week, he may spend more time with helping professionals from the physical (i.e., athletic training, physiotherapy, massage therapy) and technical (i.e., coaching) domains. Conversely, if an athlete is injured and working to rehabilitate an ACL reconstruction, she may spend more time with helping professionals from the physical (i.e., strength and conditioning, athletic training) and psychological (i.e., sport psychology consultant) domains. Meyer et al. further suggest that in order to most effectively treat the athlete, the helping professionals from all domains must work collaboratively to manage the needs of the athlete.

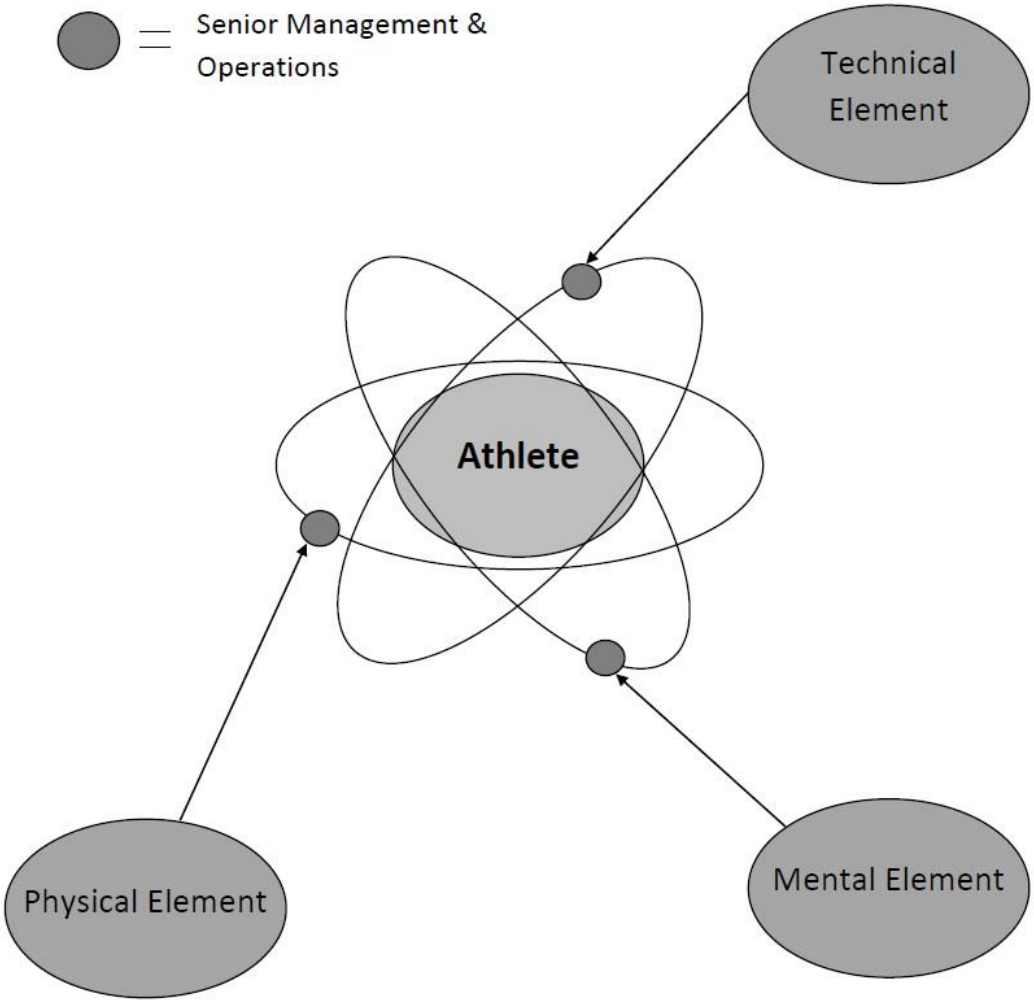

Figure 3. Meyer Athlete Performance Management Model, "The realities of working in elite sport. What they didn't teach you in graduate school", by Meyer et al., 2014, *Case Studies in Sport Science and Medicine.* CreateSpace.

Conclusion

Both the integrated model proposed by Dijkstra et al. and the MAPM proposed by Meyer et al. are consistent with interdisciplinary modes of healthcare delivery seen in the previously reviewed literature. As such, it is reasonable to believe that both models of athlete care would be facilitative in framing rehabilitation management among athletes. While both models *have* been

supported by years of professional practice knowledge, empirical evidence is lacking. Furthermore, the athlete voice amidst both models is absent, and therefore the effect of these approaches on the subjective experience of athletes is unknown. In order to better understand the usefulness of either model, the athlete's voice needs to be heard, as do their perceptions of how these various approaches to athlete management affect their experiences within a sport injury and rehabilitation context. Thus, the purpose of the current study was to illuminate the subjective perceptions and lived experiences of members of the same performance management team, including the athlete through her two injury rehabilitation and return to sport Cases.

Chapter III: Methods

Introduction

In an effort to fill gaps identified in the sport injury rehabilitation literature, the purpose of the current study was to illuminate the subjective perceptions and lived experiences of members of the same performance management team, including the athlete, through two injury rehabilitation and return to sport Cases. To accomplish the aforementioned purpose, a qualitative research methods approach was utilized. A description of the study design as well as a rationale for the chosen design are addressed below.

Study Design: Interpretative Phenomenological Analysis

In the current study Interpretative Phenomenological Analysis (IPA; Smith, 1996) was employed with two injury Cases involving one elite athlete in the year leading up to the 2014 Olympic Winter Games (OWG) in Sochi, Russia. Interpretative Phenomenological Analysis is a qualitative research approach designed to facilitate understanding of the participants' world and subjective experiences, typically as they relate to a specific event or phenomenon common to all participants being interviewed (Chapman & Smith, 2002). IPA emerged from traditional theory of phenomenology, hermeneutics, and idiography, which are described below. From theory of phenomenology, which is the study of experience, IPA scholars expanded their focus on the perceptions and experiences of the individual to include the context or environment in which that individual is immersed (Smith et al., 2009). From theory of hermeneutics, which is the theory of interpretation, IPA scholars ascribe to the hermeneutic circle. That is, in order to understand the whole (e.g., the complete transcript) we must investigate the parts (e.g., the individual sentences), and in order to investigate the parts we must consider the whole (Smith et al., 2009). From theory of idiography, which is concerned with the particular, not with making generalizing

claims, IPA scholars focus on two levels of concern: (a) concern with detail, which requires an in-depth systematic analysis; and (b) concern with particular people in particular situations, which requires small purposively-selected and carefully situated samples (Smith et al., 2009).

While IPA is similar to traditional theories of phenomenology, hermeneutics, and idiography in several ways, it is different from traditional theories in other ways. One such difference involves the role of the researcher in the data collection process. Some qualitative researchers suggest that the perceptions of an event will *always* be constructed by the participant and researcher, yet others suggest the researcher's influence should be absent from data collection and analysis. Scholars of IPA subscribe to the former belief and therefore suggest that it is the role of the researcher to report the participant's perception as accurately as possible, but understand the role the researcher inherently plays (Larkin, Watts, & Clifton, 2006). Another difference between current standards of IPA and the traditional theories involves the depth of background literature reviewed prior to beginning the data collection process. Specifically, IPA adopts a double hermeneutic in that it centers itself between hermeneutics of empathy (i.e., the reconstruction of the original) and the hermeneutics of suspicion (i.e., the use of theory to explain experience). To this end, IPA analysts suggest that it is appropriate to utilize theory prior to data collection in an effort to draw out meaning (Larkin et al., 2006; Smith, 2004). With that in mind, I engaged with relevant literature prior to data collection in an effort to participate in a more meaningful dialogue surrounding these injury and rehabilitation phenomena from multiple perspectives. Altogether, considering the purpose of the current study in addition to the specific tenants of IPA research previously discussed, an Interpretative Phenomenological approach was identified as an appropriate qualitative approach to use in the current study.

Case Study Profiles

In the current study I utilized IPA to understand two separate injury, rehabilitation, and return to sport Cases. In each case, a knee injury was incurred by the *same* female Australian Slopestyle skier during the 12 months leading up to the 2014 OWG in Sochi, Russia. The rehabilitation process was facilitated by the same five members of the identified performance management team. On both injury occasions, the team was comprised of a: (a) coach, (b) sport psychology consultant, (c) physiotherapist, (d) injury rehabilitation manager, and (e) athlete.

Case one. On February 8, 2013, the athlete sustained a knee injury during a World Cup event in Silvaplana, Switzerland. The coach and athlete were present at the event, and following the competition flew to Sochi, Russia for a *test event* in advance of the 2014 Olympic Winter Games. Upon arrival, the athlete was evaluated by a senior physiotherapist and underwent a magnetic resonance imaging (MRI) scan. The MRI revealed a meniscal tear in the left knee, and as such, the athlete was sent home to Australia for meniscectomy surgery scheduled for February 22, 2013. During surgery further damage was revealed, but no additional surgical repair (i.e., micro fracture) was done given timeline to the OWG. The athlete's return to snow in June 2013 was less successful than anticipated (i.e., high levels of pain), however, the athlete did return to snow more successfully (i.e., reduced pain, increased functioning) in December 2013, 10 months post-injury.

Case two. On January 5, 2014, the athlete sustained a knee injury during unscheduled and unsupervised trampoline training in Breckinridge, Colorado. The athlete was examined by the on-site physiotherapist (i.e., member of previously identified performance management team). A Lachman's test revealed poor ACL tendon integrity, and as such an MRI was scheduled at the Steadman Clinic in Vail, Colorado to facilitate injury diagnosis. Due to

disagreement among the performance management team, results of the MRI were delayed in being delivered to the athlete. Once a decision had been made among the team, approximately 10 days post-injury, the head doctor at the Olympic Winter Institute of Australia (OWIA) phoned the athlete to notify her that she had sustained a tear to the Anterior Cruciate Ligament (ACL) of her right knee. No surgical intervention was done due to the proximity of OWG, however, the athlete was prohibited from participating in on-snow training until the start of official training on February 3, 2014. The athlete returned to competition February 11, 2014 for the OWG.

Data Collection

Participants. In the current study, participant selection was informed by the natural existence of a performance management team in place at the OWIA, and included the coach, sport psychology consultant, physiotherapist, injury rehabilitation manager, and the athlete. Purposive sampling such as this is consistent with established norms within IPA research and ensures that participants are relevant and knowledgeable in relation to the research purpose and questions (Chapman & Smith, 2002). IPA scholars also support the selection of participants who are identified by the unique phenomenon being studied (Smith et al., 2009). In the current study, the participants of interest were those professionally involved in the rehabilitation and return to sport experience of a single athlete through two injury Cases. Additionally, IPA scholars suggest that a sample may be selected to gain differing perspectives from individuals involved in the same phenomenon (Smith, 2009). In the current study, the participants were those involved with the same two phenomena (i.e., injury Cases) and were chosen in an effort to gain multiple perspectives of the two chosen Cases. Given that the senior researcher serves as a sport psychology consultant for the OWIA, the Cases and participants who surrounded them

were drawn from an Australian Olympic Slopestyle performance management team. The members of the performance management team are introduced and described below.

- Athlete: Twenty-eight year old, female, freestyle, slopestyle skier sponsored by the OWIA during 2012 – 2014. She was previously sponsored by the OWIA as a member of the moguls development team. The athlete is referred to as Hadley throughout the remainder of the paper.
- Coach: Thirty-two year old, female, employed by the athlete privately from 2009 – 2012, and as a part of the OWIA from 2012 – 2014. Former professional slopestyle skier until injury ended her career in 2006. From there she began judging, and her position with the athlete was her first formal coaching position. The coach is referred to as Amelia for the remainder of the paper.
- Physiotherapist: Thirty-three year old, female, contracted by the OWIA since 2008 as a primary physiotherapist for athletes and teams, including the athlete under study from 2012 – 2014. The physiotherapist is referred to as Sophie for the remainder of the paper.
- Sport Psychology Consultant: Fifty year old, female, lead sport psychology consultant working almost exclusively with World Cup athletes for the OWIA since 2006, after contracting to single Australian athlete from 2001 – 2006. Began work with slopestyle athlete in 2012 following an expression of interest from the athlete and coach. The sport psychology consultant is referred to as Cate for the remainder of the paper.
- Injury Rehabilitation Manager: Thirty-three year old, female, head injury rehabilitation manager employed by the OWIA since 2007 and lead physiotherapist for the Australian aerial ski team. Involved in a rehabilitation manager role with the athlete under study

from June 2012 – June 2014. The injury rehabilitation manager is referred to as Natasha for the remainder of the paper.

Procedures. Scholars of IPA provide two aims for researchers employing this approach to qualitative research: (a) understand the participant's world, created by both the participant and researcher, as it relates to specific event; and (b) overtly interpret and position the individual experiences in relation to a broader, potentially theoretical context (Larkin et al., 2006). Thus, the procedures that follow were completed in an effort to fulfill one, or both of those aims. The initial operational procedures were as follows:

- Approval was obtained to conduct the study from the University of Wisconsin – Milwaukee (UWM) Institutional Review Board for the Protection of Human Subjects (IRB) (see Appendix H).
- An email was sent by the senior researcher to her professional contacts in order to provide an overview and perceived time commitment of the study, and to assess their willingness to participate (see Appendix A).
- To willing participants, a follow-up email was sent by the student researcher to schedule a time to conduct the interview as well as an informed consent document (see Appendix B, C) that the participants were asked to review prior to the scheduled interview.

The interview with the athlete was conducted first in an effort to ensure that I obtained her permission to speak to the other professionals on the performance management team about her two injury incidents. Furthermore, I sought her permission to review archival data related to her rehabilitation process, rehabilitation outcomes, and return to participation (see Appendix B for full athlete consent) should it be useful for providing context for the Cases. The interview

with the sport psychology consultant was conducted second. Due to her dual role as a participant in the study and the senior researcher on the project, I chose to conduct her interview early in the process so that we are able to debrief on subsequent interviews without biasing *her* responses. Since geographical distance from the majority of the participants prohibited obtaining hard copy consent before the interview commenced, permission to obtain verbal consent from participants was requested. Given approval from the IRB, I discussed the consent form and asked for *verbal* consent from all participants excluding the athlete. The consent statement included an introduction to the purpose of the study, a standard consent statement, and a specific consent to audio record the interview (see Appendix D). However, due to the central role of the athlete in the current study, and in alignment with requirements outlined by the IRB, signed consent was obtained from the athlete via electronic signature.

Interviews. Consistent with common IPA data collection methods (Smith, Flowers, & Larkin, 2009), the current study utilized in-depth, semi-structured interviews to facilitate discussion, which helped to provide a rich understanding of each participant's lived experiences through the two injury Cases. The interview schedule consisted of grand tour questions, and follow-up probe questions if initial responses to the grand tour question were thin or surface level. Although interview schedules were prepared in advance (see Appendices E, F), as the researcher I remained open to deviation from the schedule and asked follow up questions, not a part of the interview schedule, as was relevant in the discussion (Smith et al., 2009). Due to geographical distance from a majority of the participants, all but one interview (the interview with the sport psychology consultant) took place via Skype technology. Distance interviewing has become a commonly used mode of data collection (Sullivan, 2012), and the use of technologies such as Skype have been identified as appropriate and comparable to face-to-face

interviews (Janghorban, Roudsari, & Taghipour, 2014). All interviews were audio recorded and stored on a password locked computer in room 375 of the Pavilion on the UWM campus.

Data Analysis

To begin data analysis, all interviews were transcribed verbatim (Smith et al., 2009) using InqScribe transcription technology (Inquirium, LLC, 2013). Following transcription of all interviews, I randomly selected a transcript to read and re-read in an effort to familiarize myself with the data (Smith et al., 2009). Once I felt familiar with the data, I began micro-analyzing the transcript and made initial notes line-by-line in the right margin of the transcript (Smith, 1999). Consistent with suggestions given by Smith and colleagues, the first round of notes were descriptive in nature, the second round notes focused on linguistic comments, and the final round of notation concentrated on conceptual comments. Following microanalysis of the entire transcript I reviewed the notes and identified relevant emergent themes throughout the document in the left margin. The aforementioned process was followed for all subsequent transcripts until all interviews were analyzed. After initial themes were identified, relevant connections between the identified emergent themes were identified (Smith et al., 2009). Scholars of IPA offer five suggestions for making connections between initial notings and emergent themes: (a) abstraction, (b) polarization, (c) contextualization, (d) numeration, and (e) function. As such, these processes were utilized until all participants' interviews were completed. Following the analysis of each interview separately, I compared the similarities and differences among the emergent themes between participants, and between the two Cases (Smith et al., 2009). Finally, and unlike alternate approaches to qualitative research, scholars of the IPA tradition postulate that qualitative researchers can go beyond simply giving a voice to those who have not been heard by using a theoretical lens to better understand the participants lived experiences (Larkin et al.,

2006). More specifically, scholars of IPA suggest that the goal of data analysis is to "move from the particular to the shared, and the descriptive to the interpretative" (Smith et al., 2009, p. 79). Accordingly, I positioned the common emergent themes among relevant theoretical frameworks and compared what was being experienced or perceived by the participants in the study to what is currently understood in the literature. The similarities and differences between their experiences and the existing research literature marks the point where theoretical generalization can begin to occur (Smith et al., 2009). Themes that were specific to one individual were also investigated in light of existing theoretical constructs in the sport domain to further understand unique differences in this population that have not been represented in current sport rehabilitation models.

Reflexivity

As the primary investigator, and consistent with previously established standards within qualitative research (Kingdon, 2005; Smith et al., 2009), I established myself as a part of the research process and as such identified the potential biases that I brought into the research process. I have identified, below, five biases that I was aware of as well as how I minimized their effect on data collection and analysis.

- Although accepted in IPA research, I acknowledged my in-depth experience with the relevant literature through both my role as a student of sport psychology and as a result of the review of the literature I conducted in preparation for the current study. While an understanding of the relevant literature allowed for informed questions and a more meaningful data collection process, it added a level of bias toward what I expected or did not expect to find in the interviews. As such, I consciously kept an open mind during the interview and data analysis processes so that questions were not leading, and my findings

reflect the experiences of the individuals and not solely the confirmation of my theoretically driven expectations.

- My experience as an elite level athlete was a potential bias I brought into the research process. As an athlete at the National Collegiate Athlete Association Division I level, I have experienced many injury rehabilitation and return to sport situations. My bias toward what I experienced as an athlete may influence the way in which I engaged with the participants, particularly the athlete. Although neither inherently good nor bad, I actively challenge what *I* understand to be true of the injury, rehabilitation, and return to sport process, focusing instead on the experiences and perceptions of the performance management team in the proposed study.
- It is also important to note my role as a sister to a sibling with special needs. Being significantly older than my sibling, I have experienced and assisted him through multiple surgery and rehabilitation processes. I have my own lived experience with healthcare teams and how they may facilitate recovery and outcome measures for patients. Most recently I witnessed a highly integrated and effective rehabilitation team assist my brother in reaching unexpected levels of self-propelled movement. Being closely tied to the healthcare domain through family may have added an element of bias or expectation to what could or should be done to successfully facilitate injury rehabilitation and return to sport. As such, throughout the data collection and analysis processes, I actively separated my own experiences with my family from those of the participants through discussions with the senior researcher.
- My relationship with the senior researcher and prior understanding of her experiences with this performance management team could have also created potential biases in my

expectations and approach to the interview process. Through my previous conversations with the senior researcher surrounding her experiences at the 2014 Olympic Winter Games, I have a rudimentary understanding of the processes in place at the OWIA, as well as a good understanding of the objective outcomes for the athletes involved. In light of my unique knowledge I made active efforts throughout the research process to not insert my own understanding on the participants and sought out their individual perceptions of their Olympic Winter Games experience.

- Because my access to the participants occurred through the relationship between each of them and the senior researcher, I needed to gain their trust and respect in my own right. During the beginning of each interview, I spent time building rapport with each participant, explained the steps I would take to preserve the authenticity of their personal lived experiences, and accurately report my findings. While my role as the researcher was inevitably biased, I actively contested my biases in an effort to ensure trustworthiness of the data. The ways in which I ensured trustworthiness are explained in more detail below.

Trustworthiness

Although within the framework of IPA research there is an expectation that "the process of understanding someone else's life world or experience(s) is inevitably influenced by the researcher's own experiences, values and pre-understandings'" (Rodham, Fox, & Doran, 2014, p. 60), I worked to ensure credibility, transferability, dependability, and confirmability of the data. The purpose of trustworthiness is to offer a comparative measure of reliability within the qualitative research world (Smith et al., 2009). The previously stated set of guidelines have been developed to ensure research quality within the field (Thomas & Magilvy, 2011).

Credibility. In order to ensure that the data presented are aligned with the intentions of the participants (Roberts, 2013), I ensured credibility through four separate processes. First, prior to any data collection, as well as throughout the research process, I engaged in peer debriefing sessions with the senior researcher when appropriate. Since the senior researcher carried dual roles in the research process (i.e., senior researcher, research participant), I debriefed her interview with a third party member (Steen & Roberts, 2011). I also engaged in consistent self-reflection throughout the research process. The aim of the debriefing sessions and self-reflection was to identify and address the biases that I have identified above and those that surfaced throughout the research process. To that end, debriefing sessions and self-reflection were also utilized to address emotions that arose throughout the research process, which if left unaddressed may have impaired my effectiveness as a researcher. Second, following data collection and interview transcription, each transcript was sent to the member of the performance management team who created the data. The process of member checking allowed participants to clarify pieces of data following transcription as well as ensure the intentions of each participant were communicated clearly. Third, an outside auditor, and expert in IPA research, was utilized to check all data transcription and analysis and identify group think tendencies and biases, particularly as it related to the senior researcher's role as a research participant. Lastly, I engaged in data triangulation throughout the interview process. Although the purpose of the study was to understand the *individual* lived experiences of each member of the performance management team, triangulation helped to increase the credibility of the data. Triangulation of the data also helped to ensure credibility of the senior researcher's responses and minimize biased responses due to her advisory role in the study. Triangulation occurred through dual analysis by myself and an expert in IPA research outside of this particular research process.

Additionally, member checking throughout the data analysis process assisted in triangulating the data and ensuring accuracy of the reported themes and findings.

Transferability. Although the purpose of qualitative research is not to create generalizable truths, I have ensured a level of transferability consistent with established qualitative research standards (Russell & Gregory, 2003). In order to do this I have provided a rich description of the methods and results so that individuals reading the research can decide for themselves if the findings of the study are relevant for them. Furthermore, in light of the professional relationship the senior researcher has with the OWIA, findings from the current study can be utilized to inform future work within the organization. Finally, as a part of IPA research, *theoretical* generalizability can occur through the interpretation of the particular experiences under social or theoretical frameworks which are relevant to many (Smith et al., 2009).

Confirmability and dependability. Confirmability of the study results were ensured through auditing of the *processes* of inquiry (e.g., interview schedule), by both the senior researcher and an outside expert in IPA research. The auditing process assisted in ensuring that the questions were not leading, closed, or presumptuous in nature (Smith et al., 2009). In addition, pilot interviews were conducted with unbiased third party individuals in an effort to refine the interview schedule, and confirm that the questions were clear and rendered relevant responses. Also, the pilot interviews helped to practice and improve my interview skills. In an effort to ensure dependability of the study results, the *results* of the data analysis process were also audited by an expert in IPA research, who was not involved in the research process otherwise. The purpose of the audit was to check for biases and/or unclear themes that I had identified. Specifically, we discussed the emergent themes that I identified as well as my

rationale for those themes. We then addressed any disagreement between our perceptions of the relevant themes. Discussion continued until agreement was reached, and if needed third party input was obtained. These steps aided in facilitating a high level of trustworthiness in the current study.

CHAPTER IV: Results

Introduction

As previously stated, the purpose of the current study was to illuminate the lived experiences of members of the same performance management team (PMT) through two separate injury Cases. Specifically, the current research study was undertaken in an effort to better understand if and how the lived experiences of each member of the team may have influenced the other members' experiences, devoting particular attention to the lived experience of the athlete. Results of the current study suggest that the lived experiences of the members of the PMT varied across the two injury Cases in that a shift in context prompted a change from an internal self-centered focus in Case #1 to an external others-focus in Case #2 (see Figure 4). Through Case #2 the PMT more closely resembled the preferred structure (i.e., Meyer Athlete Performance Management Model [MAPM], Meyer, Merkur, Massey, & Ebersole, 2014), and is consistent with the conceptual model designed by Clement & Arvinen-Barrow (2013) such that the staff surrounded the athlete as she became the center of the team, with all members focusing on her and supporting each other. Additionally, given the peripheral role of the rehabilitation manager, Clement & Arvinen-Barrow would define her as a part of the secondary rehabilitation team, helping to give understanding to the variances in some of her lived experiences (2013).

Data analysis revealed three higher-order themes (i.e., sociocultural context, internal individual struggle, team functioning) which remained consistent throughout both injury Cases. The essence of the themes varied across the two Cases, and those differences illuminate both the lived experiences of the individual members of the team and the team as a whole. Specifically, the internal focus of each team member observed in Case #1 was supported by the members' experiences being heavily rooted in their own individual struggle to navigate the sociocultural

context around them. The external focus of each team member observed in Case #2 was illustrated by the increased prominence of the functioning of the team, and diminished attention on individual struggle. In the following sections, I will present data in support of the aforementioned themes as well as explain how these themes interacted with one another through the two injury Cases.

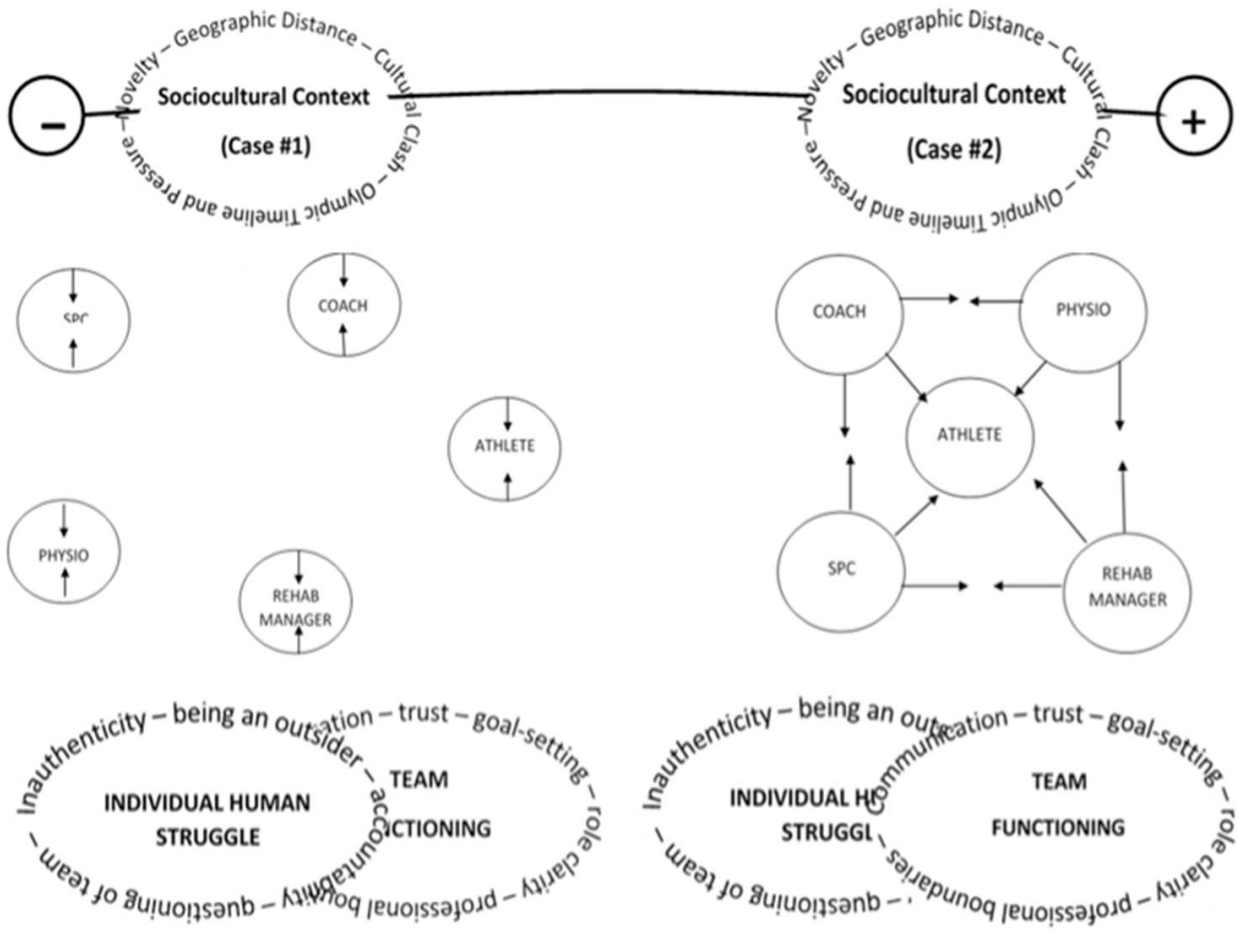

Figure 4. Juxtaposition of higher-order themes and shift in team structure across the two injury Cases.

Introduction to Slopestyle Ski

Before discussing the lived experiences of the members of the PMT, it is important to understand the history and structure of the sport in which the athlete participated. In the

following section I provide background on Slopestyle Ski history as well as a description of the sport and competition structure.

Slopestyle Ski falls under the umbrella of Freestyle Ski, and more specifically is a part of park and pipe snow sports alongside Slopestyle Snowboard, Halfpipe Ski, and Halfpipe Snowboard. Slopestyle Ski is a relatively new sport within the Freestyle Ski domain, competitions began approximately 15 years ago, and has been growing in size and popularity. Within the Olympic domain, Slopestyle Ski made its debut at the 2014 Olympic Winter Games (OWG) in Sochi, Russia. Prior to the 2014 OWG, the most renowned competition in Slopestyle Ski was the X-Games. Consistent with other sports in the X-Games (e.g., Skateboard, Bicycle Motocross [BMX], Snowboard Halfpipe), the culture of Slopestyle Ski is considered alternative or non-conventional (i.e., resistant to the norm). Many participants are not part of a formal sport organization and as such compete as a single entity.

Slopestyle Ski takes place on a person-made terrain park which is comprised of kickers (i.e., jumps) as well as other obstacles such as rails and boxes (i.e., jibs). The Slopestyle skier can earn a maximum score of 100 on their routine or *run*. In order to do this the skier will complete a series of tricks on both jumps and jibs. There is no minimum requirement or mandatory tricks that must be completed during a run, and so it is the job of the athlete to construct a routine down the terrain park that will afford the highest points possible. Athletes are scored by a panel of judges—ranging from 3 to 5 judges depending on the competition. Competitors are judged on the amplitude of their jumps, as well as the degree of difficulty, execution (i.e., quality), and creativity of their run (i.e., style). The structure of a competition will often vary according to the size of the event, but generally consists of a qualifying run or runs, and a finals run whereby the highest score earned in that final run is deemed the winner. In

some competitions the athlete may be required to complete multiple qualifying runs, while in other competitions the athlete may be allowed to complete just one qualifying run. In larger competitions such as X-Games, athletes may be required to ski through multiple elimination rounds before moving on to finals. Tricks become increasingly more difficult throughout an individual run and throughout an entire competition, leaving the highest degree of difficulty for the end. As a result of the large jumps (e.g., 60 – 70 feet tall on average) and complicated tricks often performed by Slopestyle athletes, the risk of injury is very high—a commonly accepted part of being a Slopestyle skier. As reported by the New York Times, the terrain park built for the 2014 OWG in Sochi, Russia, was the largest to date and prompted some Slopestyle athletes to drop out of the competition (Branch, 2014).

Introduction of the Performance Management Team

In addition to understanding the sport of Slopestyle Ski, and in light of the purpose of the study, it is also necessary to get acquainted with the members of the PMT. In the following paragraphs I introduce each member of the team, provide historical context as it relates to the formation of the PMT, and describe the relationships between the members of the team.

Athlete. The athlete, referred to as Hadley in the current study, was a 28-year-old Australian female Slopestyle skier. Hadley first began ski racing at the age of 14, and at the age of 16 became a member of the Olympic Winter Institute of Australia (OWIA) mogul development team. During training at the age of 18, the athlete sustained her first major injury, and took time away from moguls to rehabilitate. During her time away, Hadley decided to move away from mogul ski training to pursue an area of ski that she had done previously for fun—Slopestyle Ski. As Slopestyle Ski was not yet identified as an Olympic sport, Hadley traded her pursuit of the Olympics for competitions such as the X-Games. In stepping away from a

government-supported sport (i.e., Moguls), Hadley also surrendered the funding and logistical support she had received when she trained under the OWIA. Because the athlete no longer received the aforementioned support, she spent the first year in Slopestyle Ski working to earn money and participating in a minimal number of local competitions. In her second year, 2009, improved skills earned Hadley a spot on the podium during a competition in New Zealand. In her third year competing in Slopestyle Ski, 2010, Hadley won the United States (U.S.) Open and started receiving prize money from competitions. With some of her support dollars, Hadley hired a coach to assist her during a spring on-snow training camp. Given their success, the above coaching arrangement continued through the 2014 OWG. Working together, Hadley and the coach experienced many successes prior to the Olympic campaign, most notably during the 2012 international season when she appeared on the podium in every single competition entered. During that same season, the International Olympic Committee decided that Slopestyle Ski would be a part of the 2014 OWG, and as such Hadley reached out to the OWIA to discuss returning to the organization in order to train for the Olympics. In light of Hadley's success in 2012, she was deemed to have *medal potential* and therefore the OWIA supported her in the years leading up to the 2014 OWG. This OWIA support enabled the athlete to access a team of professionals to help her during her Olympic campaign. The other members of that team are introduced below.

Coach. The coach, referred to as Amelia in the current study, was a 32-year-old female from New Zealand who worked with the athlete both informally and formally for approximately five years at the time of the 2014 OWG. Amelia had previously been a professional Slopestyle skier herself, but retired from competition due to an injury similar to the injury incurred by Hadley in Case #1. Following her competitive career, Amelia worked as a judge in Slopestyle

Ski, and given her knowledge of the sport, was asked by the athlete to operate as a coach for her starting with a spring on-snow training camp in 2009. The relationship then started to formalize into a coaching position both in national and international competitions. Athlete and coach traveled together for the 2010-12 seasons, and given limited funding, often shared accommodation. Following the announcement of Slopestyle Ski into the 2014 OWG, Hadley selected this coach to guide her Olympic campaign. Amelia agreed to continue on with Hadley, beginning her work as a contracted member of the OWIA and the first professional coaching job of her career.

Physiotherapist. The physiotherapist, referred to as Sophie in the current study, was a 33-year-old Australian female contracted seasonally by the OWIA since 2008. In addition to her work with the OWIA, the physiotherapist previously worked with winter sport athletes in a New Zealand clinic, where in 2008 she met and first began treating the athlete in the current study. Difficulties associated with the workload of treating two national teams (i.e., New Zealand, Australia) prompted Sophie to end her work in New Zealand in 2012, yet she continued working as a contracted physiotherapist for the OWIA. Sophie had a history in the park and pipe world, competing as an athlete in Snowboard Halfpipe and incurring many injuries during training and competition. As a result of experiences in her own injury rehabilitation, Sophie pursued work in park and pipe so as to provide care for athletes who often neglected to heal their bodies or who often went without medical care. In addition to her contracted work with the OWIA and other sport teams in Australia, Sophie owns her own physiotherapy clinic in Sydney.

Sport psychology consultant. The sport psychology consultant (SPC), referred to as Cate in the current study, was a 50-year-old female from the U.S. Contracted by the OWIA, the SPC focused her work on World Cup athletes within the organization, predominantly the Aerial

Ski Team. In addition to working to facilitate the performance of elite athletes, teams, and sport organizations throughout the world, Cate has extensive experience with injury rehabilitation and return to sport. The SPC originated her work with Australian winter sport in 2001, when she was contracted by a female Aerial Ski athlete. The consultant continued to work with this one athlete through the 2002 and 2006 OWG, at which point she was contracted to work with the entire Australian Aerial Ski Team. Cate began working with Hadley in September 2012, once Hadley had been identified as an athlete with medal potential and thus supported by the OWIA. Although the SPC was familiar with the structure and function of the OWIA, injury management, and the OWG, she was new to the team responsible for the performance management of the athlete in the current study and had no previous experience working with Slopestyle Ski athletes.

Injury rehabilitation manager. The injury rehabilitation manager, referred to as Natasha in the current study, was a 33-year-old Australian female physiotherapist. Natasha had been employed by the OWIA as a physiotherapist for the Aerial Ski Team since 2007, and eventually assumed the role of rehabilitation manager for the entire organization. As an injury rehabilitation manager, she worked primarily from afar to manage injuries that were incurred by the approximately 30 scholarship athletes within the OWIA. Upon notification of an injury, Natasha would speak with the Chief Medical Officer (CMO) and discuss with appropriate team members the next steps of injury care for the athlete. In addition to managing injury and rehabilitation, the rehabilitation manager in the current study was responsible for the initial physical screening of new athletes, and was involved in return to sport testing conducted following an injury. Natasha became involved with the athlete in the current study in June 2012.

She was not involved in the day-to-day activities of the athlete, working instead in an off-site advisory capacity to members of the PMT.

In an effort to provide a historical context for the results of the current study, the circumstances surrounding each Case are explained and illustrated in the pages that follow. Specifically, I provide an overview of the etiology of each injury along with a timeline describing the injury rehabilitation and return to competition process.

Case #1: February 2013 – December 2013

Case Description

On February 8, 2013, two weeks after a concussion sustained at the X-Games in Aspen, Colorado, Hadley and Amelia were at a World Cup event in Silvaplana, Switzerland. During a qualification run, Hadley felt pain in her left knee as a result of landing a jump at the end of the course. Following a discussion with her coach, Hadley decided to continue in the competition and complete a modified finals run—she would not hit the jump that had previously caused her pain. During the finals run Hadley changed her mind and skied the final jump again, reporting an increase in pain and an exacerbation of the injury she had already sustained. Following the competition, coach and athlete flew to Sochi, Russia to take part in the Olympic test event as previously planned. Following physical examination and a magnetic resonance imaging (MRI) diagnostic, it was decided that Hadley would not compete in the test event or any other events for the remainder of the season. After spending a few days on the ground in Sochi to acclimate to the surroundings of the OWG one year hence, the athlete flew home to Australia to undergo surgery on February 22, 2013 to repair the meniscus tear. Although additional damage was detected (i.e., a large chunk of articular cartilage had been torn from the bone), no additional surgical procedures were conducted due to the short timeline to the OWG. Due to the cartilage

damage however, the recovery from the injury was much longer, more painful, and less predictable than initially anticipated. Hadley first attempted to return to snow three months post-surgery, but was unsuccessful in her attempt as evidenced by high levels of pain and inability to maneuver in her skis. Following further and slower rehabilitation back to snow, the athlete was able to return to competition 10 months post-surgery in December 2013 (see Figure 5).

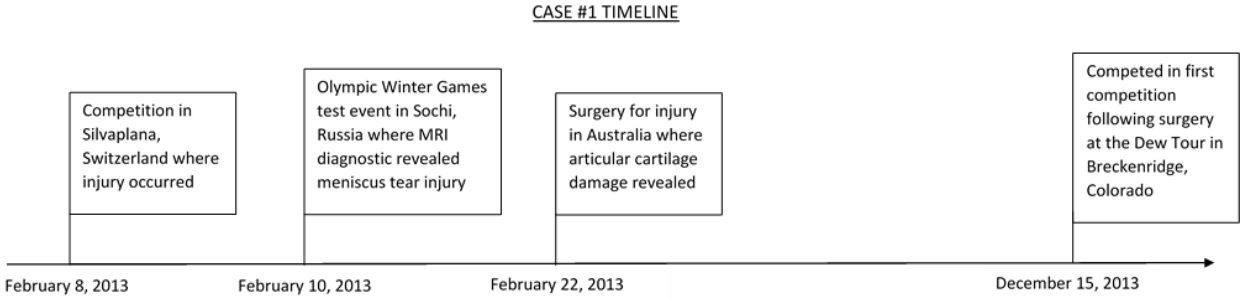

Figure 5. Case #1: Injury Timeline

Sociocultural Context of Case #1

Throughout the interviews, members of the PMT consistently and unanimously spoke of external or contextual elements that had an influence on them as individuals and a team during Case #1. The factors, or themes, most consistently identified by members of the PMT were: (a) the novelty of the experience, (b) the cultural clash between Slopestyle Ski and the OWIA, (c) the geographic distance between the members of the team, and (d) the Olympic pressure and timeline. These themes are discussed in more depth below as they were experienced by the individual members of the PMT.

Novelty of the experience. The first theme identified by members of the PMT was the novelty of the experience which included the formation of the PMT, first experiences with the OWG, and first experiences with national sport organization. The novelty of the team was a prominent theme across all participants. That is, the PMT was established for the purpose of Hadley's Olympic campaign, and as such team members had never previously worked together

in this way. Difficulties associated with navigating a newly developed team were commonly identified among PMT members. Hadley felt unsure of what she perceived as increased responsibility to and for others brought about by the formation of the PMT:

> It felt kind of weird cause I was used to it just being Amelia and I and it was just we do our thing…but then we to sort of [had to] coordinate all these other people…Um and at the time it sort of it just felt really um structured, and I was getting more and more used to structure, but like you know the last few previous seasons it's like I just had to worry about Amelia and myself…but then [now] had to worry about meeting up with Cate and scheduling with Sophie and then—and it was all for my own benefit but it was just more to think about.

In addition to the novelty of the team environment itself, three participants (i.e., Amelia, Hadley, Sophie) identified additional challenges associated with being on the Olympic stage for the first time. Hadley described that difficulty for both her and her coach:

> [Amelia] learned a lot in a very short amount of time but it was like her first rodeo and my first rodeo her first like - she hadn't like she'd kinda done some little camps and stuff with younger girls but…But nothing at an elite level…So this was all brand new to her and so she was sort of like learning on the fly as well.

Amelia also felt a lack of preparedness for the new environment and role she had been placed into: "So I felt a little thrown in the deep end and underprepared…Uh (laughing), uh and just all of a sudden a little powerless uh I just didn't know what my role exactly was."

For Amelia and Sophie this was also their first experience as members of a PMT working within a larger sport organization. As such, both were frustrated by the changes that were made

to the way they approached their profession and sport. Sophie expressed frustration in response to the changes made to their team once they became part of the larger sport organization:

> Cause it's so new, and you're disrupting how uh someone used to function, um you-eh-I'd still argue I think, Hadley will say too that some of those tools that she learnt really did help…when it came to the crunch, but at the time before that, perhaps there was, there was just a lot of new stuff um and it's not the time to introduce new stuff to high-end [sport], you know that-that usually would happen in the first year or two of a [four year Olympic cycle], and then you work with that later on, but um again that's just the way it went.

In addition to the novelty of the experiences described above, there were inherent cultural differences between members of the group as a result of their own unique backgrounds. These cultural differences were exacerbated by the fact that the members of the PMT from the different cultures did not know each other well. The combination of the two aforementioned elements resulted in a cultural clash throughout Case #1 which appeared to negatively impact the individual lived experiences of the team members and the team's functioning as a whole.

Culture clash. As previously stated, Slopestyle Ski is a part of the Freestyle discipline often referred to as park and pipe, revered for being an alternative or unconventional and free-spirited sport culture. Amelia, Hadley, and Sophie were deeply rooted in this culture, and therefore struggled to accept the rigidity of operating within a larger business-oriented sport organization. In contrast, Natasha and Cate were accustomed to the structure of the OWIA, and so struggled with the resistance of the new members to comply with organization expectations. The gap between the cultural norms of the two staff groups as well as limited opportunities for members of the PMT to understand the other culture, prompted the two cultures to be in

opposition to one another throughout Case #1. The tension between the two cultures was clearly communicated by many members of the PMT. Sophie described that the tension was rooted in motivation differences "Slopestyle and Halfpipe the culture is very relaxed and cruisy and cool, and these kids are doing it because it's fun. They're not doing it to win medals but then it turns into obviously sport..." Cate reiterated the cultural differences, "Slopestyle is also in-in the world of Freestyle winter sport. It's also more of an alternative environment meaning uh rebellion against the status quo." And finally coach Amelia, who was arguably the most rooted in Slopestyle Ski culture, described her perception of the sport:

> Wha-yeah, it was just people out there having fun…you did this for style, you did this to be different you—Hadley had come from moguls and that kind of a the structured sports and seen where moguls became quite institutionalized and lost its flavor um and it's spirit. Whereas uhm for Slopestyle and Half-pipe it was still, it was all about the X-Games and your sponsors and you're very much, you didn't compete for a country at all that was completely irrelevant, uh you competed for yourself and your personal sponsors. Um and they were just such a great group of friends, there was not really any competitiveness in that you went out to win, but if you could, otherwise you were just there to have a good time.

As the respective cultures were not well understood by the two groups of staff during Case #1, it was difficult for the differences to be reconciled. Considerable dissention between members of the PMT ensued. The geographic distance between team members worsened, or at the very least made it difficult to reconcile, those differences during Case #1.

Geographic distance. Throughout Case #1, there were rare occasions when all members of the team were geographically proximal to one another. It is not surprising then, that members

of the PMT identified geographic distance as a challenge for them as they worked to form a more cohesive unit. In addition to residing in different cities, countries, and continents, job responsibilities outside of this specific PMT meant that the rehabilitation manager, physiotherapist, and SPC were often traveling with teams other than *Team Hadley*. Members of the team spent much of Case #1 distant from both Hadley and one another. Cate described the long stretches of time between face-to-face interactions with the PMT:

> So the only times when I literally was physically with them was, uh I started the profiling and communication with Hadley and her coach like I said it may have been September, October of 2012. The first time I ever set eyes on them in person was February 2013 at the test event in Sochi…and then the next face-to-face time I had with them was at that World Cup in Colorado in December 2013.

Natasha, the rehabilitation manager, also identified the geographic distance as an added element of difficulty in her work. As she described, there are oftentimes consequences of being far away from one another:

> But it is, it's difficult at a distance because you do miss stuff that just happens uh day to day and-and people do forget to sort of report back in. Sometimes they feel like they are on their own, um so I think it's really important to keep working on the communication.

Finally, Hadley reminisced about the team support around her during her rehabilitation throughout Case #1: "So it was sort of Cate was always away which is was kind of normal, um Amelia was sometimes there, the physio was sometimes there, and the [strength and conditioning] trainer was sometimes there." As Hadley described this experience her tone (i.e., pleasant, factual) suggested that the distance between team members was an accepted piece of the sociocultural context. However, it was also commonly understood as a source of added

stress to each individual member of the PMT as well as source of difficulty to their ability to function as a team. Another somewhat accepted source of added difficulty was identified in the final sub-theme within the sociocultural context—the pressure and timeline associated with the OWG.

Olympic pressure and timeline. It is common practice in Olympic sport organizations to structure the functioning of the organization around the four-year Olympic quadrennial (i.e., *Quad*), or the four years between Olympic Games. Each year within the Quad has a specific purpose, and as time progresses the pressure is known to increase. Due to the relatively late announcement of Slopestyle Ski as an event at the 2014 OWG, the typical four-year Olympic campaign was condensed into two years. In addition to pressure to accomplish in two years what would normally have been accomplished in four years, members of the PMT reported the added stress of an unpredictable injury rehabilitation timeline. Concurrently, members of the PMT who had never been to an Olympic Games felt extra pressure to excel on this world stage. Hadley indicated many times the difficulty she experienced as a result of the Olympic pressure and timeline: "This was something that I've never really experienced before and having that pressure of the Olympics also it's just like 'gahh'." She also attributed some of the structural rigidity within the PMT and the OWIA to the Olympic pressure:

> I guess this all this like increase in structure and reporting and um officialness kind of probably comes also around the Olympics like everyone wants to know what's like—obviously the people that have invested all this money in me want to know exactly what's going on one month before the Olympics. It was this this buildup of pressure, which everyone had actually warned me about, and told me about, but I was [now] experiencing.

In addition to the pressure surrounding the Olympics generally, members of the PMT identified that there was less time to prepare for this Olympics specifically (i.e., two years versus four years), thereby increasing the pressure on the members of the team. For example, the SPC identified that she "started working with Hadley and her team relatively late in the Olympic Quad…I was – I'd always felt like I was in hurry up mode." Whether it was a sense of urgency due to an expedited Olympic timeline or an unpredictable return to sport timeline, stress was prevalent among members of the PMT and had an impact on their daily operations.

The previously identified lower-order themes formed the sociocultural context for Case #1, contributing to the internal focus and lack of team functioning reported by PMT members. This internal focus seemed to heighten each individual's awareness of the struggles they were experiencing, a higher-order theme throughout Case #1. The lower-order themes related to the members' individual struggles are discussed next.

Individual Human Struggle

As indicated above, study participants maintained an internal focus and struggled to navigate the sociocultural context that surrounded them throughout Case #1. Four lower-order themes related to individual human struggle emerged as participants discussed their lived experiences during Case #1: (a) feelings of inauthenticity, (b) feelings of isolation or being an outsider to an *in-group*, (c) conflict associated with accountability, and (d) questioning of the team (i.e., self, others, process). Although each individual struggle was unique, commonalities emerged that were heavily influenced by who each member was and the sociocultural context that surrounded the PMT. Lower-order themes will be discussed below, and specific explanations provided for how these themes were experienced differently among members of the PMT.

Inauthenticity. A commonly identified theme throughout Case #1 was the struggle for each member to be their authentic self within the PMT. Experienced differently by each member of the PMT, a familiar thread among the transcripts was putting on a false self in order to work together as a team. For Amelia and Sophie, who were accustomed to the culture of Slopestyle Ski, feelings of inauthenticity were noted as they attempted to fit into an OWIA structure which was often in conflict with their beliefs about sport. As described below, coach and physiotherapist had to present a united front to the other members of the team, which meant they felt unable to communicate how they truly felt at various times across Case #1. For the coach specifically, she felt that because she had previously experienced a similar injury she was unable to be truthful with Hadley about the prognosis of her injury:

> So [Hadley] clicked on straight away when she heard she's like "fuck isn't that what Amelia had? Am I, am I gonna (laughing) end up like Amelia?" So we had to kinda reassure her no, I had to lie, (laughing) "nahh you'll be fine, it'll be different for you, yeah you na nah." Um yeah, so that definitely was always in the back of my head.

For the athlete, an injury-induced loss of identity as a Slopestyle skier was accompanied by a perceived disingenuousness from the other members of the team related to optimism toward her rehabilitation progress. Hadley was frustrated with members of the team for not being honest with her, thereby giving her false expectations for her recovery:

> No one told me, no one said this is gonna be a real struggle, this is a really shitty injury. Like everyone was really positive about it and so that almost made it harder for me because I thought that I was, yeah, just healing really slowly.

For the SPC and rehabilitation manager, both of whom were accustomed to working within the OWIA, inauthenticity was experienced by trying to adapt to the new team they were a

part of. Because of the cultural differences between the OWIA and Team Hadley, these members needed to adapt their typical approach to an Olympic campaign to better facilitate the functioning of the PMT. This adaptation resulted in Cate and Natasha putting on a false self as their own beliefs about how to prepare for the Olympics were different from that of the other team members. Cate admitted feeling frustrated that she could not act on her true feelings towards the team for fear of pushing the members further away:

> Like I've seen [a PMT] work really well and so I was frustrated because there were times when I wanted to say okay, this this could be working better… and I have seen situations where [communication is] done in a professional manor and it works well, so um trying to figure out ways of nudging members of the team forward without being the hammer, and pushing them away.

Although manifested in different ways, the internal struggle for each individual to be their authentic self was a prominent part of their lived experiences. The struggle to be authentic was exacerbated by the sociocultural context such that the culture clash between the two groups prompted members of the PMT to suppress their true self at different times throughout Case #1. In addition to feeling inauthentic, members of the PMT identified consistently throughout Case #1 that they felt isolated or like an outsider to the in-group. There was a belief that no one else was experiencing what they were experiencing, which prompted feelings of isolation.

Being the outsider. Both emotionally and physically, members of the PMT identified feelings of isolation or being an outsider. Team members were geographically distant from one another, which fueled physical isolation, yet emotional isolation was also a prevalent theme in Case #1. Members of the PMT who were new to the OWIA (i.e., coach, physiotherapist) felt like they were outside of the organization, never able to fully integrate within the structure and

function of the Institute. Amelia, the coach, felt isolated and like she was the only member of the team not associated with the OWIA organization:

> I think what [Hadley] was getting was a lot more of a team feel than what I would, cause I was kinda the fly in, fly out coach so she'd go back to Australia and she'd train at the [Victorian] Institute of Sport. And she'd see the regular physio and so she had quite a structure and was involved in communication whereas I was a little more on the outside.

Sophie similarly felt that she was an outsider, or operating alone throughout Case #1. In talking about the impact of being an outsider, she differentiated objective and subjective outcomes of the rehabilitation process:

> Maybe the outcome is the same but it doesn't feel as nice for the people involved because you're, I guess perhaps not always feeling as included in a team of support staff because a lot of the time you're on your own.

Just as the members new to the OWIA felt like outsiders, members of the PMT who were new to Slopestyle also struggled to fit in. For the rehabilitation manager and SPC, the struggle was how to fit into the threesome who had long-established relationships with each other before being brought into the Olympic fold. As Cate, the SPC, explained:

> It's frustrating, it's really frustrating. So [their relationships] further alienate me. Um because I'm about athlete's performance and well-being, and it's like yeah but we can't promote the well-being and the performance of this athlete if people are not willing to have these hard conversations. Um so I think there were times when I did push [communication, OWIA procedures] and that cast me a little bit more as an outsider.

The athlete felt a unique sense of isolation in that she was the only one *living* her injury. Hadley felt isolated as a result of her specific injury because it was an injury not many people understood well:

> I think mentally like knowing that no one like—most people don't know when you say cartilage, they kind of think "oh meniscus like oh that's just a scope" and they don't get that it's actually a lot more serious, and a lot more painful, and it's like a way bigger struggle.

The theme of isolation or being an outsider was commonly experienced by the members of the PMT throughout Case #1. Due in part to each individual's focus on their own struggle of feeling like an outsider, there was no attempt to amend this problem on a team level. Given that this sense of *other* was a common experience, all PMT members could have benefited from an active effort to better integrate into each other's worlds. As members were heavily focused inward, and felt isolated from other members of the group, their capacity to hold themselves and their team members accountable to their role on the team was diminished during Case #1. The lower-order theme of accountability is described next.

Accountability. Across Case #1, accountability, or who was responsible for the progression of the rehabilitation and performance of the athlete as well as the functioning of the team, was a source of internal struggle for many members of the PMT. In the early stages of rehabilitation, for example, there was consensus that the rehabilitation was not progressing well, yet responsibility for making the appropriate changes was a source of internal debate among team members. The rehabilitation manager recognized that they could have been doing things better, yet also recognized that improvements in process and medical management have occurred during her seven years at the OWIA. In her words:

> But okay, so yeah, that's something planned for the future that we haven't done well. But also like prior to my involvement like I was the first full-time physio in um employed at the Olympic Winter Institute. Um and they didn't have anybody really managing injuries, so we've come a long way from where we were and I think now we're just refining our systems.

Sophie, the physiotherapist, echoed this sentiment in recognizing that there are limits to how much work members of the team can do and that there were a lot of athletes that needed their attention. In her opinion, things were "better, but yeah things - it obviously wasn't roses but again I guess she's only one of the athletes that I had to worry about so you're just all fingers crossed hoping that it [Hadley's knee] will continue to settle with time."

Accountability was also on the coach's mind. Amelia felt that she lacked control and an ability to facilitate the athlete's performance. As a result, she worried that a suboptimal performance at the OWG would reflect poorly on her and her abilities as a coach:

> But given the lead up we'd had and the way that her tricks weren't progressing—with the injuries, the setbacks, you know—I was really scared that she was gonna go there and kinda blow out, and not do well at all…and how she would live with that. And you know this program that had put so much money into us for the last year, how they would deal with that, how it would reflect on me. Like it was just kinda the wheels were falling off the wagon faster than I knew what to do.

Finally, the members of the PMT collectively resisted taking responsibility for their role within the team and/or holding others accountable for their respective role. This challenge was exacerbated by the sociocultural context (e.g., geographical distance, novelty of the team) around the PMT as well as input into Hadley's case by an OWIA strength and conditioning coach who

was not a member of the PMT. The physiotherapist in particular struggled with this input across Case #1. As Sophie reflected on her experiences with the strength and conditioning coach it was evident there was a lack of accountability to one another which resulted in members *ticking boxes* rather than taking accountability for the lack of team function, "there's a certain level of I can say what I need to say and again, legally you document it and you, that's all you can do."

As evident by the examples and perceptions summarized above, lack of accountability may have contributed to the athlete's overtraining and suboptimal rehabilitation. Awareness that time was slipping away prompted members of the PMT to question various aspects of Hadley's Olympic campaign. This second-guessing, which represent the fourth and final individual struggle identified among participants, are described below.

Questioning of the team. Second-guessing or questioning occurred throughout Case #1, and included members: (a) questioning themselves and their ability to successfully participate in the team; (b) questioning the other members of the team as it related to their abilities, commitment, and intentions for being a part of the team, and (c) questioning of the processes in place for the team by the OWIA for the athlete's Olympic campaign. Amelia, Hadley, and Sophie all spoke of moments throughout Case #1 where they questioned their abilities in their respective roles. Amelia questioned her ability to carry out the coaching role that she had been placed into:

> [the OWIA involvement] uh made me question how I made decisions like kind of as when I competed I was fairly aggressive and we didn't have any of these medical guidelines and if you got knocked out, if you could walk straight, you competed.

Hadley questioned her continued role in the team, unsure whether her body would be physically able to compete and whether all the negative experiences were going to be worth her

trip to the OWG. Finally, as Sophie was managing Hadley's rehabilitation, she often questioned the decisions she had to make in regard to Hadley's health, and found balancing the line between performance and health to be a stressor at points throughout Case #1:

> I found [making that decision] quite challenging of yeah what's-what's ethically right? You have a medical, legal responsibility um but ultimately I think that uhh-we're not talking a matter of life and death and-Hadley probably won't make another Olympics with her age, um is it worse to have for the rest of your life a thought that you never got there and a knee that's already buggered irreversibly um anyway? Or to have got there and at least closed that box and still have to deal with the injuries that you've already sustained-um again I think you do what you do.

In addition to questioning their own abilities, study participants admitted questioning the abilities and value of other members of the PMT. Second-guessing each other's commitment to the team was not uncommon, nor was questioning the need for services provided by some members of the team. To the latter, Hadley struggled to believe in the mental skills training she had been practicing following disappointing competition results:

> I had been practicing all the techniques that Cate had taught me. I'd been visualizing, I'd been breathing, I was up [at the top of the run/terrain-park] for the most part in a happy mood, and I wouldn't perform. And I was just like what the fuck? Like does this mental stuff-like is it just not gonna translate? Does it not work for me? Like maybe I'd ditch it.

Finally, due to the novelty of the OWIA process in conjunction with performance success prior to inclusion in the OWIA, the athlete, coach and physiotherapist strongly questioned the organizational structure and process outlined by the OWIA for the athlete's Olympic campaign.

For example Amelia, who had experienced a similar injury as an athlete, often questioned the plan set in place for Hadley's rehabilitation:

> When I heard that they weren't going to take any kind of intervention with the articular cartilage, chyeah-I was definitely skeptical. [I] thought oh don't, we've gotta year and a half to go like is this our window to do something or do we just let it slide?

Sophie also disagreed with the way in which the OWIA tried to place Team Hadley into the OWIA structure:

> … [Amelia] and Hadley worked really really well together when it was just them. But then try to put them into this um mold or model, which I wouldn't say is necessarily the right model anyway. And um who's to say that's the right thing?

As indicated above, participant struggles with inauthenticity, being an outsider to an in-group, conflicts with accountability, and questioning of the team were the individual human struggles brought upon by the internal self-focus held by the individual members of the team throughout Case #1. These struggles, along with the sociocultural context surrounding the team, made it difficult for the participants to think outside of themselves. The structure and function of the PMT, therefore, were heavily impacted in ways such as those discussed below.

Team Functioning

The third and final higher-order theme identified by participants during Case #1 was the function of the team. This theme was informed by five lower-order themes: (a) communication, (b) trust among team members, (c) goal-setting among team and team members, (d) role clarity for members of the team, and (e) professional boundaries. These lower-order themes are discussed below.

Communication. Communication was identified consistently by all participants as both important to the success of the team as a whole and a source of frustration among individual team members. Although some participants were able to maintain consistent communication with each other, there was a lack of consistent communication among *all* members involved in PMT team. As Amelia explained:

> Um, from you know a physio not talking to the doctors, not talking to the strength and conditioning, not talkin to sports psych, not talking to me. So we had this very loose team at that stage but no real channels of communication, and so the person that lost out was always Hadley.

Sophie echoed this concern: "There didn't seem to be productive communication around all members involved." Cate, on the other hand, tried to understand reasons for the lack of communication among some of the members new to the OWIA organization: "They didn't know necessarily what, how, um what was expected in terms of communication and so on and so forth, so those I think were some of the challenges."

The lack of consistent and effective communication among the individual members of the team prompted the athlete to act as a mediator between members of the PMT as well as between members of the PMT and other rehabilitation staff. As Hadley explained, the added pressure of this role negatively impacted her experience throughout Case #1.

> I was sort of like "well you guys are the professionals, what do you mean [don't] be stupid?" Like I'm asking your professional opinions and like you're both telling me different things. And then yeah, I think Cate and Sophie communicated quite well. Sophie is like very open minded like she's gotten more into like holistic healing as well, and I think she understands more about the sport psych. I think when Cate tried to

> communicate with [the OWIA strength and conditioning coach], he was sort of like not as open to it. And then I just… yeah, I just didn't have enough energy to like try and coordinate [it] all.

The communication challenges identified by the participants contributed to their inability to consistently function as a team throughout Case #1. Related to their lack of effective communication, the ability of team members to develop trust between one another was also compromised. As such, members of the PMT identified trust as a contributing element to their lack of team functioning, and is described next.

Trust. The lack of trust among members manifested differently among the individuals within the PMT, but played an important role in the function of the PMT as a whole. Although the athlete, coach, and physiotherapist had personal and professional relationships prior to *team* formation, they struggled individually to adapt to the structural changes as well as to trust one another in their formalized roles within the new operational structure. For those team members who did not know one another or had not worked together previously, the development of trust was an ongoing and challenging process given the sociocultural context of the situation (e.g., cultural clash, geographic distance, shortened timeline). Hadley struggled to adjust to her coach's new responsibilities as outlined by the OWIA, a struggle which caused tension in their relationship. As Hadley explained:

> Cause she was now hired by the OWI, I think had to send reports off. I was like well, "what are you saying?" And I felt sometimes that like those things going on [behind] my back that I wasn't meant to hear because it might put me in negative headspace, but I knew like I'm not dumb. Like I knew, I sort of felt they were treating me a bit like a child.

Throughout Case #1 Hadley assumed roles which would suggest she was an equal member of the PMT, and not the athlete or the individual at the center of the PMT. Part of Hadley's inability to assume the role of the athlete was tied to her lack of trust of the team members around her. Because she could not fully trust the other members of the team, she opted to assume a decision-making role so as to maintain more control over her training and performance. Hadley, who was acquainted with the structure of the OWIA, was hesitant to fully relinquish her independence as an athlete to fit within the athlete-centered structure.

The lack of trust among all team members further alienated the participants from one another, and contributed to a reluctance to collaborate on Hadley's behalf. Unwillingness to collaborate was exemplified by ineffective goal-setting, which further diminished the functioning of the team. Although not explicitly identified as a weakness by members of the PMT, the goal-setting process throughout Case #1 was not as effective as it could have been.

Goal-setting. During Case #1, little if any time was devoted to goal-setting generally, or to identifying a superordinate goal (i.e., goal that requires input or cooperation from every team member to achieve) specifically. Although athlete, coach, and SPC stated that they created goals, they were not shared goals among the entire team. Rather the coach and athlete created goals related to the technical aspects of skiing, while the athlete and SPC created goals related to the mental aspects of rehabilitation and/or skiing. Those goals were beneficial, but there was no superordinate goal identified for the PMT across Case #1. As such, individuals were focused on achieving their own individual goals or their goals for the athlete, instead of focused on the needs of the team. Furthermore, there was no way to confirm that the goals of all individual team members were in alignment and effective in facilitating the athlete's rehabilitation and/or performance.

In addition to the lack of superordinate goals, the goals that *were* identified by the athlete and coach for Case #1 were largely focused on outcomes at the OWG. Given that the athlete and coach both felt pressure to perform on the Olympic stage, their optimistic outcome goals seemed to negatively impact their lived experiences and may have prompted unnecessary risks to be taken (i.e., athlete training on the trampoline alone). Hadley admitted being disappointed with herself due to an inability to set appropriate goals for her first time back on snow, "I just set all my goals way too high…I spoke to Cate a lot on that camp and it was a lot of again, I'm a very goal-oriented person, and like having goals and not reaching them really upsets me."

The suboptimal goal-setting process described above is another example of how the PMT functioned throughout Case #1. While not openly identified as a source of frustration for the members of the PMT, ineffective goal-setting had a negative influence on their ability to function as a team. The same is true for the following theme, role clarity.

Role clarity. Throughout Case #1, members of the PMT perceived the need to assume a role that was different from or went beyond their predetermined role. Lack of role clarity resulted in added, unnecessary stress among the individual team members and negatively impacted the team's capability to function as a whole. Amelia spoke most explicitly of her challenges with role clarity, due in large part to the shift from an informal coaching role to a formal coaching role within a large sport organization. She was frustrated and confused with respect to her role and the new expectations placed on her as Hadley's coach.

> All of a sudden I didn't quite know where my role began and ended. Whereas before, Hadley had her like her gym, she'd [do] the strength training. I just went on snow, helped her with tricks, made a strategy for comps, gave her a high-five, [and] kept her happy.

> That was my role. And then all of a sudden I'm meant to be uh a pseudo-program director…

Additionally, in light of Hadley's struggle to trust the other members of the PMT to manage her rehabilitation and performance, she assumed roles throughout Case #1 that went beyond those typically assumed by an Olympic caliber athlete (e.g., mediating communication between team members and other rehabilitation staff). Hadley's lack of role clarity was further exacerbated by her history as an independent Slopestyle skier such that in the past she *was* responsible for assuming a decision-making role in her training and competitions.

The lack of role clarity for the members of the team resulted in added stress and frustration through the team. Members were acting outside of their predetermined role, thereby compromising the ability of the team to function as a whole. It is not surprising then, that the members of the team also reported difficulties associated with professional boundaries.

Professional boundaries. Although experienced differently among the participants, each team member identified the blurred lines between professional and personal relationships as a source of frustration. Members of the PMT who had a shared history prior to their involvement in the Olympic campaign (i.e., athlete, coach, physiotherapist) experienced stress as a result of trying to balance long-standing personal relationships with new professional roles recommended by the OWIA. In Amelia's words:

> It was a tough relationship because I couldn't be her [Hadley's] friend 'cause I was her coach. But at the same time we spent more time with each other than any of our respective families or other friends for this, through this period.

The blurred lines were also evident in Hadley's characterization of her coach as a friend who knew everything about Slopestyle Ski. The consequence of the aforementioned blurred

lines between personal and professional boundaries had a profound impact on the coach, and added to her feelings of isolation across Case #1. The blurred lines identified above also served as a source of frustration for the SPC and the rehabilitation manager, who reported that boundaries between individual team members and lack of role acceptance had a deleterious impact on the structure, function, and performance of each member of the team. Cate identified the frustrations she experienced as a result of those blurred lines, when trying to facilitate optimal performance of the PMT:

> But again, they had a personal as well as a professional relationship. Um, where eh something would happen, uh, something would happen where it would be um there would be a more desirable course of action, a more optimal course of action, and members of the team would sort of make attributions or excuses for the other.

In the end, the struggle to balance professional and personal boundaries was identified as a source of frustration for all members of the PMT. As was discussed in the previous higher-order theme, the members of the PMT were focused internally on themselves, and it is evident through their experiences described above how that diminished team functioning. More specifically, their unwillingness and inability to successfully implement elements known to improve team functioning (i.e., communication, trust, effective goal-setting, role clarity, clear boundaries), held the team to suboptimal team function throughout Case #1.

Summary

Across Case #1 the lived experiences of the members of the PMT were best described by the individual human struggles they were encountering during that time period. The first higher-order theme, sociocultural context (i.e., novelty of the experience, cultural clash, geographical distance, Olympic pressure and timeline), was perceived negatively by members of the PMT

such that they retreated to a more comfortable space of focusing internally on themselves. As a result of that internal focus, however, the lived experience for many of the members was not positive as they dealt with different individual human struggles (i.e., inauthenticity, being an outsider, questioning of the team, accountability), the second higher-order theme, without the support of their friends / co-workers. The internal focus held by each participant hampered her ability to focus outward toward the other members of the PMT, thereby impeding the team's ability to function, resulting in suboptimal care for the athlete. As a result, the third higher-order them—team functioning (i.e., communication, trust, goal-setting, role clarity, professional boundaries)—was not perceived positively by members during Case #1. The negative climate surrounding the team as a whole further drove members into their internal self-focus, and the team was unable to break out of that cycle throughout Case #1.

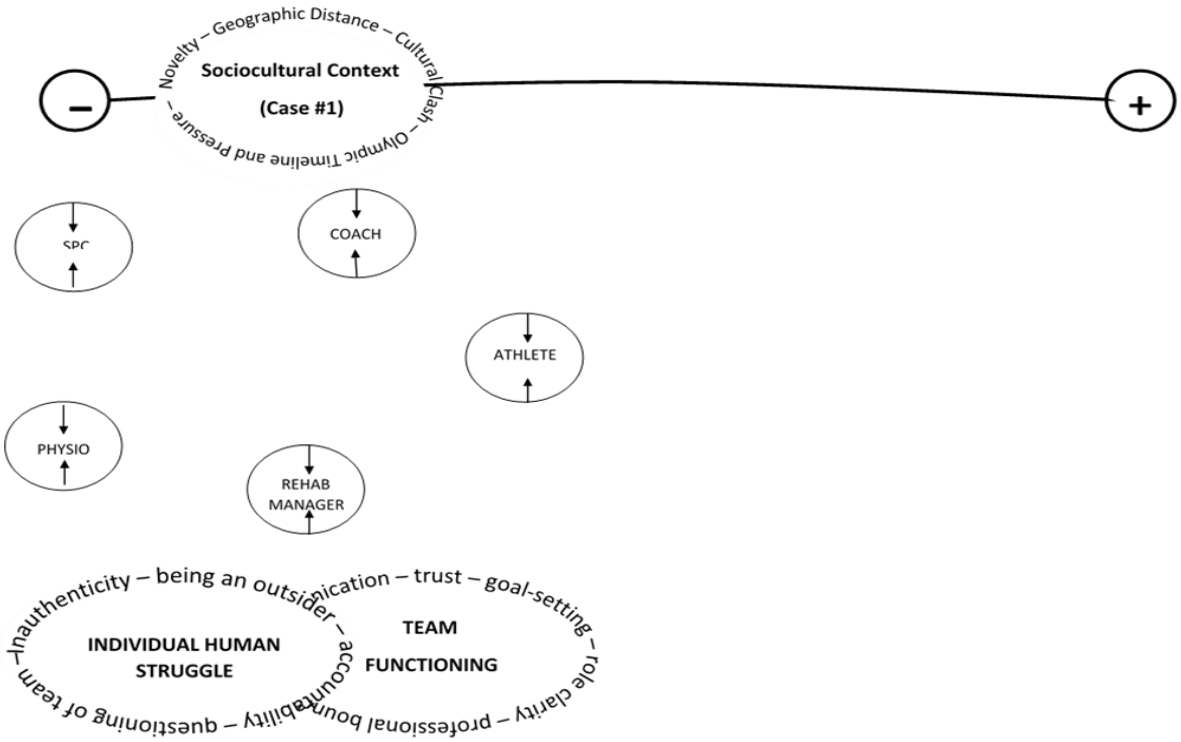

Figure 6. Interface of higher-order themes and team structure across Case #1. The sociocultural context was appraised negatively, and each individual member was focused internally on herself. As a result, the individual human struggles defined their lived experiences, and prevented optimal team functioning.

The inability for the team to reconcile their individual struggles, and function effectively as a team, was experienced by the most important member of the team—the athlete. Hadley felt torn between the members of the team, and because all members were there theoretically to support her—perhaps responsible for their well-being. Given the source of their individual struggles (i.e., internal self-focus), she was unable to assist in improving the functioning of the team and the result of that had undesirable consequences on her lived experience. Although the sociocultural context was not directly controllable by any member of the team, the negative impact of that context could have been ameliorated through active effort by team members (e.g., increased communication efforts, additional in-person meetings). Unfortunately through Case #1 the effort needed to actively change the perceived negative sociocultural context was not made,

and members of the team did not reflect positively on their lived experiences throughout that time. In addition to the lived experiences of the members being unfavorable, the objective outcomes surrounding Hadley's rehabilitation and performance were also suboptimal such that she was not competing to her potential, and still experiencing discomfort and pain in her skiing.

Case #2: January 2014 – February 2014

Case Description

On January 5, 2014, five weeks out from the OWG, the athlete decided to train on the trampoline despite suggestions from many members of the PMT to stay away from that particular mode of training. During that training session, Hadley heard a click accompanied by a burning sensation in her right knee. She ceased training immediately, and reported her experience to members of the PMT. Following the initial report of the injury incident, there was inconsistency in the way members of the PMT recounted the subsequent few days. Although recollections from that time varied, it was consistently identified as a hectic and highly stressful time for all members of the PMT. Following the initial examination by Sophie, and a follow-up discussion with the rehabilitation manager, Hadley had an MRI diagnostic in order to confirm or refute initial thoughts that the athlete had sustained a tear to her anterior cruciate ligament (ACL). After days of discussion, additional diagnostics, and disagreements about when and how to deliver the diagnosis, Hadley was notified that she had sustained a significant tear to her ACL. The diagnosis was reported to the athlete approximately 10 days post-incident. The athlete and members of the PMT spent the next few days deciding whether or not she would continue her Olympic campaign. Given the potential consequences of competing with a deficient ACL, the decision was left to the athlete. Hadley's decision to continue marked a turning point in the climate of the team, the point at which the team started to operate differently than in Case #1.

Due to the proximity of the OWG, and Hadley's decision to try and compete, no surgical repair was scheduled. It was further decided that Hadley would cease all on-snow training until she arrived in Sochi, and that Sophie would increase the support (i.e., braces, taping) around Hadley's knee. The athlete continued to engage in off-snow physical training and holistically attempted to promote healing (i.e., nutrition, herbs). Additionally, Hadley increased the time she spent engaging in psychological skills training (PST) throughout the 5-week lead up to the OWG. In the absence of on-snow training, and through coordinated efforts with the SPC, the coach compiled a highlight video of Hadley's on-snow runs to be used for PST purposes.

On February 1, 2014, in Sochi, Hadley returned to on-snow training. Around that same time, members of the PMT were notified that the athlete's participation in *competition* was contingent upon her ability to pass a return to sport test. Following days of frustration brought upon by a combination of: (a) ambiguity regarding criteria for the return to sport, (b) the nonchalant manner in which the Chief Medical Officer was managing the case, (c) the athlete's general test anxiety, and (d) the fact that the athlete had already successfully returned to sport as demonstrated by training on the largest Slopestyle course ever constructed, the SPC suggested that the medical staff assess Hadley's readiness for sport in a novel yet ecologically valid manner. Instead of assessing the stability of Hadley's knee via completion of a series of functional movement tests (e.g., lunges, squats, box jumps, etc.) in the clinic, the SPC suggested that the medical staff assess the stability of Hadley's knee via video review of her training runs on the Olympic Slopestyle course. Coach Amelia compiled the video of Hadley training, and on February, 8 the athlete was cleared to compete in her Olympic event on February, 11. After two rounds of competition, the athlete finished her final run and was in third place. In the very final run of the competition, a fellow skier from Canada scored more points pushing Hadley off the

podium into fourth place at the 2014 OWG in Sochi, Russia (see Figure 7).

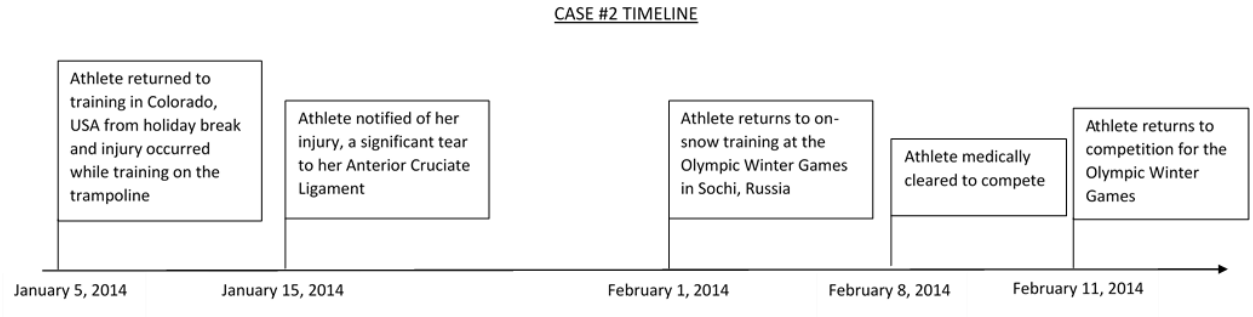

Figure 7. Case #2: Injury Timeline

Sociocultural Context of Case #2

By the time the injury occurred in Case #2, the PMT had been working together for approximately 15 months in preparation for the 2014 OWG. Over the course of that time the sociocultural context around the PMT shifted, so while the higher-order and lower-order themes identified among team members were similar to Case #1, their perceptions of those themes were different. As in Case #1, the sociocultural context had a substantial influence on the focus of individual team members. More specifically, the sociocultural context in Case #2 shifted the focus of the PMT members from an internal self-focus, to an external others-focus. This shift in individual foci was further confirmed by the observed shift in team operational structure such that the athlete became the center of the PMT and all members were focused on her (see Figure 6). The external focus held by the individual members prompted them to take a more active and engaged role in the team, resulting in improved team functioning across Case #2. The changes in the sociocultural context are described below as they were perceived by the individual members of the PMT.

Novelty of the experience. As in Case #1, participants identified the novelty of the experience, that is the PMT formation, the OWG, and their involvement in a national sport organization (i.e., OWIA), as an important influence on their lived experiences as well as their

ability to function as a team. Unlike Case #1 however, and because they had already been working together for approximately 15 months, participant experiences in Case #2 were less novel and less deleterious to both lived experiences and team function. The coach described the contrast between Case #1 and Case #2 related to the novelty of the PMT:

> And it's just the newness, nobody knew, it's for no fault, it [was] just new, it [was] different…it was just lack of communication and understanding whereas by this stage, the second [injury], uh everyone was on the same page.

In addition to being more familiar with one another, members of the PMT were also more familiar with the specific injury diagnosis as well with Hadley's rehabilitation process. The athlete described the contrast between Case #1 and Case #2 in terms of the novelty of the rehabilitation process:

> … the past experiences of like having this scheduled day of just rehabbing, I was used to it. It wasn't like a hard thing to do. I was like oh, I know how to do this. Like I did this all last year.

As indicated above, the participants' experiences with one another as well as with the injury and rehabilitation processes helped to minimize the stress associated with navigating an undesirable experience. An additional benefit of knowing each other longer was the team's willingness and ability to better *understand* each other, specifically the cultural differences between group members. As such, the cultural clash that was pervasive in Case #1 was perceived as less of a barrier throughout Case #2.

Cultural clash. Although the cultures between Slopestyle Ski and the OWIA remained different from one another during Case #2, members of the PMT had the benefit of time to better understand the other culture. An improved understanding of one another enabled members of

the PMT to compromise, and despite cultural differences, to create a more harmonious team environment. Hadley specifically described the SPC's work to create a climate that was conducive for her at competitions:

> I think Cate had learnt like my way, like how to get me—like my best frame of mind to compete was being happy and having fun but yet focused ha. Because she understood that, she really tried to create that sort of like cruisy sort of air, rather than like reh reh reh you know?

Given Cate's proximity to Hadley throughout Case #2 (i.e., at the OWG), it was critical that the SPC understand what worked best for the athlete in her competitions, yet also provide the off-hill structure and routine necessary to facilitate optimal performance. Cate described how she worked to provide Hadley with an environment consistent with her preference, particularly in light of the pressure at the OWG:

> So she tells me what she needs, and one of the things was just to keep her occupied, because if you're alone up [at the top of the Slopestyle course], your head can go in all kinds of places, or people will bother you. So let's go into this [ski] lodge. Let's rest, let's just talk shit and be light and do stuff like that.

In Amelia's case, more time within the structured sport environment improved her understanding of the OWIA, enabling her to facilitate a positive experience for Hadley during the OWG. The coach's confidence to both work alongside the OWIA and stay true to her Slopestyle roots was aided by her comfort level with the PMT. Amelia's reflection on her preparation to support Hadley at the OWG highlighted both her knowledge of the OWIA and her increased comfort with maintaining the Slopestyle spirit:

> I knew that this team, especially the Australian Olympic team, would take it very seriously, and I didn't think that was the greatest environment for Hadley. And especially confidence-wise, you know, like you know this was bizarre for us to be going to the Olympics. Um and I just really wanted to keep that freestyle spirit alive at this time more than ever for her. So I tried to keep it light.

As reported by the members of the PMT, the cultural differences between the two groups still existed, but the tension between the groups appeared to diminish due to an increased understanding of each other. The increased understanding of each other was also facilitated by the third lower-order theme identified by participants—their geographic proximity to one another. Described next is the way in which members of the PMT thought that their proximity to one another promoted both a more positive individual experience as well as improved team functioning.

Geographic distance. During Case #2, members of the PMT were no longer consistently living and working apart from one another. While team members still had times when they were not together, for most of the OWG they were living in the same apartment complex in the Olympic Village. Members of the team identified this proximity as a positive contributor to their ability to function as a team and their positive experience throughout this time. Sophie, the physiotherapist, described the importance of geographic proximity to the team's communication and suggested that during Case #2 there was an increased level of function because they were in the same place:

> Also, I think through that second injury geographically, we were in the same place. So that made a huge difference too, for communication. Because it wasn't this labored email communication or a phone call in the middle of the night, um you could just go and speak

> candidly to someone. Um and ya know a voice down the phone or an e-mail is so different to be able to look into someone's eyes and convey feelings. Cause ultimately, there was a lot of emotion around this.

Cate echoed Sophie's sentiment as it related to their geographic proximity at the OWG. As Cate stated, being geographically proximal decreased the difficulty surrounding consistent and effective communication as well as the team's ability to manage Hadley's performance together:

> So once we all got there, we were all in the same place we were literally staying in the same 4 or 5 story building. We were all literally staying in the same building. Um, so much easier to communicate, to check-in, to work together to manage this whole process for the next week and a half.

The geographic proximity experienced during Case #2 was in stark contrast to the disparate team that existed throughout Case #1. The positive influence that being close to one another had was obvious, improving both the lived experiences of individual team members and the effectiveness of the team as a whole. Other positive changes perceived by participants during Case #2 were less pressure to earn a medal and the emergence of a light at the end of the Olympic tunnel.

Olympic pressure and timeline. During Case #2, participants identified a reduced level of Olympic pressure and a positive perception of the timeline despite being *at* the OWG with an unexpected ACL injury. The limited amount of time left in their Olympic campaign seemed to infuse positive energy and sense of purpose to the PMT. As Cate explained, "they could stop talking about [the Olympics] and just do it," a sentiment shared by numerous members of the PMT. Perceptions of *holding on* and *getting through* were common throughout Case #2. For example, Cate said of the timeline: "Whatever we need to do, we've got now five weeks and we

just need to get through the next five weeks." Similarly, Sophie said of the timeline, "Once you get to Sochi you, it was kind of just hold on for two weeks."

Concurrently, the ACL injury incurred by the athlete five weeks before the OWG served to decrease the pressure and expectations for podium results among members of the PMT. In Amelia's words:

> And then all of a sudden, with this injury, it just took the pressure off. Ya know, we were just going [to Sochi] if nothing else so that she could put on a uniform and just be there cause she'd worked so hard. Um, and it just took that kinda expectation [a medal] off in our mind.

The athlete described the reduced pressure differently from other members of the PMT. That is, the injury enabled Hadley to focus on appreciating and enjoying the opportunity to *be* at the OWG rather than pressuring herself to win. As Hadley described:

> Yeah, so it kind of changed my whole perspective on things and I let go of like caring so much about um winning or being on the podium. I just wanted to like be there. I think it was just a way more positive attitude than I've had leading into the other competitions. It was like a new perspective of being appreciative of where I was and what I was doing.

As stated above, the unfortunate occurrence of an injury five weeks out from the OWG allowed certain members of the team to shift their focus from winning to the process of Hadley's performance. In so doing, much of the external and internal pressure that had previously been experienced by those team members was eliminated. The reduced timeline also allowed members of the PMT to focus clearly on the OWG as they were now on location, with the end of their Olympic campaign in site. These four lower-order themes created the sociocultural context that surrounded the PMT during Case #2. While these four themes were the same throughout

both Cases, the perceptions contained within each theme shifted dramatically from Case #1 to Case #2, thereby contributing to the different (i.e., improved) lived experiences and team functioning.

Team Functioning

The second higher-order theme identified throughout Case #2 was the functioning of the PMT. Although these same lower-order themes were identified in Case #1, the way in which the members perceived and described the functioning of the team changed substantially in Case #2. Due in large part to the shift in sociocultural context explained above, the most salient lived experiences in Case #2 revolved around being part of a functioning team rather than the individual struggles they had experienced. The five themes that facilitated function of the PMT were: (a) improved communication, (b) established trust among team members, (c) a superordinate goal, (c) clear roles and expectations, and (d) better established professional and personal boundaries. These themes are discussed in more depth below, as they were described by study participants.

Communication. Across Case #2, participants consistently identified noticeable improvements in their ability to communicate consistently and effectively as a team. Physical proximity to one another was identified as a primary sociocultural element that contributed to team members' ability to more successfully communicate with one another. As described by Cate:

> Um, it's much easier because we don't have to rely on the availability of Wi-Fi or cell phones to communicate. I can literally walk down two flights of stairs and there's Hadley. I can walk up three flights of stairs and there's the physio and the coach. So it's um, I can

> go outside and take 20 steps and there are the team doctors. So it's all much more self-contained—ability to communicate is much easier.

Although not perfect, improved communication had an important impact on both the individual lived experience and the perception of team functioning. In light of the previously discussed frustrations with a lack of communication in Case #1, it is not surprising that PMT members spoke of the positive influence that improved communication had on the functioning of their team. According to the coach, Amelia, communication offered clarity to the other areas of her work:

> Just communication so, uh all of a sudden [the PMT] is talking to each other on a regular basis. Um and it just felt a little bit more like we were talking, we were operating more as a team, rather than these kinda disparate opinions coming in that I had to then interpret and I dunno, do something with. At least I knew where my role was and where my boundaries were you know—where I'd step aside and I don't saying anything or I come in and I do this. It was just a bit more relieving so that communication between parties was the best thing that made the team work at that stage.

For Sophie, the communication provided the team with the ability to more effectively manage the decisions that were being made, and facilitated a better healing process for the athlete. In contrast to the athlete's typical nature of making autonomous decisions, the communication between the other members of the PMT prompted a unified and consistent message to Hadley surrounding training decisions, "So we were able through again, with much better communication between Amelia, myself, and Cate, um, [to] get [the athlete] to sort of follow the, what we want her to do for the most part."

For the athlete, better communication among all *other* members of the PMT actually improved her own feelings of agency and she felt more included in the team's decision making in a positive way through Case #2. Hadley describes her experience with the PMT's improved communication:

> And it was just that little group and like there was no one else sort of everyone sort of was talking to each other…. I think people were communicating with me better as well, like they weren't leaving me out [of the discussion] as much. I think everything was just like honest, open, all kind of talking together and um yeah, we just all knew each other better.

Throughout both Cases, the team's communication or lack thereof was a lower-order theme thought to impact the overall functioning of the team. When team functioning improved, so too did the experiences of individual members of the PMT. The ability of team members to communicate, and thus know one another better, also promoted a positive shift in the second lower-order theme identified in Case #2—the trust between team members.

Trust. The team had been working together for over a year at the onset of Case #2, during which time the trust between the individual team members had improved as compared to their level of trust in Case #1. The time to establish relationships and get to know one another was important to team success during Case #2. Hadley shared the following observations of team members across the two Cases:

> [During Case #1] …I think Amelia was trying to figure out Cate, and Cate was trying to figure out Amelia. And same with Sophie and Cate and everyone was tryin' to like, [but] a bit skeptical of what the other person was doing. But once everyone really got to know each other, and trust, there was more trust with everyone I feel as well.

Given the high-risk, high-reward nature of elite sport, it is reasonable to understand how any changes or new additions to a team would be difficult to trust at first. The struggles and growing pains experienced during Case #1 provided members of the PMT with the opportunity to get to know one another, the benefit of which manifested itself as improved trust, and ultimately team functioning, throughout Case #2. The third lower-order theme identified by participants was facilitated by both of the previously mentioned themes (i.e., communication, trust), whereby team members were on the same page, thus able to develop a superordinate goal which propelled them throughout the difficult five weeks leading into the OWG.

Goal-setting. Unlike Case #1, in Case #2 all members of the PMT identified a single superordinate goal that provided direction to the group. That goal was to keep Hadley healthy and functioning well enough to get into the start gate so that she could participate in the 2014 OWG. While members of the team still had their own individual goals, they all clearly understood the common goal and it was a source of unanimity for the PMT. Following a difficult diagnosis at the onset of Case #2, Amelia identified the way in which a single goal unified the team: "So from that point on we're all sort of I guess working together on—this is our plan, this is how we'll work it." Natasha also identified that the turning point for the team followed the diagnosis being delivered to Hadley: "And so after the diagnosis was definitely established, um we just came up with that very short-term plan of getting her through to the Games." Finally, the physiotherapist reflected on the ability of the PMT to successfully identify a goal and to plan for the team despite the difficult circumstance created by the injury occurrence:

> Like this is all happening in a pretty short period of time for a major usually season-ending um injury. Uhh the goals were obviously to get her to the Olympics in one piece, and have her survive, and she did.

As with the other members of the PMT, Hadley also appreciated having identified a single superordinate goal. For her, this one common objective freed her up to stop focusing on the outcome of the OWG and start focusing process of getting into the start gate. In Hadley's own words:

> Whereas before I was just so like focused on like a podium or a win or like a specific trick. And I think Amelia's perspective changed as well because she's similar to me, and like you know you're going into a competition to like to win and to get this trick…and if we didn't, that it was kind of a bummer…But now like seeing I think everything that I've gone through and she had gone, she went through as well, we were both like [laughing] "let's just get there." I kept thinking like, like my positive thought was like I'm gonna get in the start gate, like I just I just need to roll down. Ha. Um and then once I was there my like, on competition day, my like goal of the day was to land a run like that was it. It wasn't like a placing or a score or anything, like it was just to land a run.

As discussed above, the unified goal was a source of focus for the PMT and provided all members with a single direction for the remainder of their work on Team Hadley. Additionally, having the athlete in support of the goal allowed a sense of authenticity and clarity for team members to be open, honest, and work together for the single goal of getting Hadley through the OWG. As a single goal was established among the team, individual members were able to see how they fit into the PMT. As such, role clarity, the fourth lower-order theme, improved.

Role clarity. Unlike Case #1, where participants were confused about their role on the PMT, during Case #2 participants understood their roles and were actively engaged in assisting the team in any way they could within the boundaries of their respective roles. Amelia, who struggled to understand her role in Case #1, spoke of clearly understanding what was needed of her during Case #2. Cate also felt that the roles were well-defined during Case #2, "Yes, yes, roles were very well defined, and who needed to do what, and what was expected".

The shift in Hadley's role from an equal member of the PMT in Case #1 to the athlete at the center of the team in Case #2 also facilitated role clarity for the participants, and served to improve her own lived experience. Once Hadley assumed her role as the athlete, it allowed the other members of the PMT to surround her and provide her with the support she needed to focus on healing and performing. While Hadley didn't necessarily like forfeiting the control and equal voice she was accustomed to, she knew the change provided her with the best possible chance to achieve her goal of landing a run in the OWG. In her words: "… I didn't like [frolic] I was so removed from everyone else, and in my little like bubble with my three people around me. [But], um I just, yeah, it just kept me right where I needed to be".

As stated above, the roles and expectations of members of the PMT were more clearly defined throughout Case #2. This clarity helped to delineate the professional and personal boundaries that had been blurred in Case #1. Less stress surrounding professional boundaries facilitated the functioning of the team. The clarity surrounding professional boundaries is the final lower-order theme associated with team functioning and is discussed below.

Professional boundaries. While the long-standing relationships between some team members did not change in Case #2, participants were now more used to operating in a professional realm, and therefore actively worked to delineate their personal and professional

relationships. Specifically Amelia was better able to distinguish her role as a coach to Hadley over her previous role as a friend to Hadley. This demarcation was challenging for Amelia, who found herself relying on friendships with other staff on the PMT (i.e., Sophie, Cate) for support.

> And I think these last couple years I'd transitioned from being the friend-coach to the coach-coach that told her [Hadley] things to do that she didn't wanna do. So I hated being in this position. But, I kinda, I had to unfortunately. That was the reality of where we were and how this was gonna work.

Although Amelia identified struggling with the clarification of personal and professional boundaries, she did understand the rationale for the change. Additionally, and perhaps more importantly, the delineation between roles decreased the frustration of other members of the team who had previously been aggravated by the blurred lines.

Throughout Case #2, it was evident that the individual members of the PMT perceived that the team was more capable of functioning than they had been in Case #1. This was evident as they discussed the improvements they observed in their communication, trust of one another, goal setting, and clarity around roles and boundaries. In light of improved team functioning, participants spent much less time focused on the individual struggles (i.e., inauthenticity, being an outsider, accountability, questioning of the team) that had been at the forefront of their lived experiences during Case #1. Throughout Case #2, members of the PMT undoubtedly dealt with individual struggles, which is not surprising given that the participants were navigating an intense, and difficult environment. However, as a result of the shift in sociocultural context, the members of the PMT were not focused internally on themselves but rather externally on their fellow team members and the athlete they were there to support. As a result of that external focus, the salience of participant's individual human struggles was less, and so while PMT

members experienced individual challenges, the focus on facilitating team function overcame the gravity of those challenges.

Individual Human Struggles

As the sociocultural context shifted, and the team experienced improved levels of functioning, participants also felt most positive about their individual human struggles, the third higher-order theme throughout Case #2. More specifically, members identified the way in which these struggles had dissipated as a result of the improved sociocultural context and team functioning. Although members did still face struggles throughout this time, their experiences were no longer defined by those challenges. The individual human struggles (i.e., inauthenticity, being an outsider, accountability, and questioning of the team) as they were experienced by participants in Case #2 are described below.

Inauthenticity. Feelings of inauthenticity were not commonly discussed across Case #2, due in large part to the external focus held by each member and a lack of time and energy to devote to individual struggles. Additionally, it was observed across Case #2 that members of the PMT were more comfortable in their respective roles and therefore did not need to present a false self to fit into the PMT. According to Hadley, during Case #2 the climate of the PMT was more consistent with her previously established schema of Slopestyle Ski:

> It was like more fun. Like we kinda went over [to Sochi], and it was like because of-just like working in, like with that positive energy. Like I liked knowing that everyone liked each other, I guess, and enjoyed each other's company, and everyone had a good time together and so we kind of became this team and we were more like it's just—I know it sounds like really hippie—but there was just like a positive energy.

In addition to the environment being more positive, Amelia stated that she was more comfortable emotionally detaching from Hadley during Case #2. This detachment, or demarcation of personal and professional boundaries, allowed the coach to authentically support the athlete through her difficult time at the OWG: "So I- I had to emotionally detach from [the athlete's OWG experience] and just [be] this positive yay, yeah, let's go ski."

As participants were more able to be their authentic selves in the PMT, they were also more comfortable extending themselves to engage and build relationships with the other members of the team. As a result of knowing one another better, participants felt like part of a tight knit team rather than an outsider to an in group as they had in Case #1.

Being the outsider. Feelings of isolation were discussed less frequently across Case #2, as members of the PMT had begun to rely on each other for support. Because of their improved trust in one another, their geographic proximity, and their consistent communication, members of the PMT commonly cited being part of the team, or the "A-team" as stated by Amelia in Case #2. Participants once again described the team as a tight circle around Hadley, and as such perceived the members of the PMT to be a support for them, which decreased feelings of isolation. Although Amelia did experience isolation as she transitioned from Hadley's friend to her coach, she now had support from members of the PMT to manage those feelings. In her words:

> Isolating (laughs) really isolating, cause I'd lost my...not - I'd kinda lost my friend and confidant in her, I couldn't talk to her about it anymore, and she couldn't and she shouldn't have talked to me about it anymore and then I didn't, lucky I had Sophie, thank god.

Staff members were not the only ones to feel the benefit of the smaller and stronger circle around the athlete. That members of the PMT were communicating more regularly and working more seamlessly toward a superordinate goal made Hadley, the athlete at the center of the circle, feel more supported than she had felt in Case #1. As Hadley described her daily routine in Sochi it was evident that she did not feel alone during her rehabilitation process, or her time at the OWG:

> Yeah met up with Cate *every* night. We'd do visualization, she'd come to my room, we'd go and get physio you know. Go to bed. I just had this schedule. Each evening like I'd discuss with Amelia what I was gonna do the next day and my practice some course, then I'd discuss it with Cate, and then we'd visualize it then I'd you know read for a bit and then go to bed so I had this yeah, it was *really really* good. And everyone I guess worked together really well.

A more unified team during Case #2 served to minimize the feelings of isolation felt by individual members of the PMT and to improve the lived experience of the athlete at the center of the PMT. Another positive impact of the more unified team was the willingness of team members to hold themselves, and each other accountable for optimizing the athlete's performance and well-being.

Accountability. Throughout Case #2 participants were more willing than in Case #1 to take accountability for their role as a member of the PMT, whereby they were responsible for the health and performance of Hadley. In addition to each member's willingness to take responsibility for their role in Hadley's health and performance, the occurrence of what would often be a season-ending injury provided a relief to team members in that they perceived they would no longer be held accountable for Hadley's objective performance. More specifically,

because the athlete had incurred an injury so close to the start of the OWG, it was unrealistic to expect that she would be competitive (i.e., podium) on an Olympic level. As such, the definition of *success* changed for all members of the PMT. Hadley indicated that because of the timing of the injury she felt less pressure at the OWG, which actually helped her to perform better.

> I think there was just less pressure as well that pressure of me like, I'm going to the Olympics to get this particular run and to land it and to win oh and to get first second or third to get on the podium. … I just didn't have that podium pressure anymore. I just had that, I just wanna get there.

In addition, during Case #2, members of the PMT took purposeful and potentially risky steps to advocate for Hadley and her opportunity to compete in the OWG. This was highlighted during a difficult time for the team—getting Hadley medically cleared to compete. Although the process itself was frustrating, members of the PMT bonded together to reach the goal to get the athlete safely in the start gate on competition day. Cate reflected on this frustrating time and identified the way in which Amelia used her skills to help get Hadley medically cleared:

> Um, and her coach really rose to the occasion, I think in the medical clearance piece um I was somewhat frustrated that Hadley was going to have to do all of these activities like a box jump and a one-legged hop and so on to be medically cleared, when she'd been successfully skiing the largest course ever. Was there something else that we could do? And [the Chief Medical Officer] said well if he could see her skiing the course, um that would be good…And so her coach put together—'cause she videos every run Hadley took—put together this awesome video of Hadley, um skiing the course and labeled everything. So that allowed the three-person panel, who would determine whether or not she was medically cleared, to actually see that she was performing the activities

necessary. So, um Amelia did an awesome job putting that video together and explaining everything.

That each member of the PMT was more willing to take accountability during Case #2 was influenced by her belief in the purpose of the team and the positive team environment. Members of the PMT believed that they were supported by other members of the team, which allowed them to hold each other accountable and take risks for Team Hadley. Additionally, the reduced stress and clear superordinate goal allowed for members to more positively engage with the process instead of fearing responsibility if things did not work out (i.e., podium performance). The final lower-order theme associated with the individual struggle was the member's uncertainty or questioning of themselves, the team, and the rehabilitation process. Similar to the other individual struggles discussed above, this was no longer a prominent theme among team members during Case #2.

Questioning of the team. As members had the opportunity to work together across Case #1, by the time they got to Case #2, the questioning of self and others had decreased. For example, despite the variety of physical barriers Hadley experienced at the OWG (i.e., ACL tear, newly rehabilitated knee, head cold), she did not question her ability to successfully compete in the OWG because of the mental training she had completed in the weeks leading up the Olympic games:

> And I just kinda reverted back to my visualizing. And like I guess every run, I'd take my, even like on the course, I had my schedule so I'd get to the top [of the hill], I'd take my five breaths, I'd change my song [on my iPod], I'd look down [the hill], I'd go for it.

As Hadley felt more confident in herself, other members of the team felt more comfortable and confident in each other. Specifically, Sophie described having time to get to

know other members of the PMT as important to facilitating their trust and confidence in one another:

> I think again you've, you've had time to, to get to know Cate better, multiple Skypes, we'd actually met you know. I had met Cate in person for this first time, Amelia had spent more time with her too, and you know relationships take time to develop anyway, so that's probably a big part of it.

Finally, although the process may not have always made sense to all members of the PMT team, they were more willing to trust that process because they were confident in each other. Amelia believed that the confidence and reliance on one another during the OWG was the source of their success:

> Um, yeah so the snow coach, the physio, the sport psych, that was really the A-team, as we called em….Um, and that worked, that's what carried us over the line, that we- we all just kinda huddled around and just carried [Hadley].

Throughout Case #2, it was evident that members of the team were more confident in themselves and their role on the team, as well as confident in the other members of the team. While things could have been better, participants suggested that given the sociocultural context around them, they were functioning very well as a team and believed they had successfully completed what they committed to doing for the athlete at the center.

Summary

Across Case #2 the lived experiences of the members of the PMT were predominantly described by their ability to function as a team due to the more positive sociocultural context surrounding them. In contrast to Case #1, participants described the sociocultural context (i.e., novelty of the team, geographic distance, culture clash, Olympic pressure and timeline) in a more

favorable light. Specifically, there was a shift from staff focusing internally on themselves to focusing externally on both the athlete and the other members of the team. Because members of the PMT were more consistently focused outward toward other members of the team, they spent less time ruminating on the individual struggles (i.e., inauthenticity, being an outsider, accountability, questioning of the team) they were experiencing throughout that time. Individual struggles still existed across Case #2, but to a lesser degree and with less significance given the focus of the PMT on Hadley's needs their team goals at the OWG. This shift is highlighted in the themes identified in Case #2 such that most of the discussion revolved around the positive changes made to the team functioning (i.e., improved communication, trust, goal setting, role clarity, professional boundaries) rather than the individual struggles that remained across Case #2 (see Figure 8).

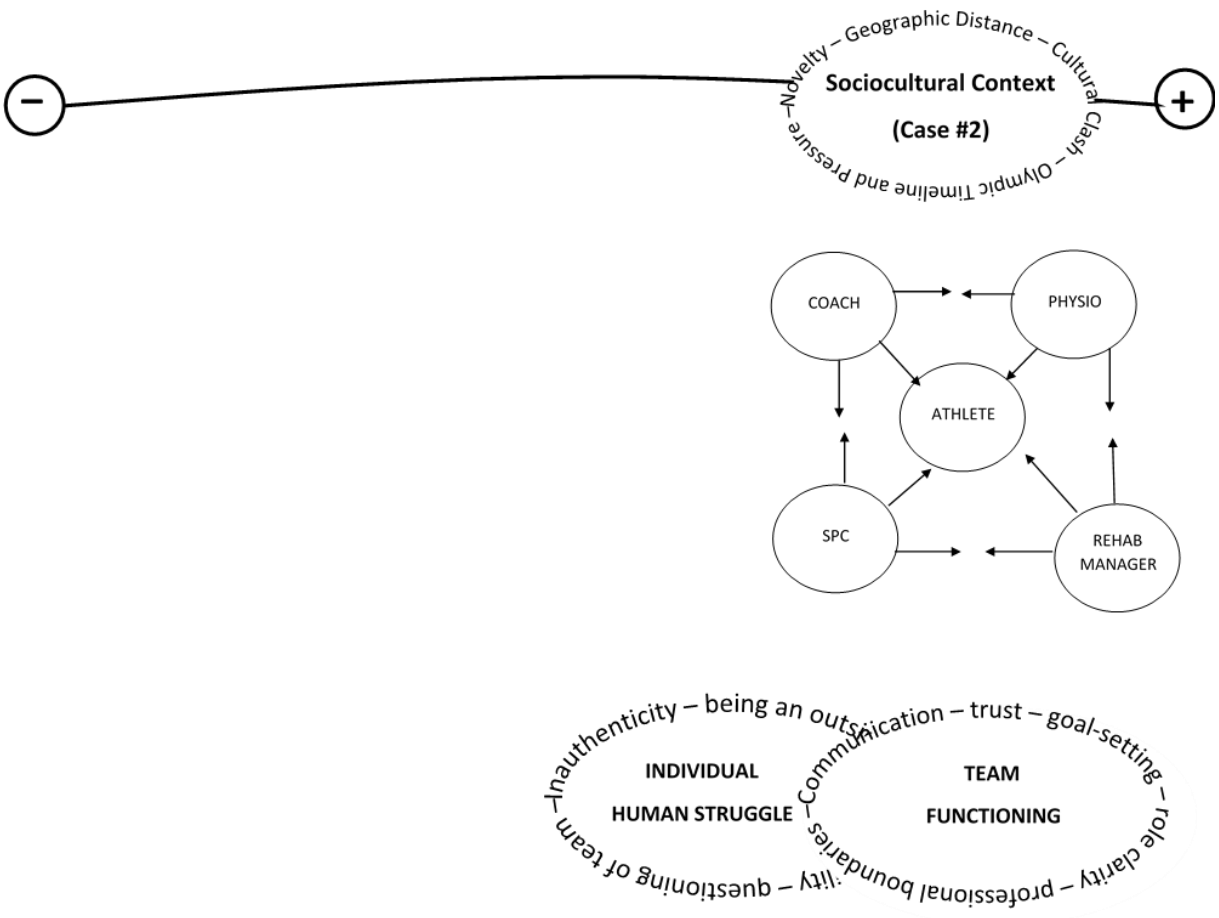

Figure 8. Interface of higher-order themes and team structure across Case #2. The sociocultural context was appraised positively, and each individual member was focused externally on the athlete and other team members. As a result, the improved team functioning defined their lived experiences which attenuated the salience and impact of their individual human struggles on their lived experience.

The result of the improved functioning of the PMT was felt by all members of the team, most importantly the athlete at the center. The improved performance of the team was identified as a contributor to the athlete's ability to successfully navigate her second injury and to feel confident that she performed to the best of her ability at the OWG. Other members of the team also benefited from the improved functioning of the team as they no longer defined their lived experiences as a struggle but rather as the member of a successful team under less than ideal circumstances.

CHAPTER V: Discussion

Introduction

The purpose of the current study was to illuminate the lived experiences of members of the same performance management team (PMT) across two separate injury Cases leading into the 2014 Olympic Winter Games (OWG) in Sochi, Russia. Results of the study indicated that the lived experiences of members of the PMT changed from Case #1 to Case #2. More specifically, their experiences improved as they transitioned between the two Cases. The change observed was due in large part to participant appraisals of the sociocultural context (i.e., novelty of the team, geographic distance, cultural clash, Olympic pressure and timeline) around the team. Below, each Case is discussed separately with respect to relevant research and the results of the current study. Additionally, findings of the study are discussed below in light of four bodies of literature examining the interface between the identified themes and changes observed across the two Cases (see Figure 4). Finally, suggestions are provided for how the results may extend and further describe our understanding of different approaches to performance management in both sport and healthcare settings.

Case #1: A Multidisciplinary Approach

A multidisciplinary approach to patient care is often described as professionals from different disciplines working independently with the patient or athlete toward discipline-specific goals (Melvin, 1980). There is generally little or minimal communication between members of the team, they are not commonly in one place, and they do not share a common or superordinate goal (Körner, 2010). Throughout Case #1, both the structure of the team and elements of the lived experience suggest that team members were operating relatively independently and in a manner consistent with previous descriptions of a multidisciplinary team (see Figure 6).

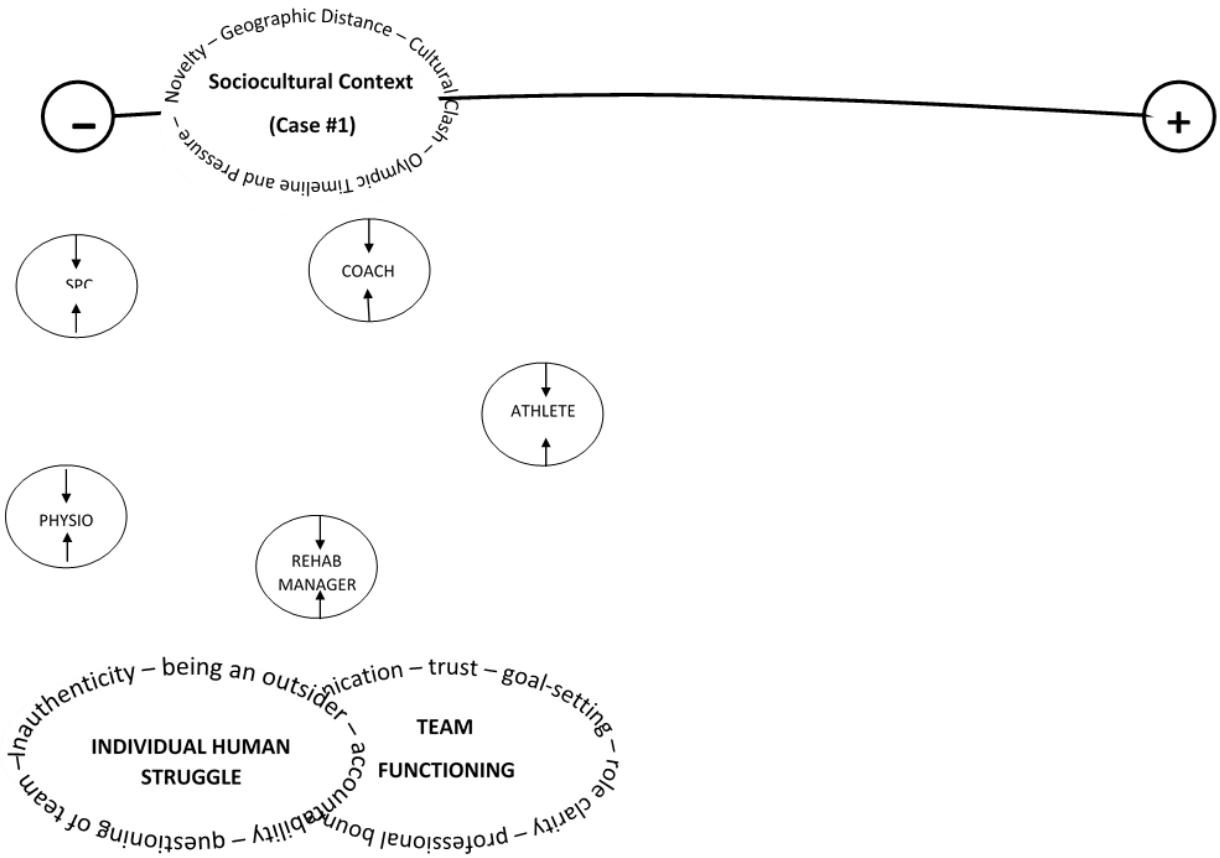

Figure 6. Interface between higher-order themes and team structure across Case #1. The sociocultural context was appraised negatively, and each individual member was focused internally on herself. As a result, the individual human struggles defined their lived experiences, and prevented optimal team functioning.

Throughout Case #1 the lived experiences of the members of the PMT were defined by their individual human struggles (i.e., inauthenticity, being an outsider, conflict of accountability, questioning the team), resulting in large part from the internal focus held during that time. The internal, self-focus was prompted by the sociocultural context which was appraised as negative, threatening, and/or challenging by the participants throughout Case #1. Those negative appraisals prompted members to remain in their own individual *silo* focusing internally on self, therefore facing the difficult challenges inherent in injury rehabilitation alone. The participants' preoccupation on their own selves diminished the opportunity to develop the elements important to team functioning (i.e., communication, trust, effective goal setting, role clarity, clear

professional and personal boundaries), and as such the team was observed to be functioning at a suboptimal level. Due to the lack of team function in Case #1, the individual lived experiences of team members, including Hadley, were qualitatively negative. The themes that emerged across participant interviews facilitate an understanding of why the multidisciplinary approach was used and further highlight the effect such an approach had on the lived experiences of the individuals as well as the functioning of the PMT. Those themes are discussed next in light of existing literature.

Sociocultural context. The impact that the sociocultural context had on the lived experiences of the members of the PMT was not surprising as it is consistent with literature which has recognized the importance of an individual's sociocultural context in understanding their injury and rehabilitation experience (Wiese-Bjornstal, 2010). Within both the general healthcare and sport-specific literature, utilizing a biopsychosocial lens to understand health, and healing has increased over the past decades (Brewer, Andersen, & Van Raalte, 2002; Engel, 1977; Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998). Within sport injury rehabilitation literature specifically, it has been established that the social environment that surrounds an athlete can impact injury risk, response, and recovery (Ivarsson, Johnson, & Podlog, 2013; Wiese-Bjornstal, 2010; Wiese-Bjornstal et al., 1998). Similarly, research which has used the aforementioned biopsychosocial frameworks to understand sport injury and rehabilitation have commonly noted that social and situational elements (e.g., time in season, rehabilitation environment, level of competition) are important to understanding an athlete's experience through injury, rehabilitation, and return to sport (Bianco, 2001; Podlog & Eklund, 2006, 2007; Podlog et al., 2012).

The results of the current study suggest that the aforementioned frameworks may also be applicable to other members of a PMT such that they help to understand the experiences of the PMT as a whole through injury, rehabilitation, and return to sport. Consistent with the literature above, sociocultural elements that have been established previously as important to a team (i.e., the novelty of the team, the OWG experience [Howarth, Warne, & Haigh, 2012], the geographic distance between team members [Beckman, Burton, & O'Reilly, 2007; Howarth et al., 2012; Hudson, 2002], the culture clash between the OWIA and Slopestyle Ski [Mariano, 1989], and the Olympic timeline and pressure [Meyer, & Ebersole, 2007]) heavily influenced the experiences of the PMT through the injury rehabilitation and return to sport process in Case #1. Additionally, participant responses to those threatening or challenging elements are consistent with a wide variety of stress appraisal and coping literature within which researchers have consistently identified avoidance and withdrawal as coping mechanisms to challenging or threatening environments (Belanger, Lafreniere, Vallerand, & Kruglanski, 2013; Gaudreau & Antl, 2008; Nicolas, Gaudreau, & Franche, 2011; Schellenberg, Gaudreau, & Crocker, 2013; Thoits, 2011; Vallerand, Paquet, Philippe, & Charest 2010). The results of the current study support those findings such that each individual team member in response to the negative appraisal retreated inward to focus on herself as it felt more controllable and less threatening. The undesirable impact of that coping mechanism, as it manifested itself in both the lived experiences of participants and the functioning of the team, is described below.

Individual human struggle. The individual human struggles identified by the participants in the current study are consistent with previous research that has described the impact of high-stress environments on health professionals (Shapiro, Warren Brown, Biegel, 2007). Throughout Case #1, the appraisal of the sociocultural context was negative, and as such

members of the PMT retreated internally to focus on self. Although the *intention* was to reduce stress that could potentially come from the challenging sociocultural context around the team, in *reality* the internal focus held by each member further highlighted the individual challenges each team member was facing as a result of their work in a high-stress environment (i.e., elite sport injury rehabilitation). Results of the current study suggest that the consequences commonly felt by mental health professionals such as emotional exhaustion (Radeke & Mahoney, 2000; Tyssen, Vaglum, Gronvold, & Ekeberg, 2001), decreased job satisfaction (Blegen, 1993), reduced self-esteem (Butler & Constantine, 2005), and loneliness (Lushington & Luscri, 2001), are also felt by other helping professionals within a PMT. Furthermore, those consequences were exacerbated by the internal focus held by team members.

One commonly identified struggle among members of this particular PMT was feeling isolated or like an outsider to other group members. This finding is consistent with previous research which identified psychosocial isolation as a potential repercussion of increased stress on helping professionals (Newsome, Waldo, & Gruszka, 2013). Another recognized consequence of unabated stress on helping professionals is diminished work quality (Skosnik, Chatterton, & Swisher, 2000), and was also observed to have been experienced by members of the PMT. Furthermore, that particular consequence may have contributed to other individual struggles felt by members of the PMT across Case #1 (e.g., accountability, questioning of the team). As a result of both the structure of the team, and the participants preoccupation with the aforementioned individual struggles rather than team needs, the elements identified within the third higher-order theme—team functioning—would also suggest that they were operating as a multidisciplinary team (e.g., low levels of communication, individual discipline specific goals).

Team functioning. The suboptimal functioning of the PMT across Case #1 is consistent with previous literature such that elements commonly cited as important to team functioning in research were identified by participants in the current study as absent or ineffective across Case #1. More specifically, the elements commonly identified as both important to team functioning in research, and absent or ineffective through Case #1 were: (a) communication (Arvinen-Barrow & Clement, 2015), (b) role clarity (Howarth et al., 2012; Mitchell, Parker, & Giles, 2011), (c) defined superordinate goals (Sherif, 1958; Wayda, Armenth-Brothers, & Boyce, 1998), (d) established relationships and trust (Nancarrow et al., 2013; Sinclair, Longard, & Mohabeer, 2009), and (e) professional boundaries (Nancarrow et al., 2013). Given that the elements necessary for optimal team functioning were absent or ineffective, it is understandable that participants felt frustrated by their performance (i.e., functioning) as a PMT. Two of the primary elements observed by participants to be absent across Case #1—communication and the presence of a superordinate goal—have been extensively examined in various bodies of literature and help to explain the inability of the team to function effectively across that time.

As indicated above, communication was reported by participants as minimal and identified as largely ineffective throughout the first injury Case. The importance of communication within groups generally (Sherif, Harvey, White, Hood, & Sherif, 1961), and rehabilitation teams specifically (Körner, 2010), lends support to the findings of the current study which suggest that the inability to communicate results in detrimental consequences to team functioning. Additionally, the lack of communication further drove members inward as barriers to improved team function could not be actively addressed (e.g., understanding cultural differences, increasing trust among members new to one another).

Another important element of team functioning that was absent across Case #1 was a superordinate goal around which team members could unite. Within healthcare generally, and sport rehabilitation specifically, researchers have found the identification of a superordinate goal as important to optimal team functioning (Kinney, Eikenberry, Noll, Tompkins, & Verheijde, 2013; Sherif, 1958; Wayda et al., 1998). Consistent with the research above, the lack of a superordinate goal to provide direction and purpose for the team minimized productive interactions and thus kept team members entrenched in their respective silos.

Summary

The themes identified above are not unique on their own, yet taken together they provide a novel understanding of *how* a multidisciplinary approach works in practice and the effect that such an approach may have on the members of the PMT. While previous literature has suggested the potential benefit of a multidisciplinary approach to patient care (DiFabio, 1997; Freeman, Langdon, Hobart, & Thompson, 1997; Griffiths et al., 2000; Khan, Pallant, Zhang, Turner-Stokes, 2010), the results of the current study do not support those previous findings and in fact suggest that a multidisciplinary approach to *elite* athlete performance management is disadvantageous. As described by members of the PMT, the suboptimal team functioning through Case #1 resulted in negative objective outcomes (i.e., injury reoccurrence, decreased athletic performance) and undesirable lived experiences (i.e., heavily rooted in individual human struggles), both of which were disappointing to all team members. In contrast, members of the PMT described their experience throughout Case #2 more positively in that the team utilized an interdisciplinary approach to athlete performance management.

Case #2: An Interdisciplinary Approach

An interdisciplinary approach to patient care consists of helping professionals working interdependently with one another in an effort to achieve a common a goal (Körner 2010; Melvin, 1980). The PMT is often co-located (Hudson, 2002), they have shared goals (Kinney et al., 2013), and there are high levels of trust and effective communication between team members (Sinclair et al., 2009). Additionally, while members are willing to assist as needed, there are clear roles and professional boundaries established (Mitchell et al., 2011; Warne & Stark, 2004). Consistent with previous research, participants in the current study described their lived experiences across Case #2 similar to established norms of interdisciplinary teams. In addition to the lived experiences being indicative of an interdisciplinary approach, the structure of the team in Case #2 (see Figure 8) was consistent with previous descriptions of integrated work (Dijkstra, Pollock, Chakraverty, & Alonso, 2014; Meyer, Merkur, Massey, & Ebsersole, 2014).

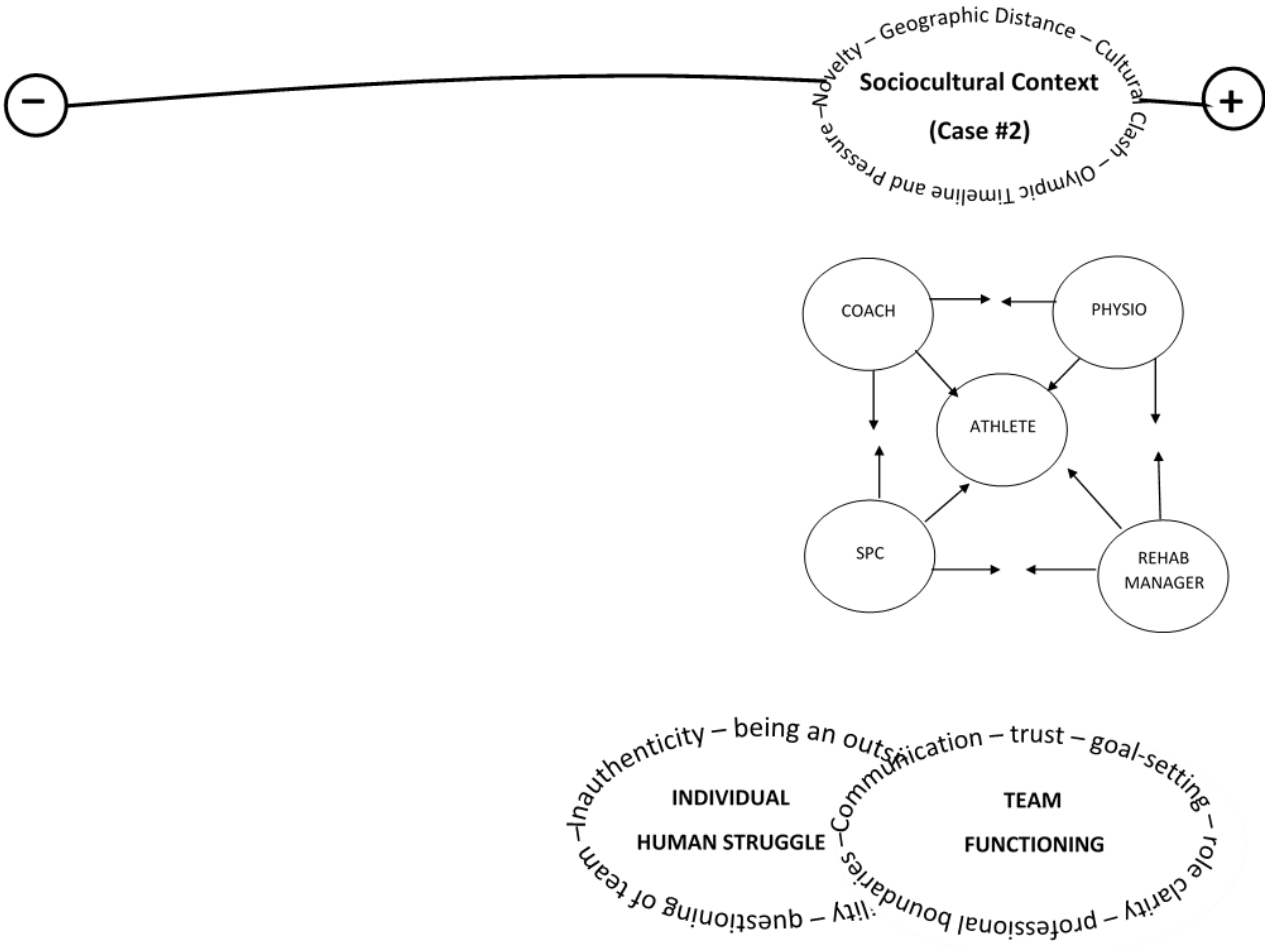

Figure 8. Interface of higher-order themes and team structure across Case #2. The sociocultural context was appraised positively, and each individual member was focused externally on the athlete and other team members. As a result, the improved team functioning defined their lived experiences which attenuated the salience and impact of their individual human struggles on their lived experience.

Across Case #2 the lived experiences of the members of the PMT were tied to the improved functioning of the group and their ability to facilitate a positive outcome for Hadley (i.e., opportunity to compete in the OWG). The external focus of the individual team members provided the opportunity to develop elements previously identified as important to team functioning, and in so doing, the weight of individual human struggles decreased as well. The combination of an increased emphasis on team functioning and decreased emphasis on individual human struggles produced positive outcomes in terms of the athlete's performance, as well as the

lived experiences of all members of the PMT. The positive influence that the integrated approach had on the members' lived experiences is evident in the way in which the participants described the higher-order themes in Case #2. More specifically, because the team was functioning at a higher level, the salience of the higher-order theme—team functioning—overcame the individual human struggles that had previously been the focus in Case #1.

Sociocultural context. Throughout Case #2, consistent with previous research, the sociocultural context continued to have a substantial impact on the individual lived experiences of team members and the functioning of the team (Weise-Bjornstal, 2010). Throughout Case #2 however, the sociocultural context was more positively appraised by participants, which meant that they no longer retreated from the challenging environment and were more willing to shift their focus outward. The change in individual focus had a profound impact on the approach used by the PMT for the injury rehabilitation process (i.e., a shift toward an interdisciplinary approach). At the start of Case #2 the PMT had been in operation for approximately 15 months, and members were more accustomed to the Olympic campaign and working underneath the OWIA. Team members also felt more comfortable with one another, and consistent with research on interdisciplinary teams which found that maturity of a team can help facilitate improved team effectiveness (Howarth et al., 2012), participants in the current study perceived their experience with one another as facilitative to their efforts as a PMT during Case #2. Additionally, for much of Case #2, the members of the PMT were located at the site of the OWG (i.e., Sochi, Russia), and were living in the same building. The geographical proximity of the PMT during Case #2, which has previously been identified as an important element to team functioning (Beckman, Burton, & O'Reilly, 2007; Howarth et al., 2012) was felt to be very important in the current study as well. The way in which the negative sociocultural context had

prevented the team members from focusing appropriately and working effectively together through Case #1, conversely worked in the favor of the PMT during Case #2 as members were incited to focus externally on their team members and the athlete. The shift in focus then allowed for members of the team to actively work on improving elements important to team functioning.

Team functioning. Consistent with previous literature, the integrated or interdisciplinary approach to athlete performance management in the current study was facilitative in maximizing team function (Körner, 2010). Across Case #2, the shift in the type of team approach utilized also facilitated improvement in elements previously identified as important to optimal team functioning such as communication (Arvinen-Barrow, & Clement, 2015; Sinclair et al., 2009), role clarity (Howarth et al., 2012), and identification of a superordinate goal (Norrefalk, 2003; Sherif 1958; Wayda et al., 1998). Additionally, team members were observed to have bonded over an objectively stressful situation which arose on-site at the OWG. That experience is consistent with seminal research on group interaction which found that a common enemy can facilitate improved team cohesion and function (Sherif et al., 1961). The combination of the improved elements of team function, and experience of uniting for a common cause were observed to facilitate optimal team functioning of the PMT across Case #2.

More specifically related to the improvement of elements important to team functioning, the improved team communication observed across Case #2 also helped to break down barriers that previously prevented optimal team performance, thereby promoting more favorable lived experiences for participants. To that end, because the team members were relatively new to one another, and cultural differences existed between them, communication was a critical element related to their ability to understand one another and work more harmoniously together.

Additionally, role clarity was identified as improved by the start of Case #2, and consistent with previous research which notes the importance of clear roles (Howarth et al., 2012; Nancarrow et al., 2013), this was also observed to be facilitative in improving team functioning within the PMT in the current study. Another change which was commonly identified by all participants was the identification of a superordinate goal for the PMT. Literature which describes group interaction generally (Sherif et al., 1961) and the interdisciplinary approach to team functioning specifically (Körner, 2010; Norrefalk, 2003), consistently states that the identification of a superordinate goal is critical in the facilitation of optimal team functioning. Those findings in previous research held true in the current study as the identification of a superordinate goal was observed to facilitate improved team functioning in Case #2. Specifically, throughout that time, participants identified the same goal of getting Hadley to the OWG safe, and helping to provide her the opportunity to compete. The aforementioned goal very clearly bonded team members together and provided clear direction for their team efforts.

Another source of improved team cohesion came through a stressful event for all team members individually. Once at the OWG, the team was notified that the athlete's ability to compete was contingent on her passing a return to sport test. Although this information added to the stress of the PMT's job, it also acted as a bonding experience for team members as they had a common *adversary* in the OWIA medical staff. The ability for an objectively negative or frustrating experience to bond a team is consistent with previous research which found that when faced with a common enemy, group cohesion will improve due to increased *team* identity (Mitchell et al., 2011; Sherif et al., 1961). As a result of improved team functioning, objective outcomes, as well as the subjective experiences of team members improved—a commonly cited consequence of integrated teamwork (Richardson et al., 2014; Semlyen, Summers, & Barnes,

1998). Due to the improved team functioning, the individual human struggles that plagued team members throughout Case #1, were less pervasive across Case #2.

Individual human struggle. Although members of the current team certainly faced individual struggles throughout Case #2, improved team functioning and the use of positive coping mechanisms (i.e., social support via team members) assisted in attenuating many of those struggles. To that end, consistent with literature which has described the importance of social support for the athlete (Mitchell, Evans, Rees, & Hardy, 2013; Mitchell, 2011; Rees, Mitchell, Evans, & Hardy, 2010a, 2010b; Yu & Hsu, 2013), it was also observed that the PMT as a whole could be a source of social support for all participants, and as such offered a more constructive coping mechanism to handle the challenges faced during the OWG. The mitigation of those struggles is not surprising given previous research on the importance of social support in the injury rehabilitation process (Arvinen-Barrow & Pack, 2013; Bianco, 2001; Podlog & Eklund, 2006, 2007), and the improved social support in Case #2 brought about by increased team function and cohesion.

Summary

The themes identified above taken together help to understand how an interdisciplinary approach to injury and rehabilitation works within the elite sport domain. Additionally, it provides a novel understanding of how an interdisciplinary approach to rehabilitation and performance management effects of the lived experiences of all members of the team, including the athlete at the center. The positive experiences reported by participants across Case #2 are consistent with previous research which has identified an integrated or interdisciplinary approach to patient care as objectively effective (Richardson et al., 2014; Strasser et al., 2008; Velji et al., 2008; Zwarenstein, Reeves, Barr, Hammick, Koppel, & Atkins, 2001) and preferred by helping

professionals (Farrell, Schmitt, & Heinemann, 2001; Körner, 2010; Neumann, Gutenbrunner, Fialka-Moser, Christodoulou, Carela, Guistini, & Delarque, 2010; Schofield & Amodeo, 1999; Sinclair et al., 2009). Within sport psychology literature specifically, this approach is more consistent with previously discussed integrated approaches to athlete performance management and further confirms that approaches such as the Meyer Athlete Performance Management Model (MAPM; Meyer et al., 2014) and others (Arvinen-Barrow & Clement, 2014; Dijkstra et al., 2014) are beneficial guides to forming a PMT.

Interpretations through Four Theoretical Frameworks

The juxtaposition of the three higher-order themes in each of the two Cases yielded different lived experiences for the members of the PMT across the two time points (see Figure 4). Consistent with the IPA process (Smith, Flower, & Larkin, 2009), my interpretation of the data can be further explained by existing models or theoretical frameworks. What follows, then, is further discussion of study results viewed through the lens of each of the four frameworks that inform the interpretations made within the current study.

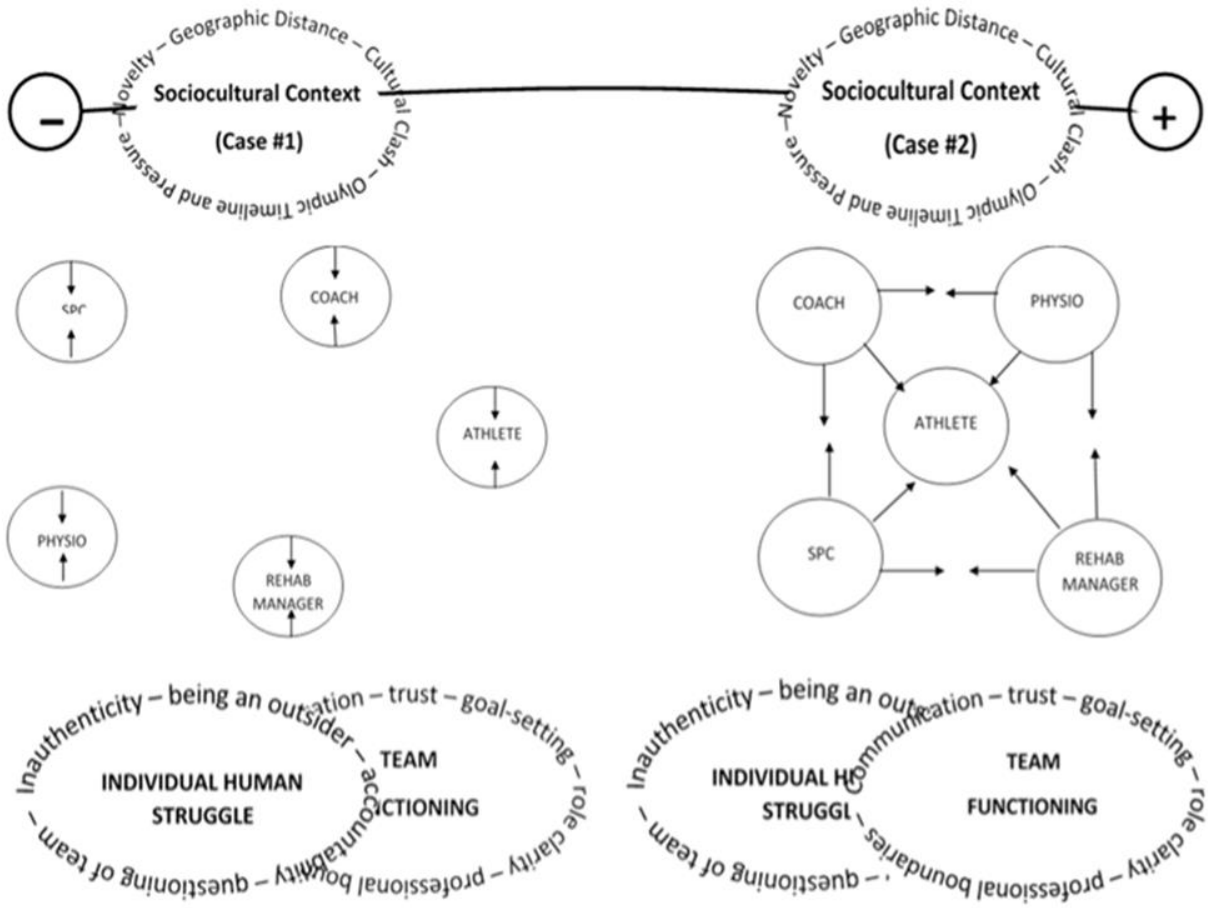

Figure 4. Juxtaposition of the higher-order themes across the two injury Cases.

The integrated model of response to sport injury. Results of the current study indicated that the lived experiences of members of the PMT changed from Case #1 to Case #2, due in large part to their appraisals of the sociocultural context in which they operated. A negative appraisal of the sociocultural context in Case #1 prompted participants to focus inward on their own emotional struggles and needs, which resulted in behaviors that undermined the function of the team as a whole. In Case #2, a positive appraisal of the sociocultural context prompted participants to shift their emotional energy and focus externally toward others, thereby prompting behaviors that facilitated the overall function of the PMT and positive outcomes for the athlete. These findings, with a focus on the appraisal of the sociocultural context, are similar

to Wiese-Bjornstal et al.'s (1998) characterization of the sport injury and rehabilitation process whereby personal, situational, and sociocultural factors can influence the cognitive appraisal of an injury and resultant perceptions of the process and objective outcomes.

To this end, and specific to the current study, across Case #1 the appraisal of the sociocultural context as negative contributed to an emotional response highlighted by individual members' struggles around such issues as inauthenticity, being an outsider, accountability, and questioning of the team. Those struggles were then manifested in undesirable behavioral responses such as a lack of communication, blurring of professional and personal boundaries, and ineffective goal setting, all of which contributed to a lack of team function. Consistent with the integrated model (Wiese-Bjornstal et al., 1998), the cycle of the dynamic core (i.e., appraisal, emotions, behaviors) resulted in negative lived experiences and a suboptimal outcome for the athlete. In contrast, across Case #2 the appraisal of the sociocultural context was positive which contributed to behaviors such as consistent communication, delineation of personal and professional boundaries, and effective goal setting, all of which facilitated team function. The constructive behaviors and improved team functioning then manifested itself as positive emotional responses whereby the individual human struggles previously experienced were perceived as inconsequential across Case #2. As such, the dynamic core in Case #2 was observed to cycle upwards toward improved lived experiences and positive outcomes for the athlete.

Practice-based models of athlete care. Results of the current study indicated that due in large part to a shift in the valence of the sociocultural context from negative to positive, the focus of members within the PMT changed from internal in Case #1 to external in Case #2. The change in focus prompted a change in the structure and organization of the PMT across the two

Cases, such that in Case #1 team members were isolated in their own discipline-specific silos where the athlete was an equal member of the PMT, while in Case #2 team members worked collaboratively to the benefit of the athlete who was at the center of the PMT. The team structure and organization observed in Case #2 was preferred to the team structure and organization observed in Case #1, and is consistent with previously established practice-based models within the sport domain (Clement & Arvinen-Barrow, 2013; Meyer, Merkur, Massey, & Ebersole, 2014).

Interpreted through the lens of the aforementioned practice-based models, the impact of team structure on both the lived experiences of the participants and the rehabilitation outcomes for the athlete is not surprising. More specifically, authors of both models posit that in order to best serve an athlete, multiple helping professionals must work together collaboratively to position the athlete at the center of performance management team and to promote optimal outcomes for performance generally (Meyer et al., 2014) and/or injury rehabilitation specifically (Clement & Arvinen-Barrow, 2013). As a result of the internal focus in Case #1 there was a lack of collaboration among team members who were preoccupied with their own individual struggles, prompting the athlete to assume an equal, if not leadership, role in the structure and function of the PMT. In direct contrast to the structure outlined in the literature, members of the PMT were distant from one another, operating independently, and failing to collectively support the needs of the athlete. The shift toward an external focus in Case #2 facilitated communication, shared goal-setting, and role clarity among members of the PMT, thereby improving collaboration and team function. Collaboration among staff allowed the athlete to assume her role at the center of the team, focusing her time and attention on both healing and performance. The collaboration observed among the PMT members for the benefit of the athlete

at the center of the team is consistent with the practice-based models previously discussed. Furthermore, given the positive outcomes and improved lived experiences across Case #2, it is reasonable to suggest that the models suggested by Clement and Arvinen-Barrow, and Meyer et al. are well suited for performance management generally, and rehabilitation specifically in the elite sport domain.

Superordinate goals and team functioning. Results of the current study indicated that the lived experiences of members of the PMT changed from Case #1 to Case #2, due in large part to the sociocultural context in which they operated and the impact of that context on their ability to identify a superordinate goal for the athlete. Specifically, the negative sociocultural context in Case #1 prompted participants in the current study to focus inward on their own emotional struggles and needs, thereby minimizing their ability to communicate and collaborate with one another to identify a superordinate goal. In Case #2, a positive sociocultural context prompted participants to focus outward on one another – the athlete in particular. The shifted attention onto others enabled collaboration and the identification of a superordinate goal—to get Hadley medically cleared and ready to compete in the OWG. The differences observed in the two Cases as a result of the identification of a superordinate goal are not surprising given longstanding research which has established the value of a superordinate goal around which all members of a team or group can unite (Beer, 1976; Buller & Bell, 1986; Rovio, Arvinen-Barrow, Weigand, Eskola, & Lintunen, 2010; Sherif, 1958).

As scholars suggest, the identification of a superordinate goal is important to optimizing team functioning as it has been found to improve communication (Buller & Bell, 1986; Sherif, 1958), role clarity (Wayda et al., 1998), and interdependence (Sherif, 1958; Sherif et al., 1961)—elements foundational to team building (Rovio et al., 2010). In Case #1, members' internal focus

thwarted the formation of a superordinate goal, and as such the PMT lacked direction, and a reason for effective communication, as well as role clarity or the need for interdependence among the team members. In Case #2, the external focus held by each member allowed for the emergence of a superordinate goal, thereby prompting team members to collaborate and communicate with one another towards a common cause. The increased collaboration promoted the active improvement of elements critical to team functioning and mitigated the negative impact of the individual human struggles they encountered, ultimately facilitating Hadley's goal of competing in the OWG. As such, it was observed in the current study that the addition of a superordinate goal improved the lived experiences for the PMT members and resulted in successful outcomes for the athlete.

Effect on Members' Lived Experiences

The different team approaches observed through the two separate injury Cases (i.e., multidisciplinary, interdisciplinary) highlight how the lived experiences of members of a PMT can vary in response to the specific approach being employed by the team. To that end, the lived experiences of PMT members through Case #1 were rooted in their individual human struggles, highlighted by internal self-focus and a concomitant lack of team cohesion and functioning. The lack of PMT cohesion eliminated an important source of social support known to alleviate potential struggles within the rehabilitation sphere (Arvinen-Barrow & Pack, 2013; Wiese-Bjornstal et al., 1998). In contrast, across Case #2, the structure of the team shifted and the team members both surrounded the athlete and were *closer* to one another. The team structure as described by participants in Case #2 is consistent with an interdisciplinary approach to patient care, with results of the current study suggesting that the lived experiences of the individual members of the PMT improved considerably when utilizing the integrated approach. These

results are consistent with those reported by helping professionals in a *general* healthcare setting who believed an interdisciplinary approach improved group cohesion, work satisfaction, and work place climate when compared to a multidisciplinary approach (Körner, 2010). Similarly, in the current study, members of the PMT experienced benefits to an integrated approach to *athlete* injury, rehabilitation, and performance management.

Findings from the current study add to existing literature in that the lived experiences of *all* members of a PMT, including the athlete, are described concurrently. In light of these results, it appears that an integrated or interdisciplinary approach to athlete performance management may improve not only the lived experiences of the helping professionals but the lived experience of the athlete at the center of the team as well. As reported by Hadley, the integrated level of care and more positive team climate during Case #2 improved her lived experience across that time despite experiencing a negative life circumstance (i.e., incurring a major injury five weeks out from her first OWG). This paradoxical experience is supported by literature which highlights the importance of having social support and a positive rehabilitation environment in order to maximize rehabilitation experiences and outcomes (Brewer et al., 2002; Clement & Shannon, 2011; Robbins & Rosenfeld, 2001; Wiese-Bjornstal et al., 1998). For Hadley, across Case #2 she reported feeling that she was more supported by the team around her, and no longer felt the need to navigate through the tension created by members who were not operating well together. Those positive changes were a result of the improved individual experiences of each member as they were able to function more optimally as an interdisciplinary team.

Conclusions

Results of the current study extend current rehabilitation literature as it is one of the first studies to describe the lived experiences of *all* members of a PMT concurrently. Additionally,

this study helps to better understand how the appraisals of the sociocultural environment by individual team members can impact the approach employed by the PMT as a whole. The findings of the current study very clearly help to delineate the difference in two commonly utilized approaches to rehabilitation (i.e., multidisciplinary, interdisciplinary) as it relates to the impact on PMT members' lived experiences, and the level of team function. More specifically, it is one of the first to understand these two separate approaches to team care in an elite sport domain. And, inconsistent with the general healthcare domain, the current research supports the use of an interdisciplinary approach alone as it was observed to facilitate a positive lived experience for all involved, most importantly the athlete at the center. In contrast, a multidisciplinary approach was observed to have produced suboptimal experiences and outcomes in Case #1. Moreover, while these two terms are often used interchangeably across other domains, the results of the current study help to support the importance in differentiating between these two approaches within the elite sport domain, as the outcomes and experiences of the members were noticeably different.

Limitations and Directions for Future Research

The current study helps to fill an important gap in the sport injury rehabilitation literature, yet limitations exist that must be acknowledged and addressed in order to evaluate the applicability and relevance of findings, and offer areas for future work to be conducted. First, the retrospective nature of the study demanded that participants recall from memory their experiences in regard to the topic of discussion as the events under discussion in the current study occurred from November 2012 to February 2014, and data were collected in April 2015. Although research in sport injury rehabilitation has commonly utilized retrospective methodology (Bianco, 2001; Law, Cote, Ericcson, 2007; Podlog & Eklund, 2005;), the time

between the events and the interview must be recognized. In response, future research should aim to understand the perceptions and lived experiences of members of a PMT *throughout* a season rather than once the season has concluded.

A second limitation of the current study is the subjective, self-reported nature of the data collected. This inherent limitation of IPA research may have been exacerbated by the facts that some participants have long standing relationships with one another and some are still employed by the Olympic Winter Institute of Australia (OWIA). As such, it is possible that respondents held back certain information for fear of consequences to their relationships and/or employment status. In an effort to facilitate the extraction of meaningful, honest, and complete data from the participants, pilot interviews were utilized to improve my skills as an interviewer and in light of previous recommendations to increase trustworthiness of the data (Chenail, 2011). That said, since all members of the PMT were interviewed, we were able to triangulate interview responses to similar questions which was an added a level of trustworthiness to the data (Thomas & Magilvy, 2011). In light of this limitation, additional research should be conducted with members of a PMT who are no longer employed by an organization in an effort to extract potential information that was withheld in the current study. Additional research in this area could also serve to triangulate findings from the current study so to confirm or refute the potential limitation of dishonest answers specific to this PMT.

Another limitation is that findings of the current study emanated from one specific winter sport athlete and the predetermined PMT that surrounded her, who came together for the sole purpose of maximizing the athlete's chance of winning an Olympic medal. As such, future research should investigate the experiences of PMT members who are involved in supporting other types of individual sports (e.g., golf, gymnastics), as well as team sports (e.g., soccer,

basketball), as the sociocultural context for those PMT's may be different. Additionally, research across different cultures is necessary as sport experiences tend to be different depending on the culture (Lim, Warner, Dixon, Berg, Kim, & Newhouse-Bailey, 2011). Finally, research should be conducted within non-elite populations as the resources available to the current PMT may not be available in lower tiers of sport which may create additional or different barriers to optimal team functioning.

A fourth and final limitation of the current study was the dual role held by the senior research, who served as a mentor on the research project and a participant (i.e., the athlete's sport psychology consultant) from whom data were collected. Although the dual role held by the senior researcher posed a potential threat to the trustworthiness of the data, active steps were taken to ensure that trustworthiness was upheld. Consistent with research which outlines the way in which researchers can increase trustworthiness (Shenton, 2004), the following steps were taken in light of the aforementioned limitation: (a) data triangulation, (b) the use of an outside auditor to minimize group think tendencies and individual bias, and (c) the intentional order of the interviews (i.e., the sport psychology consultant was the first outside of the athlete to be interviewed) so that she could serve as a mentor without biasing her own interview responses. Despite those safeguards, the potential bias could still have remained which prompts future research to be conducted. As such, aside from replicating the current study, researchers could use an unbiased third party for interview debriefs to improve credibility of findings, as well as employ an outside auditor to review all interview materials and findings to improve confirmability and dependability, respectively (Thomas & Magilvy, 2011).

In addition to the aforementioned limitations, which shed light on important areas for future research, the findings of the current study also prompt consideration for future research

directions. One important area for future research would be to extend this specific line of research into a general healthcare domain as it has the potential to fill an important gap in that rather extensive body of literature. More specifically, while studies have been conducted to investigate the experiences of healthcare professionals on varying teams (Körner, 2010; Sinclair et al., 2009), and to investigate the experiences of patients and their caretakers (Semlyen et al., 1998), no research to date has been conducted to concurrently investigate the experiences of both the helping professionals and the patient. As such, qualitative research aimed at understanding all stakeholders' experiences is warranted.

Implications for Professional Practice

In addition to implications for future research, the results of the current study generated implications for professionals working in both the sport injury rehabilitation and general healthcare domains. First, results of the current study prompt helping professionals to increase their self-reflection and self-awareness related to their involvement on a PMT. In light of findings which suggest that the way helping professionals interact with one another has an influence on the lived experience of the athlete or patient, helping professionals should work to be aware of how they are interacting with their team members and if necessary work to improve negative or suboptimal relationships that exist on the team. Additionally, if team members are aware of signs of ineffective team functioning (e.g., poor communication, no superordinate goal, lack of trust) active steps such as team meetings, facilitated discussions, and team goal-setting should be taken to improve team function and attenuate those challenges.

Second, results of the current study remind us that members of a PMT bring with them a unique set of experiences and perceptions that inform their interactions with other members of the team. This important step in recognizing individual difference is often overlooked, or not

explicitly acknowledged, in current models / theories to elite athlete performance management. To mitigate the negative impact of the inherent differences between members of the PMT, steps such as the following should be taken: (a) create time and space to establish relationships among team members, (b) identify a superordinate goal for the group to provide direction, and (c) identify barriers to successful team functioning and strategize solutions for breaking down those barriers.

In addition to the unique individual identities within a PMT, results of the current study highlight the importance of considering the sociocultural context that surrounds a PMT. As the sociocultural context of each PMT is likely to be unique and dynamic, it is important for team members to be aware of changes and regardless of the sociocultural context remember to focus on the elements critical to high levels of team function. One potential solution to a negative or threatening sociocultural context which was highlighted in current study is to actively facilitate an external focus for team members in the face of a challenging sociocultural context. In order to do this most effectively, consistent communication, work to establish trust and rapport, and check-ins with team members should be a priority for all PMT members. The results of the current study suggest that in order to best serve the athlete, the members of a PMT must be willing to serve and assist one another as well. If those steps are still not helping to facilitate high levels of team function, it may be beneficial to elicit the assistance of an outside, or more peripheral member of a PMT to mediate conversations and assist in reducing the chances that members will retreat inward.

The final implication for professional practice is the need for ongoing process evaluation for members of a PMT. Similar to process goals set for the athletes at the center of a PMT, identifying and engaging in process evaluations throughout the course of a PMT's work together

is needed. As a result of consistent ongoing evaluation, if and when team functioning decreases or is not occurring at optimal levels, active steps such as those mentioned above can be taken to mitigate the negative effect that suboptimal team functioning can have. More specifically, if it possible to facilitate higher levels of functioning earlier on in the process of a new or already existing team, efforts should be made consistently as results of the current study suggest it is necessary in order to improve both the objective outcomes and lived experiences for all involved.

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Appendix: A
Email Script

(Date)
Dear (Participant's Name),

I am currently a graduate student at the University of Wisconsin – Milwaukee in the Department of Kinesiology. I am contacting you in an effort to assess your interest and availability in participating in a study I am currently conducting. Since you have been identified as an important member of the Slopestyle athlete performance management team going into the 2014 Olympic Winter Games, I invite you to participate in my thesis project. The purpose of the study is to illuminate the lived experiences of members of the same performance management *team* through two different injury rehabilitation and return to sport Cases.
If you agree to participate in the current study, you will be asked to engage in an interview with me either in person or via Skype technology. The study will last between 60 – 120 minutes and will focus on your experiences surrounding two separate injury Cases leading up to and during the 2014 Olympic Winter Games in Sochi, Russia. During the interview I will ask questions about your background, involvement with the performance management team at the Olympic Winter Institute of Australia, and your thoughts about the elite athlete performance management team functioning. The results of the study will be beneficial in understanding the way the functioning of a performance management team affects the lived experiences of *all* members of that team. If you are willing and able to participate in the proposed study, please contact me and we will set up an interview day and time. I will also send you the consent form at that time, which will provide you with further detail regarding the nature of the study and your requirements as a participant. Thank you for your time and consideration, if you have questions please feel free to contact myself or the senior researcher, Dr. Barbara Meyer.

Best Regards,

Courtney W. Hess
309.830.2391
cwfisher@uwm.edu

Dr. Barbara Meyer
414.229.4591
bbmeyer@uwm.edu

Appendix: B
Athlete Consent Document

UNIVERSITY OF WISCONSIN – MILWAUKEE
CONSENT TO PARTICIPATE IN RESEARCH
ATHLETE CONSENT

1. General Information

Study title: An Interpretative Phenomenological Analysis of Two Separate Injury Cases

Person in Charge of Study: Courtney W. Hess, B.S.

I am currently a Master's student in the Department of Kinesiology at the University of Wisconsin – Milwaukee, USA. I am working under the mentorship of Dr. Barbara Meyer to conduct a study regarding the lived experiences of an elite athlete performance management team through two separate injury Cases.

2. Study Description

The purpose of this study is to investigate the lived experiences of a performance management team through your two injuries leading up to the 2014 Olympic Winter Games in Sochi, Russia. The study is being conducted to better understand the way in which the functioning of an athlete performance management teams affects the experiences of all members of the team.
Should you agree to participate in the current study, you will be one of five members of the elite athlete performance management team to be interviewed. The day and time of the interview will be determined between you and the principal investigator. The study will take place in Milwaukee, Wisconsin with communication occurring through distance technology (i.e., Skype). There other four members of the elite athlete performance management team included in the current study are the medical manager, coach, sport psychology consultant, and physiotherapist. The interview process is projected to take 60-120 minutes of your time.
Your participation in the current study is completely voluntary and you do not have to participate if you do not want to. If you choose to participate you are free to not answer any questions that you do not feel comfortable answering. If you no longer want to continue in the interview process, you are free to withdraw. I will cease the interview at any time you feel you need to and we can continue again at another time, if you choose to do so.

3. Study Procedures

What will I be asked to do if I participate in the study?
If you agree to participate you will be asked to engage in an interview with the principal investigator to discuss your experiences surrounding two separate injury Cases leading up to the

2014 Olympic Winter Games. You will be asked to answer questions pertaining to your background, as well as your thoughts, feelings, and emotions throughout the two injuries. In addition, questions will address the functioning of the performance management team who helped to care for you through both injury Cases.
With your consent, the interview with be audio recorded. This will be done to ensure accuracy when transcribing and analyzing the data. Once the interviews are transcribed I will send the complete transcription to you for your review. If you choose to read through the transcription it may take an additional 20-30 minutes of your time. If you do not wish to be audio recorded, or to have your interview transcribed, you may still participate in the current study. Once the interviews are transcribed, data will be analyzed in an effort to identify emergent themes.

4. Risks and Minimizing Risks

What risks will I face by participating in this study?
Foreseeable risks of the current study are considered minimal. The only potential area for distress will be the discussion of your two sport injuries, which has the potential to be difficult to reflect on. As such, as the principal investigator, I will be sure to use caution and sensitivity when discussing these experiences with you. To this end, if the discussion becomes overwhelming or too unpleasant, the interview will be discontinued until you are ready to begin again and you always hold the right to not answer a question that is posed to you.

The information collected will be treated in a confidential manner. In an effort to ensure security of the data, all transcripts and interviews will be stored on a locked computer in Pavilion Room 375. Additionally, a pseudonym (i.e., fake name) will replace your name in the transcriptions as well as subsequent publications or presentations. That being said, due to your status as an elite athlete, and the detail required for this sort of study, complete anonymity is not guaranteed.

5. Benefits

Will I receive any benefit from my participation in this study?

There are no benefits to you other than to further research and the opportunity to reflect on your experiences through your two injuries.

6. Study Costs and Compensation

Will I be charged anything for participating in this study?

Other than your time, you will not be responsible for any of the costs from taking part in this research study.

Are subjects paid or given anything for being in the study?

You will not be compensated for taking part in this research study

7. Confidentiality

What happens to the information collected?

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences, but your name will be replaced with a pseudonym in any of the aforementioned situations. Only the PI and other approved members of the research team will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Due to the topic of the research study, and your position as an established elite athlete, anonymity is not guaranteed. However, we will utilize pseudonyms in an effort to protect your identity in any research presentations or publications. Furthermore, we will make efforts to preserve the confidentiality of all data from those outside of the research process. In an effort to do so, all data collected will be stored on a password locked computer in UW-Milwaukee Pavilion room 375. The data will be stored in the Laboratory for Sport Psychology & Performance Excellence for no more than ten years for future use.

8. Alternatives

Are there alternatives to participating in the study?

There are no known alternatives available to you other than not taking part in this study.

9. Voluntary Participation and Withdrawal

What happens if I decide not to be in this study?
Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin-Milwaukee.

If you choose to withdraw from the study, we will use only the information collected to the point of termination within the interview.

10. Questions

Who do I contact for questions about this study?
For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Courtney W. Hess
University of Wisconsin – Milwaukee
Department of Kinesiology
2430 N. 60th Street
Milwaukee, WI 53210
309.830.2391
cwfisher@uwm.edu

Dr. Barbara Meyer
University of Wisconsin – Milwaukee
Department of Kinesiology
PO Box 413
Milwaukee, WI 53201-0413
414.229.4591
bbmeyer@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?
The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

11. Signatures

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered, and that you are 18 years of age or older.

_____
Printed Name of Subject/ Legally Authorized Representative

_____ _____
Signature of Subject/Legally Authorized Representative Date

Research Subject's Consent to Audio/Video/Photo Recording:

I hereby give permission to audiotape me while I am in this study and use my audiotaped data in the research.

Please initial: ____Yes ____No

Research Subject's Consent to Speak to Other Helping Professionals on the Elite Athlete Performance Management Team

I hereby give permission to speak with the other members of my elite athlete performance management team (i.e., sport psychology consultant, coach, medical manager, and physiotherapist) about both of my injury experiences leading up to the 2014 Olympic Winter Games in Sochi, Russia.

Please Initial: ____Yes ____No

Research Subject's Permission to Access Archival Rehabilitation Data Pertaining Injuries That Occurred between Year 2013 and 2014.

I give permission to the investigators of the current study (Courtney W. Fisher & Dr. Barbara Meyer) to access medical data surrounding my injuries in the years 2012-2014.

Please Initial: ____Yes ____No

Principal Investigator (or Designee)
I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

_____ _____
Printed Name of Person Obtaining Consent Study Role

_____ _____
Signature of Person Obtaining Consent Date

Appendix: C
Performance Management Team Consent Document

UNIVERSITY OF WISCONSIN – MILWAUKEE
CONSENT TO PARTICIPATE IN RESEARCH
PERFORMANCE MANAGEMENT TEAM MEMBER CONSENT

1. General Information

Study title: Interpretative Phenomenological Analysis of Two Separate Injury Cases and the Performance Management Team Surrounding Them

Person in Charge of Study: Courtney W. Hess, B.S.

I am currently a Master's student in the Department of Kinesiology at the University of Wisconsin – Milwaukee, USA. I am working under the mentorship of Dr. Barbara Meyer to conduct a study regarding the lived experiences of an elite athlete performance management team through two separate injury Cases.

2. Study Description

The purpose of this study is to investigate your lived experience through two separate injury Cases leading up to the 2014 Olympic Winter Games in Sochi, Russia. The study is being conducted to better understand the way in which the functioning of an athlete performance management teams affects the experiences of all members of the team.

Should you agree to participate in the current study, you will be one of five members of the elite athlete performance management team to be interviewed. The day and time of the interview will be determined between you and the principal investigator. The study will take place in Milwaukee, Wisconsin with communication occurring through distance technology (i.e., Skype). There five members of the elite athlete performance management team included in the current study are the medical manager, coach, sport psychology consultant, physiotherapist, and athlete. The interview process is projected to take 60-120 minutes of your time.

Your participation in the current study is completely voluntary and you do not have to participate if you do not want to. If you choose to participate you are free to not answer any questions that you do not feel comfortable answering. If you no longer want to continue in the interview process, you are free to withdraw. I will cease the interview at any time you feel you need to and we can continue again at another time, if you choose to do so.

3. Study Procedures

What will I be asked to do if I participate in the study?

If you agree to participate you will be asked to engage in an interview with the principal investigator to discuss your experiences surrounding two separate injury Cases leading up to the 2014 Olympic Winter Games. You will be asked to answer questions pertaining to your background, as well as your thoughts, feelings, and emotions throughout the two injury Cases. In addition, questions will address the functioning of the performance management team who helped to care for the athlete through both injury Cases.

With your consent, the interview with be audio recorded. This will be done to ensure accuracy when transcribing and analyzing the data. Once the interviews are transcribed I will send the complete transcription to you for your review. If you choose to read through the transcription it may take an additional 20-30 minutes of your time. If you do not wish to be audio recorded, or to have your interview transcribed, you may still participate in the current study. Once the interviews are transcribed, data will be analyzed in an effort to identify emergent themes.

4. Risks and Minimizing Risks

What risks will I face by participating in this study?

Foreseeable risks of the current study are considered minimal. The only potential area for discomfort will be the discussion of your role on a performance management team and the honest evaluation of its functioning. As such, as the principal investigator, I will be sure to use caution and sensitivity when discussing these topics with you. To this end, if the discussion becomes overwhelming or too unpleasant, you may ask to stop and the interview will be discontinued until you are ready to begin again.

The information collected will be treated in a confidential manner. In an effort to ensure security of the data, all transcripts and interviews will be stored on a locked computer in Pavilion Room 375. Additionally, a pseudonym (i.e., fake name) will replace your name in the transcriptions as well as subsequent publications or presentations. That being said, due to your status as member of a visible performance management team, and the detail required for this sort of study, complete anonymity is not guaranteed.

5. Benefits

Will I receive any benefit from my participation in this study?

There are no benefits to you other than to further research and a chance to reflect on your experience through these two injury Cases.

6. Study Costs and Compensation

Will I be charged anything for participating in this study?

Other than your time, you will not be responsible for any of the costs from taking part in this research study.

Are subjects paid or given anything for being in the study?

You will not be compensated for taking part in this research study

7. Confidentiality

What happens to the information collected?

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences, but your name will be replaced with a pseudonym in any of the aforementioned situations. Only the PI and other approved members of the research team will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Due to the topic of the research study, and your position on the performance management team, anonymity is not guaranteed. However, we will utilize pseudonyms in an effort to protect your identity in any research presentations or publications. Furthermore, we will make efforts to preserve the confidentiality of all data from those outside of the research process. In an effort to do so, all data collected will be stored on a password locked computer in UW-Milwaukee Pavilion room 375. The data will be stored in the Laboratory for Sport Psychology & Performance Excellence for no more than ten years for future use.

8. Alternatives

Are there alternatives to participating in the study?

There are no known alternatives available to you other than not taking part in this study.

9. Voluntary Participation and Withdrawal

What happens if I decide not to be in this study?

Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin-Milwaukee.

If you choose to withdraw from the study, we will use only the information collected to the point of termination within the interview.

10. Questions

Who do I contact for questions about this study?
For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Courtney W. Hess
University of Wisconsin – Milwaukee
Department of Kinesiology
2430 N. 60th Street
Milwaukee, WI 53210
309.830.2391
cwfisher@uwm.edu

Dr. Barbara Meyer
University of Wisconsin – Milwaukee
Department of Kinesiology
PO Box 413
Milwaukee, WI 53201-0413
414.229.4591
bbmeyer@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?
The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

11. Signatures

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered, and that you are 18 years of age or older.

_____
Printed Name of Subject/ Legally Authorized Representative

_____ _____
Signature of Subject/Legally Authorized Representative Date

Research Subject's Consent to Audio/Video/Photo Recording:

I hereby give permission to audio record me while I am in this study and use my audio recorded data in the research.

Please initial: ____Yes ____No

Principal Investigator (or Designee)
I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

_____ _____
Printed Name of Person Obtaining Consent Study Role

_____ _____
Signature of Person Obtaining Consent Date

Appendix: D
Standardized Consent & Introduction Script

Standardized Consent/Introduction to Study

Consent Script for Skype Interviews (to be read at the start of each interview):

Before we begin the interview, I want to confirm that you have received, read, and fully understand the written informed consent that was previously sent to you.

- Did you receive the written informed consent that was sent to you? (If yes, ask the next question)
- Did you read the written informed consent? (If yes, ask the next question)
- Did you fully understand the written informed consent or do you have questions? (If the participant has questions, then the investigator will answer these questions before repeating the question about whether the participant fully understands the written informed consent; this will be repeated until the participant is able to answer "yes" to that question)
- Do you give your oral consent to participate in this interview? (If yes, ask the next question)
- Do you give oral consent to allow this interview to be audio recorded?

Consent Script for In-Person Interviews (to be read at the start of each interview):

Before we begin the interview, I want to ask you to read the informed consent form for this study. (Waits for the participant to read the form)

- Do you fully understand the written informed consent or do you have questions? (If the participant has questions, then the investigator will answer these questions before repeating the question about whether the participant fully understands the written informed consent; this will be repeated until the participant is able to answer "yes" to that question)
- Do you give your oral consent to participate in this interview? (If yes, ask the next question)
- Do you give oral consent to allow this interview to be audio recorded?

Introduction:

Through this interview, I am hoping to gain a better understanding of your experiences relating to the involvement with the elite athlete performance management team during two injury Cases leading up to and during the 2014 Olympic Winter Games in Sochi, Russia. Your participation in this interview is completely voluntary, and you may choose not to answer any of the questions I ask today. All answers will be kept confidential, but not anonymous. If you want to not answer a question at any time you are free to say so, and if you wish to discontinue with the interview at any time please let me know.

Appendix: E
Athlete Interview Schedule

Demographics: What is your name?

How old are you?

What sport did you participate in for the OWIA during the years 2012-2014?

What other sports, if any, have you been involved in?

How long have you participated in that sport?

How long were you a member of the OWIA slope-style team?

How did you get involved in your sport?

What is the highest level you have ever competed?

How many days a week/hours a day did you spend training throughout 2012-2014?

What is a favorite moment of your sport career?

In sport, what is a low moment or a moment you would sometimes wish to forget?

What kind of injuries have you incurred throughout your sporting career?

When did they occur?

Do you still participate in your sport?

What is your educational attainment?

What are your career goals?

Have those changed?

What are your life goals?

Have those changed?

What do you consider to be your profession now?

Do you still competitively participate in any sports? If so, what?

INJURY CASE #1

Grand Tour I: Please take me through the timeline of the first injury case, your meniscus injury, from the moment it occurred through return to competition. How did you get from injury back to competition (A→D)?

Probes: Were there markers or milestones that you remember being important throughout this process? (If yes, tell me more about those/take me through the timeline).

What else, if anything, do you remember being important about your injury timeline?

Grand Tour II: Tell me more about how the injury occurred, and what was going on during that time.

Probes: How did the injury occur?

When did the injury occur?

Was this a re-current injury?

Where were you when the injury occurred?

Did the injury occur during competition or practice or outside of sport?

Was the injury occurrence in season or out of season?

Did you have any indication of the nature of your injury at the time it occurred?

When and how did you find out?

What kind of thoughts did have you at the time of the injury?

What, if any, emotions can you remember feeling at the time of the injury?

What kind of thoughts and emotions can you remember having at the time of diagnosis/prognosis?

Is there anything else surrounding the injury occurrence that you want to discuss?

Grand Tour III: Describe for me your surgical repair and injury rehabilitation timeline/experience through that time period.

Probes: Who was involved in your rehabilitation?

Explain to me how they were involved, and what their roles were.

Where were you located (geographically) during this phase of your injury experience?

Did your geographical location affect your rehabilitation?

What did your rehabilitation protocol consist of?

Were there goals for your rehabilitation process?

How were those goals created?

Were the goals modified? If so, how?

Were the goals achieved?

How long were you away from your typical sport training?

How long were you away from typical physical activity?

What thoughts did you have during/surrounding your rehabilitation?

What was your attitude(s) toward your rehabilitation throughout the process?

Did you have social support throughout your rehabilitation?

Who were those individuals, what was their role?

How did they affect your rehabilitation process?

How, if at all, was the rehabilitation process similar to/different from what you had experienced in the past?

Grand Tour IV: Describe your return back to training and then competition.

Probes: Did you return back to training and competition when you thought you would?

What people (professionals/staff) assisted you in your process of returning back to competition?

What were their roles in your return back to competition?

Who made the ultimate decision on whether you would return back?

How was that decision made?

Who made the decision on when you would return back?

How was that decision made?

Were you physically ready to return?

If yes, how did you know?

Were you mentally ready to return?

If yes, how did you know?

What kind of thoughts did you have as you returned to competition?

What kind of emotions do you remember feeling as you returned back to competition?

Did you have goals for yourself upon returning back to competition?

How were those goals created?

Were those goals modified? If so, how?

Were those goals achieved, why or why not?

Grand Tour V: Can you describe who the people (staff/professionals) were that you had the most contact with during your experience from the point of injury to return to competition?

Probes: What were their roles throughout the process?

Did the people involved change?

Did their roles change?

As you are aware, did the members of your performance management team interact with one another regularly?

Can you describe the nature of their interactions?

Describe the influence the interactions between members of the performance management team had on you.

How often did the entire performance management team meet with each other?

Were you involved in those meetings?

Can you describe those meetings? (Valence, purposes)

What was your role in the meetings?

How frequently did you interact with the members of the performance management team?

Can you describe for me the nature of that contact you had with them?

Did you consistently meet with all members of the performance management team?

What were those meetings like?

What went well with your performance management team throughout your process from injury onset to your return to competition?

What was something the performance management team could have done better to support your rehabilitation and return to sport experience?

Was there anyone that was not involved in your performance management team that you thought should have been?

Is there anything else about case #1 that you want to discuss, or think is important to know?

INJURY CASE #2

Grand Tour I: We are going to discuss the second case now, your ACL tear. Can you describe the timeline from the injury onset to your return to competition? How did you get from injury to competition?

Probes: Were there milestones/markers that you remember being important to you throughout the rehabilitation and return to sport process? (If yes, tell me about those/take me through the timeline).

Grand Tour II: Tell me more about the how the injury occurred, and what was going on during/surrounding that time?

Probes:

When did the injury occur?

How did the injury occur?

Where were you (geographically) when the injury occurred?

Did the injury occur during competition, practice, or outside of sport?

Did the injury occur in season or out of season?

Did you have any indication of the nature of injury at the moment it occurred?

When and how did you find out?

What thoughts did you experience at the time of the injury?

What emotions can you remember feeling at the time of the injury?

What kind of thoughts and emotions can you remember having at the time of diagnosis/prognosis?

What, if anything, else is important to the occurrence of the injury?

Grand Tour III: Describe for me your surgical repair and injury rehabilitation timeline/experience through that time period.

Probes: Who (Staff/professionals) was involved in your rehabilitation?

Explain to me how they were involved, and what their roles were.

Where were you located (geographically) during this phase of your injury experience?

Did your geographical location affect your rehabilitation? If so, how?

What did your rehabilitation protocol consist of?

Were there goals set during/for rehabilitation?

Who was involved in creating those goals?

Were those goals ever modified? If so, how?

Were the goals you set achieved?

How long were you away from your typical sport training?

How long were you away from typical physical activity?

What thoughts did you have during/surrounding your rehabilitation?

What was your attitude(s) toward your rehabilitation throughout the process?

Did you have social support throughout your rehabilitation?

Who were those individuals, what was their role?

How did they affect your rehabilitation process?

How, if at all, was the rehabilitation process similar to/different from what you had previously experienced?

Grand Tour IV: Describe your process of returning back to training and competition following your rehabilitation process.

Probes: What people (professionals/staff) assisted you in your process of returning back to competition?

What were their roles in your return back to competition?

Did you return back to training and competition when you thought you would?

Who made the ultimate decision on whether you would return back?

How was that decision made?

Who made the decision on when you would return back?

How was that decision made?

Were you physically ready to return?

If yes, how did you know?

Were you mentally ready to return?

If yes, how did you know?

What kinds of thoughts did you have as you were returning back to competition?

What kind of emotions do you remember feeling when you returned back to competition?

Were there goals set for your return to competition?

Who was involved in creating those goals?

What kind of thoughts did you have as you returned to competition?

What kind of emotions do you remember feeling as you returned back to competition?

Did you have goals for yourself upon returning back to competition?

How were those goals created?

Were those goals ever modified? If so, how?

Were those goals achieved, why or why not?

Grand Tour V: Who were the professionals you had the most contact with during your second injury rehabilitation and return to sport experience?

Probes: What were their roles throughout the process?

Did the people involved change?

Did their roles change?

As you are aware, did the members of your performance management team interact with one another regularly?

Can you describe the nature of their interactions?

Describe the influence the interactions between members of the performance management team had on you.

How often did the entire performance management team meet with each other?

Were you involved in those meetings?

Can you describe those meetings? (Valence, purposes)

What was your role in the meetings?

How frequently did you interact with the performance management team?

Can you describe for me the nature of that contact you had with them?

What went well with your performance management team throughout your process from injury onset to your return to competition?

What was something the performance management team could have done better to support your rehabilitation and return to sport experience?

Was there anyone that was not involved in your performance management team that you thought should have been?

Grand Tour VI: Can you describe the similarities or differences between this injury rehabilitation and return to sport experience compared to your pervious injury?

Probes: How, if at all, were the timelines different between the two injury Cases?

If there were differences between the two Cases, what were the reasons for that?

If there were similarities between the two Cases, what were the reasons for that?

Were the members of the performance management team different from those involved in your first injury rehabilitation experience?

How did that influence your rehabilitation and return to sport experience?

What were the outcomes of the two injury rehabilitation and return to sport processes?

Why were they similar or different?

Was your experience through the two different injury rehabilitation and return to sport processes different?

How was it different?

Final Question: What else do you think is important to discuss before we end? What questions do you have for me?

Appendix: F
Performance Management Team Interview Schedule

Demographics: What is your age?
Tell me about your injury and rehabilitation history.
What was your role with the OWIA slope-style athlete, Anna Segal, during 2012-2014?
Did you work with other athletes/teams during 2012-2014? If so, who, and in what capacity?
What other teams have you worked on throughout your professional career?
How did those teams operate?
Where are you from (geographically)?
What was your professional training to be in the position you were with the OWIA?
How long did you work with the OWIA slope-style athlete, Anna Segal?
How did you get involved with the team?
How many days a week/hours a day did you spend working on or with the Anna?
What was your favorite moment as a member of the performance management team?
What was your lest favorite moment as a member of the performance management team?
What was the most challenging part of being a part of that team?
What was the most rewarding part of being a part of that team?

INJURY CASE #1

Grand Tour I: We are going to discuss case #1, Anna's meniscus tear, can you please take me through the timeline of that injury case, from the moment it occurred to her return to competition. How did you assist her in getting from injury onset back to competition (A→D)?

Probes: Were there markers or milestones that you remember being significant as you moved through the process?

Grand Tour II: Tell me more about the point of injury onset with Anna's meniscus tear.

Probes: How did the injury occur?
When did the injury occur?
Where were you (geographically) when the injury occurred?
Did the injury occur during competition or practice or outside of sport?
Did you have any indication of the nature of her injury at the time it occurred?
When and how did you find out?
Who was present at the time of the injury?
What kind of thoughts did you have at the time of the injury?
Had you ever coached/worked/treated/managed someone with that injury previously?
How was that experience?
Are there any emotions that you remember vividly experiencing following the onset of injury?
Was anything else significant to the injury experience?

Grand Tour III: Describe for me the surgical repair, injury rehabilitation timeline, and your experience through that time period.

Probes: What people (staff/professionals) were involved in Anna's rehabilitation?
How were you involved, what was your role?
Where were you located (geographically) in relation to Anna during the injury rehabilitation process?
Did that affect the way in which you cared for Anna? If so, how?
How long was Anna away from typical sport training following the injury?
How long was Anna away from typical physical activity?
What was the communication between you and the others involved with Anna during this time?
What was done really well during Anna's rehabilitation?
What could have been done better to improve Anna's rehabilitation process?
Was there anything particularly difficult about the rehabilitation and return to sport for Anna?
Was there anything that made the rehabilitation experience better/easier?
Have you ever been a part of a perfect *team*?
If so, what made it perfect?
Is there anything else that should be discussed regarding Anna's rehabilitation process?

Grand Tour IV: Describe the process from your perspective, in returning Anna back to training and competition.

Probes: Did Anna return back to training and competition on schedule?
If so, why? If not, why?
Who made the decision *if* Anna would return back to competition?
How was that decision made?
Who made the decision *when* Anna would return back to competition?
How was that decision made?
Who assisted Anna in her process of returning back to competition?
What were their roles?
What was your role?
Was Anna physically ready to return back to competition from your perspective, why or why not?
Did she seem mentally ready to return back to competition from your perspective, why or why not?
Were goals set for Anna's return back to competition?
How were those goals created?
Were those goals achieved, why or why not?
From your perspective, was her return back to competition successful?
Was there anything else important to note about Anna's return back to competition?

Grand Tour V: Describe the typical process or course of action for Anna's situation in your experience? Was your experience during her particular injury typical? Why or why not?

Probes: What were your roles throughout the process?
Did the people involved change?

Did their roles change?
How did that influence the rehabilitation and return to sport process?
Can you describe the nature of the interaction between yourself and the other members of the performance management team?
Was the nature of your contact similar or different than others?
Did the members of the performance management team interact with one another regularly?
Can you describe that interaction?
What was the nature of your interaction with Anna throughout the rehabilitation and return to sport process?
What kind of relationship did you have with the other members of the performance management team?
Did those relationships influence your work with Anna, why or why not?
What was something that went well with your performance management team?
What was something that could have been done better to support Anna in her rehabilitation and return to sport process?
How were tasks/job delineated among the team?
How often did your performance management team meet to discuss Anna's injury?
What was the purpose of the meetings?
What was your role in these meetings?
What was your perception of the relationship between other members of the performance management team?
How did team member relationships influence the valence of the whole performance management team?
In what ways did you feel supported by the other members of the performance management team?
In what ways did you not feel supported by the other members of the performance management team?
Was there anyone that was not involved in Anna's performance management team that you thought should have been?
Would you have changed or done anything differently in case #1

INJURY CASE #2

Grand Tour I: We are going to discuss case #2, Anna's ACL tear, can you please take me through the timeline of that injury case, from the moment it occurred to her return to competition. How did you assist her in getting from injury onset back to competition (A→D)?

Probes: Were there markers or milestones that you remember being significant as you moved through the process? (If so, take me through those, describe the timeline)

Grand Tour II: Tell me more about how the injury occurred, and what was going on during that time?

Probes: How did the injury occur?
When did the injury occur?
Had you ever coached/treated/managed with that injury before?

Where were you (geographically) located when the injury occurred?
Did the injury occur during competition or practice or outside of sport?
Did you have any indication of the nature of the injury at the time it occurred?
When and how did you find out?
Who was present at the time of the injury?
What kind of thoughts did you have at the time of the injury?
Are there any emotions that you remember vividly following her injury?

Grand Tour III: Describe for me the surgical repair, injury rehabilitation timeline and your experience through that time period.

Probes: What people (staff/professionals) were involved in Anna's rehabilitation?
How were you involved, what was your role?
Where were you located (geographically) in relation to Anna during the injury rehabilitation process?
Did that affect the way in which you cared for Anna? If so, how?
How long was Anna away from typical sport training following the injury?
How long was Anna away from typical physical activity?
What was done really well during Anna's rehabilitation?
What could have been done better to improve Anna's rehabilitation process?
What was your communication like with the other professionals involved with Anna at this time?
Was there anything particularly difficult about the rehabilitation and return to sport for Anna?
Was there anything that made the rehabilitation experience better/easier?

Grand Tour IV: Describe the process from your perspective, in returning Anna back to training and competition.

Probes: Did Anna return back to training and competition on schedule? If so, why? If not, why?
Who made the decision *if* Anna would return back to competition?
How was that decision made?
Who made the decision *when* Anna would return back to competition?
How was that decision made?
Who assisted Anna in her process of returning back to competition?
What were their roles?
What was your role?
Was Anna physically ready to return back to competition from your perspective, why or why not?
Did she seem mentally ready to return back to competition from your perspective, why or why not?
Were goals set for Anna's return back to competition?
How were those goals created?
Were those goals achieved, why or why not?
From your perspective, was her return back to competition successful?

Grand Tour V: Describe the typical process or course of action for Anna's situation in your experience? Was your experience during her particular injury typical? Why or why not?

Probes: What was your role(s) throughout the process?

Did the people involved change?
Did their roles change?
How did that influence the rehabilitation and return to sport process?
Can you describe the nature of the interaction between yourself and the other members of the performance management team?
Was the nature of your contact similar or different than others?
Did the members of the performance management team interact with one another regularly?
Can you describe that interaction?
What was the nature of your interaction with Anna throughout the rehabilitation and return to sport process?
What kind of relationship did you have with the other members of the performance management team?
Did those relationships influence your work with Anna, why or why not?
How often did your performance management team meet to discuss Anna's injury?
What was the purpose of the meetings?
What was your role in these meetings?
What was your perception of the relationship between other members of the performance management team?
What was something that went well with your performance management team?
What was something that could have been done better to support Anna in her rehabilitation and return to sport process?
How were tasks/job delineated among the team?
How did team member relationships influence the valence of the whole performance management team?
In what ways did you feel supported by the other members of the performance management team?
Was there anyone that was not involved in Anna's performance management team that you thought should have been?

Grand Tour VI: Can you describe the similarities or difference between this injury rehabilitation and return to sport experience compared to Anna's previous injury?

Probes: How did this injury compare to Anna's previous injury?
Were the members of the performance management team different from those involved in Anna's first injury rehabilitation and return to sport process?
Did that influence the rehabilitation and return to sport process? How?
What were the outcomes of the two injury rehabilitation and return to sport processes?
Why were they similar or different?
Was your experience as a member of the performance management team different between the two injury Cases?
How was it different?
Is there anything you would have changed or done differently in this case?

Final Question: What else do you think is important to discuss before we end? What questions do you have for me?

Appendix: G
Interview Transcripts

Athlete Transcript

C: Okay, um so just to get some kind of basic demographic information um can you just tell me a little bit about yourself, like where you're from how old you are, how you got involved with OWIA, uh the OWIA, and how long you were involved with them? And sort of uh less about the injury and just more about you as the person and then we can move towards um the more specific questions.
H: Yeah um so I'm 28 and I started skiing when I was four umm I began skiing in sort of race yeah until I was 14 then I became then I switched over to mogul skiing which I kind of um had more of a knack for and progressed a lot more quickly and got on the Australian development team for that when I was 16 and so that was sort of my first um taste I guess of really high performance sport I mean I've done a lot of swimming and I've done like I was really always sporty and I did a whole lot of different sports and was like really into training but this was like the first time I was all sort of given um sports scientist and we were doing all this different testing and kind of had my first taste of working with a sports psychologist um so that was yeah 16 did that for a couple years was successful got like some international podiums and you know had my eyes set on going to the Olympics and I wanted to make the you know the Australian team and then I blew my knee when I was 18 training and that was my first major injury and it was like the worst thing that had ever happened to me in the world ra-ra-ra and I took some time out obviously rehabbing and decided that there's this other part of skiing that I really like doing kind of alongside my training which was I guess you call it free skiing, so it was like
C: Mhm
H: Big air slopestyle half-pipe and that I kind of did it outside the training but um really interested me and I loved it but it was sort of my fun time and after taking some time off when I was rehabbing it was like uh you know I am kind of at this point like I could go I kind of want to pursue that but I want to go to the Olympics but uhhh and I was like fuck it just do it like you know
C: Right
H: Just try it
C: Yeah
H: And so I talked with my mogul coach and told him you know what I think I'm gonna, I'm not quitting skiing but I think I'm gonna quit moguls and I want to be to try to free ski like I want to go to X-Games I didn't say that to him but I'm like I wanna pursue free-skiing like slopestyle and park skiing and um yeah so that got into from that point on I was really on my own like it wasn't an Olympic sport but it was kind of more like I guess surfing or skateboarding where there were like these big competitions and big prize money and quite a bit of exposure like through ESPN and then um skiing magazines and all that kind of thing but I had no government support
C: Mhm
H: I had no sort of gym trainer I had no sport psych and my mum was sort of like well if this is what you wanna do like you're on your own you got to make your own money and pay for yourself so I was like okay so yeah I went off and I started doing that and the first year I just sort of dabbled in it and I was trying to work and ski and um and then the second year I did my first big competition in New Zealand and like podium and I'm like okay you know and then the year

after I did another even bigger competition like it was probably the biggest one at the time the US open and I won it and so that's kind of I started getting sponsorship money
C: Mhm
H: And like not paid like I still had to work
C: Mhm
H: But um I started to be able to pay for more of my travel and training and living expenses, but I was doing Uni at the same time (laughs)
C: Oh my
H: Um yeah so that kind of like started like a uh forward momentum of like me believing that I had what it took to like you know be the best in the world and like I never really said it out loud but I just had this I always wanted to keep progressing, progressing so that's where it all started and started winning some big international competitions and getting noticed and that was sort of my path and then it was 2003 err wait 2012 I just had a really, really good international season like I placed in I think every competition I did
C: Mmm
H: And it was just and we're kind of thinking like there was all of this like buzz in the industry about them um adding half pipe skiing
C: Mmm
H: To the Olympics
C: Mhm
H: Because it was only half-pipe snowboarding and so well ya know like slopestyle would get left behind didn't really care huh and then I heard like I think when it was July I was water ramping in Park City and they're like oh they just made the announcement like slopestyle snowboarding skiing and half pipe skiing all were going to be in the next Olympics and I was just like whoa this a game changer so I already knew like a lot of people that worked at the OWI um through mogul skiing and just like the Australian sort of small tight knit kind of snow community
C: Mhm
H: So like I automatically just sort of wrote to them and I was like you know what does this mean like wha- what can you guys help me out with like its going to be an Olympic sport I wanna go um and yeah I just I think I had quite I'd been into their office quite a lot beforehand and like I knew the guys there pretty well and I just sort of yeah started talking with them and they were really it took a while but we sort of got a program up and going like an individual it was an individual scholarship which they don't usually do because they um they kind of like budget out the money for the different sports at the start of an Olympic-
C: Mm
H: -Cycle so just after the firs- after the last Olympics and this was in the midd - right in the middle of the Olympic cycle with 2 years to go and their like well you're not one of our listed sports
C: Mhm
H: And we've already budgeted all the money out but we sort of like kept going going negotiating negotiating and they are like okay we want to help you we think you've got a chance of winning us a medal so they yeah we're really flexible and um that's when I started working with them and I was pretty much able to pick my own coach choose my own training camps choose when I wanted to do them and there it was like I got to pretty much tailor this scholarship to myself which was really um really amazing cause like I know a lot of the sports worldwide

and like in Australia it's like if you're on the swim team you don't choose your coach like the coach is assigned
C: Mm
H: And you figure out how to work best with that coach but I got um yeah I got to choose like pretty much the strength and conditioning coaches that I wanted to work with and then but I think someone suggested I met Cate before just in the aerial house when I was there one year and then I think later on James Brown who is the head of the OWI said would you be interested in having a chat with Cate and like what do you think about sport psych and I was like (uneasy facial expression) the last time *laugh* the last time I worked with a sport psych I was 16 and I was he, was just such a kook and I was like (uneasy facial expression)
C: *Laughter*
H: But I was like I don't really think...
C: Cate's not too far off (laughing)
H: Yeah and I'm like I've got a pretty strong mental game like I compete pretty well like I don't really know I don't know and they're like well you know going to the Olympics is a whole different ball park, like you think X-games is big this is like like you're not gonna know what to do with yourself and I'm like okay like Cate seems nice and she seems like very like straight to the point
C: Mhm
H: And like no bullshit and I was like I'll have a chat to her and so that's when Cate and I started working together and we sort of started slowly and yeah
C: Cool
H: Then went on from there
C: Yeah, um so how long were you involved with the OWIA from like when you started kind of tailoring that program to or are you still working with them?
H: Um I think it was two thousand and two-thousand and twelveish
C: Okay
H: Yeah
C: So like right after the announcement
H: Yeah oh I've forgotten when the announcement was the announcement was either eh maybe it was mid it was 2011 in July um because I think…
C: Somewhere around the one to two year
H: Yeah yeah I think it was right cause I just I won world champs in 2011
C: Okay
H: And I think like 6 months after that they made the announcement
C: Okay
H: So I think that's when I started negotiating with them
C: Mhmm
H: And I don't think my scholarship started until the next...like the middle of two thousand...like July of 2012
C: Okay
H: I think
C: Okay
H: Yeah
C: And then are you still working with the OWI?
H: Nuh-uh

C: No
H: Um - no I think if I'm still sort of hesitant as to whether I want to commit to going to the next Olympics or not
C: Mhm
H: Um and I know that the whole structure and funding system is changed like Australian Sport has this new thing called winning edge
C: Yeahh
H: Um and so If I wanted to have had a scholarship from that I would have had to compete -be competing at world champs which were in January
C: Okay
H: And that was just too soon for me and I wanted to take this year off from competing so
C: Mhm
H: Yeah...I still have a good like relationship and I know I've spoken to um George who's the free ski program guy there and he's like "keep us in touch, tell us if you want to get back into competing and um we'll see what we can do for you so" yeah
C: That's a good relationship
H: Yeah
C: Good to have in your back pocket - ha
H: Yeah exactly
C: Um so if you could define maybe a favorite moment of your sport career what would that be?
H: Ooo (overwhelmed facial expression)
C: Ha-ha
H: Ha-ha
C: Olympic or otherwise
H: Ahh shit...it's hard to compare moments like there have been a few of them a few moments
C: Okay
H: And I can't I couldn't pick a favorite but they usually revolve around all of them revolve around being on the podium
C: Mhm
H: Or and so my first one would be like winning X-games in 2009
C: Mhm
H: Cause that was just like huge like I just I didn't' know what hit me the next one would be landing this really it wasn't a pretty much perfect run I ended up getting silver but for me it was just like this dream this dream run that I wanted to land for so long and I landed it and I was just like being able to put that run that you had in your head down in competition like didn't even matter if I win I was just so happy with it
C: Mhmm
H: And then the third would be um putting a run down at the Olympics like under it wasn't my perfect at all like this other run that I'd done I've done many runs better than that but like with the condition that I was in and like knowing that I was able to put it down and like really get in like I don't think I've ever been more in the zone like to really get in the zone when it counted um and with my parents being at the bottom that was yeah really pretty amazing
C: Yeah - like a sounds like a just like a psych win on almost like at that point
H: Exactly it was just like yeah mind over matter and like my mind ended up like pulling through and
C: It's a good mix like you've got winning which is always

H: Yeah
C: Always feels good and then you've got like personal like this is just as good as it gets an then there is I like overcame so
H: Yeah
C: Sounds like a pretty diverse experience
H: It's hard to compare like
C: Yeah yeah exactly
H: Like one's better than the other but like you get this really like great satisfaction that all the training all the hard work that you've done um has actually paid off and at the right time and that's yeah
C: Mhm
H: Pretty amazing
C: Yeah, what about a low moment or something you wish you could forget?
H: *Laughing*
C: Might be easier to identify
H: Yeahhh.... see so many ha-ha...
C: *Laughing*
H: Umm.... there's just been a lot of times where I've pushed myself too far which has resulted in injury and and the the feeling of like shit I didn't learn form last time
C: Mmm
H: Do you know what I mean? Like
C: Yeah
H: Like when I blew my knee it was like I didn't need to be on the trampolines
C: Mmm
H: Or err like okay actually before I blew my knee um that was a low that was probably the low one of the lowest points at the world at this world cup that they had a really really shitty course um there was just really badly built everyone knew it was badly built you know during training like um had no one had their run down because it was such a crappy course
C: Mmm
H: And then there's this really stupid feature at the end with a really really flat landing and everyone complained about it and said it should be taken out of the course and no no nono it's gotta stay in and I should've not hit in the competition like I didn't need to hit it to like qualify
C: Mmm
H: So it's qualifications I could've just passed it and been like whatever and I went and hit it and it was like this awkward ass flat landing my knee just went keh kuh (crunching sound) and I was like (painful facial expression) went up and was like oh said to my coach oh my knee really hurts like ra-ra-ra and um I think I pulled I didn't do my second run cause I had done okay run and then in finals I ended up competing with a really sore knee
C: Mmm
H: And hit it again and it was oh no no I did my second run in qualis I was like well my knee kind of hurts blah blah blah blah blah that stupid like butter box in the end she's like ahh true yeah you don't need to hit it Hadley just go do another run you don't need to hit it and then just out of like ego or something I was like ah I've got to finish the course so I hit it again and hurt my knee
C: Uhh

H: Even more and that was just more and more cartilage breaking off my knee and that was like didn't need to do it but you didn't need ta you know what I mean
C: Yeah
H: Just I should've been experienced enough to know that it wasn't worth it and it was a year out from the Olympics I'd pretty much I think qualified it was February and I had two months...
C: SORRY [Lights turned off in room] *laughing* I don't know why these are on timers
H: Yeah two more months of the season left and just like kind of my big headedness was made me hit it again and made myself - like injured myself more so
C: Yeah
H: That was def I guess a low point cause I was just really disappointed in myself and not listening to my body
C: Mhm, um yeah I feel like the more I - it just seems to be the athlete mindset right like I dunno
H: You push through
C: Yeah you push through and you're told you're invincible and then sometimes it turns out that you're not um
H: Yeah, it's hard to know when to listen to other people when to listen to yourself especially with like an extreme sport cause sometimes you are being you have days when you're just being a bit wussy and like you're not you don't believe in yourself and having someone else going you can do this ra-ra-ra is a really good thing
C: Mm
H: And then other days you have like you second guess things and there's actually good reason for it and you should go with your gut feeling but it's yeah it's hard to know when those days are and when those days when whether those incidences where you should listen to like your coach and just push through
C: Yeah, and you were like 18?
H: Well when I first hurt my knee?
C: Yeah
H: Oh yeah but that was oh which one are you talking about the the?
C: The one with the butter box and the
H: Oh no no that was like two years ago
C: Ohh okay that was two years ago
H: I should've known better you know
C: Yeah
H: I should have known from experience but I didn't learn- ha
C: Sometimes we need a hard yeah lesson it's never good never good
H: *Laughing*
C: I'm someone who usually learns from the heard lessons and it's
H: Yeah
C: I learn ‘em once I learn em but it takes a minute (laughing)
H: Yeah
C: Um okay so is that first what you were just talking about is that was that the meniscus or can you tell me about um sort of the two injuries that were leading up to Sochi
H: Yeah
C: Was that the first one?
H: Mhm, that was the first one um so I qual - I think I placed-I placed third in that competition and so I had two thirds of worlds cups like the first two comps I placed in both of them um and

that automatically qualified me um but that was it was more than just meniscus it was like a big chunk of big chunk of cartilage like from my knee from the bone and also meniscus so uh went home and you know had an MRI and they said ah I think you've done your meniscus and I'm like well that's fine I've done that before on my other knee
C: Mm
H: It's six weeks out no big deal five weeks maybe um and then the surgeon went in there and I woke up and he just looked at me and was like "bad news" and I'm like oh shit thought I'd done my ACL and he said you've done a huge bit of cartilage like taken a huge chunk of cartilage out of your knee and often they do this thing called micro fracture surgery so they drill little holes into your bone to um cause cartilage never heals so once it's gone it's gone
C: Mhmm
H: And it's pretty much exposing like all the nerves of your bone to impact and sometimes they do this um mircrofractures they drill little holes into your knees to make it bleed and then it like kind of creates a scar tissue which they hope will protect the bone more but he said that "I didn't do that cause I thought that you didn't have enough time before the Olympics" so he just left it and hoped that it heals and I was like umm and that injury was really really hard because it just took way like I would prefer to do an ACL than have that it was
C: Mm
H: So painful like my knee was swell like the next year my knee wouldn't stop swelling every time I would train like you can't damage it really damage it farther once you've taken the time like once you've been on crutches for like two or three weeks so my my trainer was like you know you really need to get really strong and then my knee would swell all the time and my physio would be pissed at me that I was pushing it too much but I had all these sessions to finish that I knew like and then I went back on the snow after 3 months and they said ah you should be good to be back on snow and I did a turn and my whole knee was just like felt like glass was in my knee
C: Uhhh
H: It was just the worse and it still hurts sometimes it's just the worst feeling but then it's well if you push through it um like it's not gonna make any more damage but then at the same time if you have have swelling your muscles don't react properly so it was this real like
C: Mm
H: Yeah and I guess I was lucky with that because Amelia, who is the girl that I selected as my coach had had a really really bad knee injury like that that ended her professional career and it was like ACL, MCL, PCL, but it was a big chunk of cartilage and like she knew exactly what I was going through and um I think that was a big help but I just didn't expect it to take so long for me to get back um you know to get back on my skis and I was just constantly in pain and it was constant pain management and um yeah it was pretty shitty and then when you're in pain you always second guess yourself
C: Yeah
H: So you're going into a big jump and your knee is like you almost like expect waiting for this big shock of pain when you land so it kind of makes you more hesitant with everything and my skiing just yeah for the whole year was not up to scrat like I was just skiing like a whole different person and um that was really hard and also I think mentally like knowing that no one like most people don't know when you say cartilage they kind of think oh meniscus like oh that's just a scope and they don't get that it's actually a lot more serious and a lot more painful and its like a way bigger struggle

C: Mm
H: And um that was just definitely an ego like being people I knew that people were watching me ski thinking like "oh she's not skiing very well"
C: Mhm
H: And not really understanding why that was
C: Yeah
H: Um and that you know that was just another hit to my confidence as well I thought "oh everyone's judging me and how I ski and they don't get it and they don't know what I'm going through and yeah that was shitty - ha
C: Yeah that is shitty. Um who's like when you say everyone like who kinda like who were you around at that time that was maybe watching you or?
H: I guess um...let me think...who was there...we went to New Zealand and so first time back on snow was in Mount Hood, I mean not Mount Hood it was in Oregon it was like this summer camp and I was just I couldn't I thought I'd be jumping by the end of it and I was just I couldn't even like leave the ground um but that was fine like everyone understood that I was just getting my turns back and then the next and then I was um in Australia just skiing with my coach Amelia and yeah no there was no one really watching me there and then October we went to New Zealand to Spring camp and just like uh just like a lot of international teams there like New Zealand team and the Canadian team and the Norwegian team and then even George who's like the um who was helping out some of the other Australian guys who was kind of they weren't really the Australian team but I guess it was Australia's attempt to get some more people qualified for the Olympics so a few boys that I've known for a while and George who's sort of the head was the head of free ski
C: Okay
H: Free ski kind of thing and I remember hearing that he I don't know how I heard it I don't know if it was through Amelia or through Cate but I somehow heard it through someone that George had said oh Hadley looks like she's really hesitant when she's skiing she's not skiing like she normally does and I found out about it and I was just like (disappointed facial expression) yeah just really was like oh you know he doesn't really understand like my knees swelling and like I had to put so much effort to get the swelling down from my knee every day it would take hours after training and it was just really like you have no idea like you don't know what I'm going through type thing um and then I guess my first comp back after um that I had I think the Dew Tour and a World Cup and for the Dew Tour it was the first time I hadn't qualified for finals in like I couldn't even remember but
C: Mm
H: Like si-six years or something
C: Yeah
H: And I was and you know everyone you know you're on NBC that's like airbooth live and I was just like and everyone's watching and you're like
C: Mm
H: Shit - and I guess it was the Olympic year everyone's sizing each other everyone else up and for the rest of the season so everyone's watching and you just a yeah it was a real bummer and then the next the World Cup I didn't qualify for finals either and I was just like whaa my god two in a row like this is
C: So what are you thinking at that like if you could try to like just think back to like two in a row like what was that

H: Um I
C: Internal dialogue
H: Yeah it was like I just was like this is not a good place to be in um like I'm not where I thought I was going to be before the Olympics I was stressing I was really like yeah ah I'm trying to think I was really bummed and I was really down but sort of I guess um working with Cate helped me helped me get out of the funk a lot and luckily as well I planned a um so for Christmas I usually just stay in like the ski resort and hang out with my friends and my sister and one of the girls I live with who's on the French half-pipe team she's like one of my best friends and I had planned to go to Mexico for a week over Christmas so as soon as that World Cup finished we packed our bags and went to Mexico for like 8 days and it was the best scene like we just surf we just hung out we just sort of like yeah just slept like just got away from the snow
C: Mm
H: And that was a really good decision and I came back feeling really good and refreshed and like ready to go again um and I guess getting out of that ski bubble is really nice cause you get more perspective on what else going on and I came back just you know ready to go and um yeah and I think it was only a week after I returned Amelia, my coach, hadn't come back from her Christmas break yet and I was feeling all really good and fired up and I like went and I's went to the trampolines and I hadn't trampolined since I hurt my knee but I was feeling really good after this rest and I'm like "oh I'm gonna go work on my cork-like one of my tricks I'm like I need to get this XXX, get my head around it again and um so felt really great on the trampolines and then I landed like I felt fine when I landed but I felt this kind of click and I was like oh that's a bit weird like my knee got a bit like was burning a bit and I stopped I was like K I'm just I'm not gonna push it I think I had another world cup practice like World Cup practice started the next day
C: Mm
H: I was like I'm just gonna leave it I've got World Cup practice tomorrow and um yeah and then that's I guess when I blew my ACL (exhalation as if in disbelief)
C: It was a week when you got oh no so a week back from vacation
H: I got back from Mexico and then a week I was feeling really good and I sort of
C: Yeah
H: Wanted to um just get some trampolining before this next competition
C: Mhmm
H: To get some of my tricks like my head around them a bit better
C: Mm
H: Cause I'd been stalling them out a bit and yeah that's when I blew my knee but I didn't know so I went on skiing for a few days til' it got really bad and then yeah *laughing*
C: Wow - so how much time between the cartilage and the ACL?
H: Yeah...it was less than a year I guess
C: Okay so you'd been skiing for a little while like things had been going kind of shitty and then good and then boom
H: Yeah well it never really got good it was kind of like I had
C: Refreshed
H: Two my two first competitions and they were my two competitions back
C: Mhm
H: And I didn't do well at all and then
C: You got like refreshed and feeling better

H: Went off to Mexico was in a really good head space came back and then hit it on the trampoline
C: Okay um okay well we will get to that that's crazy um I yeah I don't Cate hasn't really been sharing with me the timeline or anything so I can learn that all from you um
H: Yeah
C: And so I did not know that I knew that there were two injures I did not realize they were that close together so
H: Mm
C: That's incredible...if we could go back just a little bit to talk about um maybe some of like at the time when the injury occurred um so actually at the competition um some of your I dunno thoughts headspace around that like emotions when did you find out that this was real I know you mentioned the doctor came back and said it's a bit more serious um but sort of just like the emotional timeline or um what that was thought felt smelled like for you
H: Yeah, um I think so when I did it that was the qualifications day and I knew that my knee was really hurting but I thought it was in my head I thought it was I'm like yeah this is meniscus like I kind of knew that it wasn't like an ACL or anything cause it felt stable and I'd hurt my knee so many times that you kinda start to get an idea what's going on
C: Sure
H: And um Tor like we didn't have a physio with us so it was just me and Amelia um we didn't really have anyone to sort of like didn't have anyone to sort of work on me that afternoon I think we asked well we're pretty friendly with the New Zealand team and I think we asked them and their physio was all booked up so we couldn't see their physio so just took a bunch of that night like I was worried about it I was like ah this is like maybe I'll just iced it heaps took a bunch of pain killers and anti-inflammatories just hoped for the best the next day, got up the next morning I was like uh this is still really shitty
C: Mhm
H: And oh no wait I'm lying okay I'm completely so this is like I'm trying to remember it all in my head
C: That's okay
H: But that's wrong so there's qualis in the morning then there was finals in the afternoon so I did it on my first run in qualis got like qualified for finals I think second because I'd done it like I didn't actually crash it was this last feature and no one was really doing anything on it so I pretty much landed the last feature, ow, skied out of it.
C: Gotcha
H: Qualified second and was just like went up top and was like Amelia my knee's really sore blah-blah-blah she's like you don't need to do your second run you've qualified let's go inside so iced and iced and iced took a bunch of pain killers took anti-inflammatories tried to move it around was worried about it obviously um yeah just kind of laid down it was a couple hours in between because the boys had to do qualifications and then she just kept saying how are you feeling err err it's like it hurts to walk on it she's like well it's your choice but like I mean I think you just go for it and she was kind of more I feel like if it was a physio like we had our own physio like Sophie who was my physio going into the Olympics, she would of kind of said nah
C: Right, mhmm
H: Um but we didn't really have anyone else to refer to it was just us two like she'd only really been coaching for a year
C: Okay

H: She was the only opinion I really had like I was kind of just like taking her word for it and then I was like I'm an athlete and sometimes you just gotta push through like it's finals you know deal with it and... To even have anyone to strap my knee I think that would have been good, that would have been nice
C: Yeah
H: Um and so yeah I just sort of iced for a few hours took some painkillers and went out and did two more runs and a lot like and I was I remember we I think we had two practice runs and then we had quali runs and I was like taking off on one foot landing on one foot
C: Mmm
H: I was just like but I kind of was getting more comfortable pushing through the pain each run so the first time I was really hesitant the second time I was just like okay it's gonna hurt but put more you know if you wanna get a good jump then you gotta put more weight on and yeah I landed one run pretty decently and that was enough to get through it but afterwards I like my yeah my knee was just burning and I just knew I think I, I thought it was a meniscus and I was like I'm gonna be out for a couple months, like this sucks but then at the same time I was like well I'm glad I got through it because that qualifies me to the Olympics
C: Mhmm
H: So but I guess I didn't know that it was gonna be as bad as it was I sort of yeah so I think I wasn't as upset at the time cause I was like it's gonna be meniscus it's gonna be like a month and a half off I can deal with that like let's just get it done, um but yeah I think if I had known what it really was I would have been a lot more upset
C: Mhmm
H: I think I just had that mindset of like I've been injured before this isn't that big of deal like it's fine um but then I learned along the way that and no one told me no one said this is gonna be a real struggle this is a really shitty injury like everyone was really positive about it and so that almost made it harder for me because I thought that I was yeah just healing really slowly and
C: Okay
H: And not yeah so cause everyone's all yeah yeah yeah err you know you'll be fine you'll be skiing in three months and I was like ah okay cool and then when I tried to ski in three months and it didn't go very well it really really bummed me out so I feel like maybe my expectations weren't managed super well but then again it's one of those tricky injuries that some people it doesn't hurt as much as others like there's not a um everyone has a different response to it
C: Sure, so it sounds like there was like this expectation that you'd be fine then when you weren't fine then it seems like it's a you thing not a no, this is a real…
H: Yeah
C: Like problem thing
H: Yeah um and I just didn't like I didn't know what to expect and like I was saying before I almost sort of rather of hurt my ACL because I'd done two of those before and I knew exactly the timelines I knew exactly what to do exactly how my body was gonna react
C: Mhmm
H: And this was something that I've never really experienced before and having that pressure of the Olympics also it's just like gahh um and then like I had had all this money invested in me and yeah cause I was used to just like skiing for myself you know like I invested my own money like yes I had the sponsorship money but
C: Yeah you earned those yeah

H: Yeah like I wasn't if I didn't do well, like well you're company I don't care ha um but I just had these like OWI definitely puts like being part of that you have these meetings with them and the head of OWI like I remember him saying "are you gonna win us a gold medal?" and I was like uhhh I dunno *laughing*
C: *Laughing*
H: And he's like we don't support [talking to self] what did he say? ...He said something like we don't fund silver medals *laughs*...shit anything can happen on the day you know
C: Yeah
H: But there was yeah this I dunno it was just a lot of outside pressure, which I wasn't used to because I sort of used to just doing my own thing and mosing along and yeah not having people to report to
C: Mm
H: As well
C: Mhmm
H: Cause every like Amelia cause she was now hired by OWI I think had to send reports off and I almost felt like I wasn't like well what are you saying
C: Yeah
H: And I felt sometimes that like those things going on behind my back that I wasn't meant to hear because it might put me in negative headspace but I knew like I'm not dumb, like I knew
C: Yeah
H: What was going on and who was talking but I sort of felt they were treating me a bit like a child where I really wanted to know what was happening
C: Yeah
H: So yeah and then and also like you were saying before the um coordination between people
C: Mhm
H: Um I think Cate was really trying to get that going but the thing that I felt the most that didn't coordinate very well was the physio and... The physio, the strength trainer, and Cate and Cate I think really tried to connect with the strength trainer because I was getting really stressed out trying to keep up with my workouts and my knee would swell
C: Mm
H: And then the physio would get really upset with like get annoyed with me like why are you - why are you going to your weight session if your knee is like a balloon? I'm like well Lawrence said if I could do it I should do it and then she'd get really upset like you should know better and I'd get all upset because the trainer was pretty much he's a really cool guy but he's like the kind of person to just push through it
C: Mhmm
H: And I think he didn't understand my injury very well
C: Mm
H: And then him and Sophie didn't really talk that much and Sophie was never with me in the gym - the physio so it was really it was me trying to mitigate between the physio and the strength trainer and I guess because of my personality I'm never one that wants to like back down like I remember I turned up I had one week where I was quite sick with the flu and I sort of came to training and I'm like oh I'm pretty like head coldy and I'm pretty run down and not feeling so well and he's like oh you know just see how you go he's like Hadley you know sometimes training when you're sick is a really good thing to do because you never know when you're in competition you might you might you might be sick and you might need weight training to get

through that so which kind of helped me in the end but I was sort of like okay you know like if you tell me to do it I'm gonna do it
C: Yeah
H: Cause I'm an athlete
C: Right
H: And I don't want to back down but um at other times yeah it he kind of because of what he said I pushed myself to do more than what I should have been doing
C: Yeah, um so who was this is kind of like generally in that rehabilitation who was involved in your like explain to me who was involved in your rehabilitation and like where everyone was when you were in rehabilitation like you said no one was in the gym with you or if people were geographically like I know probably Cate wasn't around a ton err
H: Yeah
C: Um
H: Yeah
H: So for the very beginning Amelia was in New Zealand, my coach, um I went to Sydney, I'm from Melbourne but I moved up to Sydney for a few months um my physio was in Sydney my trainer was in Sydney and then Cate was in the US
C: Mhm
H: And then probably maybe 4 Amelia came over to Australia for 3 weeks um and was sort of training with me in the gym then also up in the mountain um and then she kind of went back to New Zealand and I trained by myself again and then went over to New Zealand and the physio was there and Amelia was there and then yeah so it was sort of Cate was always away which is was kind of normal um Amelia was sometimes there the physio was sometimes there and the trainer was sometimes there and then it kinda
C: Between the three yeah
H: Yeah
C: Um and what was your rehabilitation like, like from injury you have the surgery and then um maybe even back to those two competitions if you consider that the rehabilitation or what do you consider rehabilitation and then
H: Yeah
C: What did it consist of?
H: Um so got came home got surgery spent 3 weeks at home on crutches doing like mini you know the like the little tiny exercises
C: Mhmm
H: Then moved up to Sydney and started working in the gym with Lawrence the trainer like slowly slowly oh no wait the first three yeah the first three weeks I was in Melbourne um I was working at the VIS with another trainer I guess who I'd been with for like the past three years so I knew him pretty well he's really he's less of like a a strong strong tough trainer more of like a very like fine tunes little details he's really good with um knee injuries and has worked a lot with women
C: Okay
H: So he was like the just the starting you know getting me to like to do calf raises and little things
C: Mhm
H: And then I moved up to Sydney and started working with Lawrence and Lawrence a lot of the other winter athletes are up there working with him so they'll sort of like I was with Lawrence

everyday in the gym oh and I had okay so my it was three sessions a day um from Monday to Friday two sessions on Saturday and then um and then Sunday off but the three sessions were okay so it was two sorry two sessions with Lawrence 1 Pilates session so I'd do Pilates in the morning have breakfast like had go I'd go into Sophie's physio practice she wasn't there but I'd just go in early in the morning do an hour Pilates session then eat breakfast then go into the gym and do a weight session, eat lunch, and then do a cardio session in the afternoon um and then Saturday was just weights in the morning, cardio in the afternoon and then Sunday off
C: Okay
H: Um and that was like pretty intense - I was just pretty much eating training sleeping and icing my leg -ha- that's all I did
C: Yeah
H: Um but yeah it was intense and so he'd give me his program and I was like okay you give it to me, I'll follow it
C: Mhm
H: I just thought that was the best way to be like you know put your head down put in the work and you'll be okay and I just didn't I didn't like taking sessions off and I you know I just tried to do everything to the best of my ability cause I thought that that's how I was gonna get strong and get back on snow cause yeah
C: Cause that's what they told you
H: Yeahh that's what you know that's what he told me to do and you know um then looking back on it I don't know if that was the best approach
C: Mhm
H: Um I think I should've taken more days off and I should've lightened my load a bit
C: Mhm
H: Because especially with my sport like it's not we have a lot like it was weights every day like we're doing heavy weights every day and it's my sport yes I do need muscle to be able to like resist impact and if I take a big fall I need to be able to like protect myself but it's not like ski racing or rugby or like you know boarder cross he was trainer a lot with the boarder cross, boarder cross athletes and it's like um yeah it's more agility and like finesse almost
C: Yeah
H: Than like just being as (makes muscle gesture)
C: *Laughs*
H: As strong as you can and I think I could've sacrificed a few of the big heavy weights sessions to like take the time off and have my I think my knee would have healed quicker and I also I was so tired all the time like I was just at the end of the week I just I didn't even see any of my friends in Sydney I'd just sleep like
C: Yeah
H: So yeah I think it was um I guess what you'd call overtraining *laughs*
C: Yeah and what was that like um so that's more like if I think like behaviorally what you were doing what was that that period of time like emotionally like
H: Mm
C: Psychologically
H: I think I was pretty up and down because I was so tired
C: Yeah
H: Um and then also Cate had all these exercises that I was doing
C: Mhmm

H: That um you know you gotta do 20 minutes of visualization a day and 10 minutes of breathing a day and then like although that's meant to really relax you at times like it would stress and write in your journal every day
C: Mhm
H: And like tick tick tick and so it was you know like training your mind is just like training your body and it's quite tiring and I was stressing so much about getting all these things done every day and being the perfect athlete cause my whole my whole attitude is like no regrets like I don't want to get to the Olympics and not be able to ski and think oh if I had trained harder - ha ha
C: [Lights turned off] Always, I was trying to move a little, sorry continue *laughs*
H: Yeah didn't want to get there and think oh if I had've trained harder, if I hadn't have skipped these sessions I would be better position you know so I had like all my little boxes to tick every day and I was tryin' to do that and it was just like physically and mentally exhausting and sometimes I'd go to my physio sessions and Sophie would get you know Hadley your knee's really swollen like she'd do little tests and I'd just burst into tears like
C: Mm
H: I couldn't handle like failing when I tried so you know I'd come to fail looking after my knee and I'm like after having put so much energy only to have someone tell me that I failed at something was just like the last straw so often she was like you Sophie is like she's a good friend of mine but you know she'd be pretty tough about it like what are you doing like you're so why did you go to your session if your knee was swollen like that's just stupid and I'd be like (pretend crying) 'cause Lawrence told me- I'd just burst out crying like I'm not a crier but I was just I think you know when you're tired you just
C: Mhmm
H: Little triggers
C: Yeah
H: And you cry and um I was pretty much like that for like I dunno probably until mid end of august I thought I was just yeah pretty exhausted all the time ha
C: Just up and down
H: Yeah yeah all over the place
C: So at that time as far as like Cate's workout for you um and Lawrence's workouts for you and Sophie's um was there any did you get the feeling did that any of them kinda knew what each other was expecting from you
H: Umm I got the feeling I did get the feeling of like like we kind've pin pointed it earlier like me trying to communicate between Sophie the physio and Lawrence the trainer
C: And this was kind of that time
H: Yeah and I was sort of I'd go to Lawrence oh but Sophie said that my knees, Ugh, I remember that this used to always happen he'd say I used to get swelling like above my knee so I used to say to Lawrence, Sophie has says that this pocket is like it was like a horseshoe, this pocket is swelling isn't meant to be there and then I'd have to watch it he'd go Oh what are you no no no what are you talking about that's your quad muscle and like he's a really he's a good trainer and I'd kinda be like Sophie says it's swelling and he'd say no no no you're fine that's eh.. A little bit, you're fine and I'd be like okay cause I didn't want to like I didn't want to say no I'm not gonna do it cause then I thought he would think that I was trying to make an excuse
C: Yeah
H: So I was like okay if that's what you think you're a professional um and then when I would go to Sophie yeah but Lawrence said that that was just my quad muscle and she'd look at me and go

what are you talking about that's not your quad that's a pocket of swelling Hadley like what you know don't be stupid and I was sort of like well you guys
C: Uhhh
H: Are the professionals, what do you mean be stupid like I'm asking your professional opinions and like you're both telling me different things and then yeah um and I think Cate and Sophie communicated quite well because Sophie is like very open minded like she's gotten more into like holistic healing as well and I think she understands more about the sport psych but I think when Cate tried to communicate with Lawrence he was sort of like not as open to it
C: Mm
H: Oh yeah I've had a chat with Cate today like...
C: And
H: Oh cool
C: Yeah ha
H: Na nah na that was sort of it like it didn't really I dunno I don't so I and then I just yeah I just didn't have enough energy to like try and coordinate all and *laugh*
C: Combat that
H: I just tried to do my best in like each area and I think that just really fatigued me
C: Mhm, um did you have goals so you I guess this kind of goes back to like your return but what your goals were for return rehabilitation did you have like did you all set goals together did you have personal goals that were communicated or was it sort of I know you said you wanted like no regrets but I dunno like was that formalized on any level?
H: Um yeah we did Amelia and I did a lot of goal-setting um I guess the physio and the trainer weren't so much involved with that and Cate was involved with that I think she may have been the one that was like when I went back to on the snow to my first camp I think yeah Cate was if I remember correctly like the instigator for a lot of the goals and what do you want to get out of this camp you know what do you want to get done by the end and I just set all my goals way too high but oh yeah I'm gonna be doing this I'm gonna be doing like sevens I'm gonna be doing that and then like my first camp back on the snow in Oregon I was ah I'm gonna be like this trick on rails, and that trick on jumps and like I didn't even jump I didn't even hit a rail like I hit this little box I tried to hit this box and it hurt my knee like it's like the most it's literally what you teach people beginning how to free style ski in the park like the big fat flat box
C: Mhmm
H: I couldn't even hit that properly and I just like burst into tears cause
C: Mm
H: I'd set my goals way too high and I didn't know that I was gonna be in so much pain when I got back onto snow um but yeah I think that I spoke to Cate a lot on that camp and it was a lot of again I'm a very goal-oriented person and like having goals and not reaching them really upsets me
C: Mhm
H: Um so it was definitely a learning experience about like being flexible with your goals and like having to listen to your body and um and even at the even at the very start of my injury like we'd set this whole timeline up and each time that like I sort of failed with goals I thought I was just setting my timeline back and that I wasn't um that the more I set my timeline back the less chance I was gonna have to podium at the Olympics or be competitive at the Olympics um but yeah so every every camp we went to it was like this is what we want to get done blah blah blah blah and I think as we went through the camps I became more flexible with what we were gonna

get done um and I became more able to sort of cope with okay if we don't get it done today that's fine, as long as I'm healthy ya know
C: Yeah
H: Like it's not a big deal but at the start I'd just take it I'd take it as such a big hit
C: Mhm
H: Oh I didn't achieve this goal, this camp like what a waste of money what a waste of my time, I suck um so yeah I just became more able to learn to like let let it go
C: And how did you was that just by experience or how did you kinda learn to do that? It's not an easy thing to learn
H: I think it was by experience because people would tell me it all the time like Cate and Amelia were like its not a big deal blah blah blah but people can tell you that but unless you really believe it and you have you've really learned how to deal with it doesn't matter how many times people can tell you it doesn't you know
C: It's not really it's like in and out
H: Exactly it's in and out and it's like shut up you're just tryin to make me feel better but like it's you have to really come to that conclusion yourself and like that understanding yourself and it's realizing how much of energy it drains for you being upset
C: Mm
H: Over not doing something
C: Yeah
H: And that takes away like your ability to get after the next day or the next day or the next week
C: Yeah
H: But if you just let it go and go meh the next day you have more energy to get it done
C: Sure
H: Where as I would like dwell on it and get really upset and I'd cry like ya know get all bummed on myself and that puts me in a bad state to achieve it um the next day
C: Mhm
H: So yeah but that was totally it's just it was a learning experience and so many things that Cate told me and I think Cate and Amelia also began to co the more they'd work together the more that they began to communicate
C: Okay
H: Better um and yeah there were so many things that they told me early on in the first injury that I just kind of was like yeah whatever
C: Mhm
H: Or like it jus it did it didn't sink in I guess
C: Mhm
H: And it was just my I just had to learn it for myself really
C: Yeah, so it was good that they were there to spur and then you just had to experience it *laughs*
H: Yeah pretty much *laughs* I just sort of have to go through I think it's just and it's my personality as well like quite can be quite stubborn and like just so goal-oriented that I just hang on to things a lot
C: Mhm
H: Um and I just had to learn myself how to do that huh
C: Yeah, do you think that you were ready to return?
H: Mmm, the fir-like the first camp?

C: Mhm
H: I don't think so I think everything kind of like from my doing cause I was yeah I need to be back on snow at this time like
C: Physically yeah like so physically, psychologically, emotionally all that
H: Nah I think I got back on snow way too early um
C: Was that your decision?
H: Yeah I mean it was no one put like yeah it was I was sort of you know I was looking to everyone like when do you guys think it will be okay and everyone said we think it'll be okay at this time and I'm like right, let's go um but I'd never had that injury before and I didn't know that it may still really hurt so I think if I'd waited I should've waited 6 months you know like and got back on snow it wouldn't have hurt as as much
C: Mhm
H: Like doubling the time and rather than having these like confidence issues like having it having so much pain early on just like um created these real confidence issues which took me longer like which set me back longer than if I'd just waited longer to get back on snow
C: Yeah
H: So if I'd waited an extra 3 months I wouldn't have lost like I didn't gain anything in those first 3 months on snow I was skiing around in pain and I couldn't do any tricks
C: Sure
H: So if just stayed if I'd waited longer I knew how to skate I've been doing it since I was four, waited longer got back on snow wasn't in pain started doing tricks and then that whole pain and confidence thing wouldn't have been as like detrimental
C: Mhm
H: But now I know *laughs*
C: I was gonna say it seems like you've thought about it quite a bit
H: Uh yeah I hadn't really not-not so much anymore but
C: Sure
H: Yeah I just I definitely learned along yeah along the way kinda looked back and was like I shouldn't have like there was no point in doing that it just made me upset
C: Right so when you were going through the goal up and downs was there was it just you creating your goals? You said Amelia and Cate helped.
H: Yeah um in terms of like particular like skill goals it was more me and Amelia because Cate didn't Cate has learned a lot learned along the way about my sport cause it is a pretty new sport and she'd never um been involved with anyone doing it
C: Mhm
H: So if I had sad ah I wanna do a 720 by the end of this week she'd be like okay like she wouldn't know if that’s a particularly hard trick or an easy trick or something that I struggle with but I guess if she was working learning with like if she was with one of the aerialist who she's spent like years with she knows all the tricks she knows the like the difficult, degree of difficulty
C: Sure
H: So if one of them said like oh I wanna do like a full-full the second week on snow she would've said noo that's a bit no but she didn't really Cate didn't really know how ambitious my goals were when I was spitting out all this terminology
C: Right
H: Like okay cool...but Amelia, Amelia did um but she is more like she was kina pushing for it she was sort of like yep yep we can get that done yep we can get that done um so yeah it was

C: Bad combo or a hard combo cause that just leaves it to you
H: Yeah it kind of left it to me to like and then the day yeah and the thing with Amelia is um she'd never coached before
C: Mhm
H: Like she's like she learned she's a very intelligent person and she learned a lot in a very short amount of time but it was like her first rodeo and my first rodeo her first like she hadn't like she'd kinda done some little camps and stuff with younger girls but
C: Right
H: But nothing at an elite level
C: Olympic, right
H: So this was all brand new to her and so she was sort of like learning on the fly as well
C: Yeah, and that's so what brought you to choose Amelia
H: Um...hm, she I had kind of a practice year with here like years before before I um signed up with the OWI I had I went on to New Zealand's spring camp um I had like an Australian government grant
C: Mm
H: And so I spent that I was like okay I'm gonna put this toward my coaching which wasn't OWI it was another it was another thing it's like if you're the top four in the world you get you can get this much money and um they put it in your bank account and like you can go buy clothes with it or you can put it towards your sport um so I was like I'm gonna put this towards a coach to like my own coach to come and travel with me and um I did like a test with her I did two weeks at spring camp in New Zealand which is where she lives and it worked out pretty well and then I started formulating a plan for overseas and I had proposed to her like would you if I paid you this much of a day rate kinda stayed on my couch I paid for all your air fares and accommodations would you come and coach me and she's like yeah so we did one year um and that's the year I did really really well, 2012 and she was relaxed but she's also she's judged before, she's been an athlete before and she's yeah she just kind of she knew a lot of the other girls and what they're so she it was almost like having another pair of eyes cause she a lot of the girls I was competing against she had known from when she competed
C: Mhm
H: So she knew what tricks that they were throwing what their strengths were what their weaknesses were um and like with all those things combined I just thought it was like having a friend along with you that knew everything and
C: Right
H: Could like yeah set tricks really well and help you out and so that's why I chose her yeah
C: And...So as you came back from like rehabilitation to that first those first competitions back um were you still just working just working with Amelia at that time or what were those competitions who was at those competitions when you were like first coming back?
H: Oh um just before just before I had my ACL kind of?
C: Yeah
H: Uh yep I was with Amelia and so she was being full time employed by OWI and the first one was the first one was a Dew Tour, which is like a big it's kinda like a big professional event I guess
C: Mhm
H: So it's like the Dew tour they have it for summer sport they have like skateboarding
C: Mhm

H: And I don't know what they have that's summer
C: Like Mountain Dew or just called Dew?
H: Uh it's sponsored by Mountain Dew
C: Okay
H: So that's why it's called the Dew Tour
C: Yeah
H: Um I had that one first and then after that had a world cup so those are the two they're kinda like the two big competitions we have every year before Christmas and everyone goes on Christmas break and then it's a bunch of other competitions um and so yeah everyone pretty much everyone at there were a lot of um younger girls at the Dew Tour um that I hadn't really see, like a lot of younger American and Canadian girls that I hadn't really seen before and they were like throwing a bunch of big tricks like 15 year old girls that had never been injured and I was just like holy shit um and they were pretty crappy conditions but my physio was there at that time and then yeah Amelia was there and just kind of all the different girls from all different countries
C: Okay
H: And then the next one same thing kind of everyone was there um yeah
C: So Amelia and Sophie, Sophie was your physio?
H: Yeah
C: Traveled with you most specifically?
H: Yeah Sophie was staying with um snowboard half-pipe team
C: Mkay
H: Cause she's like their physio but then Colin Klein whose the other slopestyle he's like the male slopestyle guy and myself would have access so everyday we'd, uh we're all staying in the same town and every day we'd like book an appointment ha-
C: [Lights turn off] Always, sorry. Yep.
H: Everyday we'd book an appointment to go into like we'd go into their house and get physio and then um but on top of this also Sophie and Amelia are really good friends so they worked really they worked like super well together
C: Oh okay
H: Like they've been friends for like 10 years or something and it just so happened that we all kinda got it was cool that we all got to travel together and um so I'm sure so Sophie understood- even though I wasn't living with Sophie she understood me very well because Amelia like definitely I know kept her up to date and um so Ame- so yeah Amelia that that like fill in my memory sort of to the Olympics where I did badly in the competitions, Sophie, Amelia, and Cate were all sort of in Breck for a couple of weeks, all talking all sort of like that's when they all started working together as a unit I think
C: And how was that for you?
H: So that no cause like Cate came out to Breck and um she was at the World Cup
C: Mhm
H: That was but that was first competition of my competitions she'd every been to
C: Okay
H: And then that was sort of like oh this is how it works, okay. And then everyone started talking and yep so I think that competition didn't go super smoothly for me and it was almost a bit weird having Cate there cause I wasn't used to it
C: Yeah

H: Um but I also I'm not gonna blame it on Cate I also wasn't skiing well either but I think it was good that she was there because they all started being able to finally work well together
C: Mhm
H: Um
C: And how did that I guess like transfer like how did that feel for you, what was that like for you?
H: At the time it felt kind of weird cause I was used to it just being Amelia and I and it was just we do our thing blah blah blah but then we to sort of coordinate all these other people
C: Mm
H: Um and at the time it sort of like uh this is just wanna it it just felt really um structured and I wasn't used like I was getting more and more used to structure but like you know the last few the previous seasons it's like I just had to worry about Amelia and myself
C: Mhm
H: Just we go you know but then had to worry about meeting up with Cate and scheduling with Sophie and then - and it was all for my own benefit but it was just more to think about um
C: And change
H: Yeah it was change it was change it was really I mean it was just like a testing period I guess
C: Yeah
H: Um but in the long run it was a really good thing to have done and because it kind of came back around to Sochi and everyone knew how to wo - everyone had had that test time and knew how to work together and everyone I think it was also like Cate getting to know Amelia and Cate getting to know Sophie and Sophie ya know
C: Ya
H: And so and Lawrence wasn't even Lawrence was off with his boarder cross like he wasn't even part of the team anymore it was just like Amelia Cate and Sophie were like K we're banning together and we're gonna like get her to the Olympics - ha -
C: Yeah
H: Do you mind if I take a bathroom break?
C: No, not at all.
{Silence}
[Athlete arriving back]
C: I got an e-mail so I sent out um e-mails to some of the other like people and even though Cate is like my advisor *laughs* and I see her every day I sent her like a formal like would you be willing to participate in my research
H: Yeah
C: And so I just got a response
H: Oh yeah cause that's like um she's your advisor and she's part of the
C: Team, yeah so ha - I sent her like a formal request
H: Ha-ha
C: Cause it's just good to like makes sure I've done my due diligence their
H: Yeah
C: Um, but yeah she sent back my response it's just like funny cause
H: Ha-ha
C: Cause she's just like right there like I could just ask her
H: Like talk - eh ha-ha

C: Yeah but um anyways so okay so we're kind of at they everyone started working together it was the first time that you felt like you had sort of like a band around you I guess um...difficult and at the time though maybe felt difficult
H: Yeah
C: Um
H: It was difficult but then I remember um you know being really upset after after that World Cup and it was just nice having Cate there to talk to just ta cause sometime like sometimes I didn't wanna like dwell and wallow in front of Amelia cause it's I dunno I guess because what I'm doing like I also had the thing that she was she used to be a pro skier and she was really really good she had this really bad injury and it's like she can't compete anymore and she can't ski at the level she'd really like to and I almost felt oh wow you had one bad comp day like boo - she'd never ever said that
C: Right
H: But I could kind of if she like kind if she like kind of wouldn't let dwell and self-pity too much *laughs*
C: Yeah
H: It's good to have Cate there to sort of just be like I'm soo like just say whatever I wanted to ya know
C: Sorry I was just the recorder was being weird, um yeah no that makes perfect sense and
H: So yeah
C: Just having a sounding board sometimes like it's just good to have um
H: Yep
C: And I know athletes talk a lot you mentioned that like it was a little bit different Amelia was employed by you and then she became OWI um
H: Yeah
C: And so can you just speak to like that difference for you?
H: Yeah I guess um when she was employed I guess the thing that was most different was she had to like sort of report back to them like sometimes didn't know what she was saying *laughs*
C: Yeah
H: And that was like hold on stay there just turning the heat down um sometimes that was hard cause that almost felt like it was um a parent teacher interview ya know
C: Yeah
H: Like your parents go and your school teachers sort of talk about you behind your back and maybe she wasn't who knows but I almost felt this like I was sort of being treated like bit of a child
C: Mhm
H: Um and it was like I've been doing this for you know 6 years by myself and like you know and everything was really scheduled it was like oh I have to log on and have this conversation with James and eh it's just different and I almost felt like if I wasn't on my good behavior and if I had a shitty day like it would be reported you know
C: Yeah
H: Like documents and I'm sure, she might not of like she might have just said oh you know Hadley is having a bad day or yeah she maybe she said I was always having good days but I just had this I didn't know what was going on and it was it's hard as like a twenty I guess I was 26 or 27 there, an adult to have that you know
C: Reporting

H: Like that feeling that people are talking about you behind your back kind of or reporting on me
C: Yeah and did that was that did you still feel that like when you started competing at Brick and like when you had Cate around to sort then you had another OWI or?
H: Yeah a little bit, like I kinda had gotten used to it at that point
C: Okay
H: Um like gotten more used to it but I guess this all all this like increase in structure and reporting and um officialness kind of probably comes also around the Olympics like everyone wants to know what's go like obviously the people that have invested all this money in me want to know exactly what's going on 1 month before the Olympics and it was this this build up of pressure which everyone had actually warned me about and told me about but I was experiencing as well so it might it probably also coincides with that as well that um that maybe and even though so the interviews and the media and like those sort of reporting going on and that's just not what I had been used to but
C: Yeah
H: I hadn't been used to going into an Olympics before and um I kind of dealt with it was like well you know people told me that it was gonna like this momentum was really gonna build and it was gonna be a huge shock and I guess now this is happening
C: Sure so you were kind of expecting it but it actually experiencing it was different
H: Yep
C: Um alright so that was so at that point at Breck you weren't performing well but did you feel like eh err you didn't think you were performing well did you feel like you were back yet? Or did you feel like you still weren't yourself?
H: I felt like it was weird because I remember before each of the competitions I felt like I was in a really good headspace
C: Mhmm
H: Um and I felt really clear and like on top of my mental game but for some and I think that's why it was most frustrating for me because it wasn't transferring to my performance
C: Yeah
H: So at the end I was like ya know I had been practicing all the techniques that Cate had taught me I'd been visualizing, I'd been breathing I was up there I was like for the most part in a happy mood and I wouldn't perform and I was just like what the fuck? Like does this mental stuff have noth - like is it just not gonna translate? Does it not work for me? Like maybe I'd ditch it
C: Mhm
H: Because yeah it was it's just hard because often in competitions before I'd started working with Cate I'd wake up and I'd be like I'd sort of know how I was gonna compete, I'd wake up on the right side of the bed
C: Yeah
H: I'm a little bit nervous but I'm really excited and I'm happy and my head's clear but like I do have like the little bit of butterflies but I'm like I wanna get on the hill like I'm ready to go and other days I'd wake up and I'd sort of be like I'd try to think about my run I'd sort of be a bit hazy and foggy and like bit lethargic and like what's going on but like after of doing all this work with Cate I sort of felt that I was able to regulate my headspace more and if I was feeling a bit like unsure I'd be able to get myself to I'd be able to like direct myself into a better headspace
C: Mhm

H: And then feeling super optimistic and confident and the blowing my runs twice at two competitions in a row I was just like what is wrong like I didn't know what was I couldn't pin it on anything I couldn't say oh ah I was in the wrong headspace cause I'm like I was like I felt really good I don't, I don't get it.
C: Yeah
H: Um and I don't know what it was I don't know if it was just not enough time on snow like I dunno
C: Yeah
H: But *laughs*
C: Which can be frustrating, just the unknown yeah
H: Or it coulda just been two shit like sometimes you have bad comps its not
C: Right like just shit happens yeah
H: Well like dust I hadn't competed in a year just like
C: Mhm
H: Kinda dusting out the cobwebs I dunno
C: Yeah - so then after Breck that's when you went to Mexico?
H: Yep
C: Okay um and so you kinda just like mm weren't were you like still talking to people or was it just like pshh gone
H: Yep pshh
C: Yeah
H: Didn't do any visualizing didn't do any -like I went did yoga a few times went surfing every day didn't talk about skiing I mean a little not but like cause I was with two skiers so we talked about skiing
C: Right
H: But we didn't sort of we were just chill mode like
C: Yeah
H: It was really -
C: -Needed, yeah
H: Yeah
C: Mexico will do that to ya
H: Yeah *laughs*
C: Um and then you came back and trampoline that was like the week you got back?
H: Yeah probably like 5 days after I got back
C: Okay um so I wanna go through the second injury not the exact same as we just did the first but maybe talk about thoughts emotions through that first like injury and like where you were cause now you're you know closer to Sochi it's the second injury um and and like if I can give you the big picture like we're talking about kind of how this experience was similar/different than the first one
H: Mhm
C: Um from a psychological standpoint from a what your the team around you was doing um and then just the actual like logistics of okay we're almost to such Sochi and what was the actual injury like
H: Mm
C: So if you could just speak to like what that second injury experience was like as holistically as possible for you and then I'll kind of prod questions as needed

H: Okay um so it was a trampoline inju - incident so I sort of landed and felt sort of like bit of a click I guess um
C: Is trampolining something that you do just to like learn new tricks or? Like little just
H: Um learn yeah learn new tricks and also get air awareness like getting things smooth and like just being in the air
C: Okay
H: And knowing where you are
C: Body awareness
H: Work on your take offs and all that kinda thing um so landed kind of yeah my knee was a bit hot and I was just like ah this doesn't feel great thought maybe I just kind of like strained something um-
C: Is it the same knee or different knee?
H: Different, other knee
C: Other knee, okay
H: Yep um but then had training for another World Cup the next day like practice on the course so went out on the course
C: Did you tell anyone?
H: Yeah I told Amelia I was like uh my knee feels -
C: - Okay
H: Really shitty like blah blah blah and Amelia's like why did you go on trampoline? And I'm like ah like I really wanted to get my like sevens back I really want to put them back in this comp so I fell on the right seven in um in the world cup before Christmas
C: Okay
H: So I needed to get that like smooth rotation back I really wanted to just do some on the tramp she's like uh you didn't need to do it Hadley like why like why did you think that was a good idea? You haven't trampolined for a year and I was like that's why my rotations are bad like that's why I wanted to get back on it
C: Yeah
H: And so went out there my knee was really hurting it was hurting quite a bit and so I was sort of was hitting some rails and kinda came off one and I felt sort of like a bit of an eh and I was like uh that felt really weird I think the weather was quite bad for the first few days so we're just hitting rails
C: Okay
H: Not hitting any of the big jumps
C: Mhm
H: Um did the second day like did the second day of training knee still kind of hurt but I kind of again pushed through it kept hitting the jumps was like nah I'm gonna be fine I'm just gonna get this World Cup done, third day came and it was the competition and I did the begin you get like an hour of practice in the morning
C: Mhm
H: So probably like five runs did the runs and like the wi it was really windy and I kind of overshot a few and I ah oh I pretty much had my run down I was like Amelia was-Amelia's one of those people when you get to comp day she's like just get it done do it you gotta get your run down before you compete so I pretty much got it down and then each run with my knee was getting worse and worse and I was taking more and more Advil and I got to the top and like Sophie was at the top and I took my skis off and I couldn't even I needed to go pee in the woods

or something I couldn't even like walk properly to pee in the woods cause my knee hurt so much and I came back I'm like my knees really like I can't and they're like Hadley you don't need to do it there's no point like what do you think and I sort of thought about what I didn't the year before
C: Mhm
H: Don't need to do this and I was like I don't need to do this my knee really hurts I'm gonna sit it out I'm already going to the Olympics it's fine and I'm like okay and Sophie is like good decision it took me ages to decide but Sophie and Amelia are like k yep good decision
C: Was it just Amelia and Sophie there?
H: Yep
C: Okay
H: It's your decision to make so I sat out and watched the competition and was just like I think I made the right choice took a few days off and my knee was really sore and it was Sophie did a bit of testing and it was like oh the swelling hasn't she's like it it's feeling a bit loose like they did an ACL test
C: Yep, mhm
H: It's feeling a bit loose compared to your other one but I think it's because it's a bit swollen so let's try and like rest up, ice, get the swelling down and then I'm gonna test it again so we waited a few days she tested again she's like I booked you into an MRI the other day just cause I it would be nice to know like just for sure like to be sure but I'm sure it's fine
C: Hm
H: And I was like ah okay cool so I went and got this MRI at the Vail clinic, which is really like um famous for knee injuries I guess
C: Okay
H: Um but the MRI they got the results back and then there was all this sort of back and forth like oh yeah we're gonna go and get like Sophie, Amelia and I were gonna go get the results for the MRI so we went to one guy and they're like ah ya know we're just not really sure can't tell I want to like refer it to the surgeon above us can you come back tomorrow? So go home was kinda stressing like what does that mean came back again oh we're not really sure we just wanna do like you know so went through I think we went back twice and then finally the guy's like came in tested it okay went away I was there for like hours came back ehh and then finally he's like okay so what I can see here is you've got 5% of your ACL hanging on and I was just like (shocked facial expression) and I looked at Sophie and I'm like did you know this? Like she goes ah you know it felt loose, I had an inkling I had a feeling but I didn't, you don't know until you got an MRI and I'm like I was kinda annoyed that she didn't tell me but then I was like well it's they didn't want to tell me and be like ya know
C: Right
H: So it was just like fuck what do I do and they're like well you don't have time to get surgery obviously so yeah it was just the discussion of like what my pla what my management plan would be I guess
C: Mhm
H: And yeah I think I I got home and you know called my mom and just cried and cried and cried and I think we went back again a third time after we knew for sure and that was more of like we've discussed with our colleagues I mean if you brace it like you know people have competed with out ACL's before if you do as much rehab as you can brace it up get there see how you go and then like there's they're like our suggestion would be as little as possible time on the snow and I was like but I'm going to the like you know

C: That's the opposite of what I need do
H: Yeah like what do you mean as little time I leave in three weeks I compete in four weeks like I need it and they're like no if you're gonna compete like if you get on snow you're gonna aggravate it you're gonna like you could tweak other things like were so ya they kind of we made a plan with the doctors and with Sophie and the doctor like the head sports doctor from Australia that I would get back on snow two weeks in
C: Okay
H: And like test it like just carves and turns
C: Mhm
H: Do like that for two hours like a few runs and then I'd get off snow and then that would be it and then I'd go to Sochi and then so we did that like and I'd rest all every day up until then it was just I just have like this schedule like I'd get up I had a bike at my house I'd bike I'd do Pilates I'd went to like a Pilates physio I'd come home I'd go to the gym I'd do exercises with Sophie and Amelia I'd get into the pool I'd go home and like ah it was just groundhog day for like three weeks ha
C: Yeah
H: And I was stuck exactly and then I'd get physio and then I'd spend all whole afternoon icing um I just did everything that I was told and then I kinda convinced them I'm like I need to know if I can jump like I can't get to like what if my knee doesn't work on the jump you know
C: Right
H: Like what if I land and my knee just so *laughs* I was allowed I think it was maybe a week before I left a week before I left or a few days before I left I was allowed to go back out on the snow on a really nice day with no wind and I was allowed to hit the big jumps three times like I was allowed three laps and I felt I like I taken off just like landed I was like (surprised) and so I just and I was so hesitant like pretty like it was like I'd never jumped before but then after that I was like I feel really good can I just spin and Amelia's like nah in like we're going in and so she started become more I guess taking more of like a parenting role even
C: Mm
H: Like not leaving the decision to me cause before it was sort of like well how do you feel and what do you want to do and she'd just taken this role that was like nah this is how it goes, like I don't' care if you're 27 this is like you're done
C: Mhmm
H: And I had to be like okay so I started like no I wouldn't argue I just started listening to her more I guess
C: Okay
H: And um oh ah and then I spoke to Sara Lang who's one of like Cate's good friends and like older athletes and you've probably heard a lot about her and about how she used to visualize I kind of had a pep talk from her and like told her what was going on cause no one else knew it was like the doctors the team and my mum like the media didn't know
C: Okay
H: I was just sort of like oh yeah I'm just I'm fine blah blah blah um and I spoke to her and yeah she she's like your body and the mind can do amazing things and you still have a chance don't count yourself out and you know she kind of told me of all of her experiences and I was okay like she can do it I can do it
C: Mhm

H: And then I like Cate would tell me how Sara would like dress up in all her ski clothes every day and lie down on her bed I she would do it for like hours I'd do it for like a half an hour but I would dress up in my ski clothes in the morning that was part of my I'd like warm up on the bike then I'd dress up in my ski clothes lie on my bed and do my half an hour visualization and then then my whole gym thing started
C: Mhm
H: And then I'd do that in the afternoon so I like got really like more so than ever into the um mental training
C: Mhm
H: And just had this schedule and um that was almost for me became more important than like going to the gym to fit to fit in the mental time was like I had to do it
C: Mhm
H: Um and yeah I just I guess I got over the the oh my god I'm not gonna win the Olympics I just was like I just need to go cause at this one point I think I spoke to the sports doctor in Australia and he's like well like we'll see in a few weeks if you if we should send you or not and it just hit me that like oh my god I might not be going like I had my uniform at my house I had everything like you know
C: Ready yeah
H: People sending good luck at the Olympics and I'm like I might not be going like I might not even be in the village and at that point I just started bawling bawling bawling and after getting back on snow and being like hey I can turn and then and then jumping like okay I can land a jump I was sort of like I had got to this into this headspace that like I didn't care about like winning or getting on the podium or being able to like being worried about what people thought about my skiing I just wanted go like I just wanted to be there cause mum I remember talking to my mum she's like just get there oh I think oh no I was just saying like mom I've got my uniform and I might not even get to wear my uniform like it's all I had had it all like custom fit and I was like I might not get to wear it and like crying and crying and so my goal was just to get there and be at the course and be wearing my fuckin' uniform *laughing*
C: *Laughing*
H: Which was like a year ago would have seemed so lame I'm like why would you go to the Olympics if you weren't gonna try and win and at this point it was just like I just want to participate *laughs*
C: I just wanna be there - yeah
H: Yeah so it kind of changed my whole perspective on things and I let go of like caring so much about um winning or being on the podium I just wanted to like be there
C: Show up
H: Yeah I think it was just a way more positive attitude than I've had leading into the other competitions it was like a new perspective of being appreciative of where I was and what I was doing
C: Okay
H: Whereas before I was just so like focused on like a podium or a win or like a specific trick and I think Amelia's perspective changed as well because she's similar to me and like you know you're going into a competition to like to win and to get this trick and that was like if we didn't that it was kind of a bummer
C: Mhmm

H: But now she also cha-like seeing I think everything that I've gone through and she had gone she went through as well we were both like let's just get there *laughs*
C: Yeah yeah
H: So yeah it was just and I just started becoming way more positive than I had been in the last I guess year and a half cause I just like kind of detached a bit
C: Yeah and what was the um so it was about four weeks from like injury to Sochi and then you're at Sochi
H: Mm
C: Is that correct? Um
H: Yeah, about.
C: So what was how was the rehabilitation or the how was that different like the set-up the goals all of that if at all how was that different from when you had your cartilage?
H: Mm I think uh tryin to think I guess it was like mentally because I've done a lot of work visuali-I had become better at visualizing um and I'd also like learnt over that time like I'd sort of I was saying that I learnt how to deal with a lot of expectations and letting go through that journey of the year before and I just learnt so much from it and I had such highs and lows and figured that it was just not worth getting low
C: Mhm
H: Mm that I dunno it all kind of like that those experiences all sort of made sense in the end like when I had to go through this again so close to it I'm like well I I know how to do this I know how to get through this I know how to keep my head in a good mind frame um you know I kinda stopped stopped comparing myself to other people and what my competitors were doing at that time or what tricks they were doing and I just became really like um not complacent but like comfortable with what I was doing
C: Yeah
H: And that it was the right thing to do and I-I think there was just less pressure as well that pressure of me like I'm going to the Olympics to get this particular run and to land it and to win oh and to get first second or third to get on the podium I was like I just didn't have that podium pressure anymore I just had that I just wanna get there
C: Yeah
H: And I think that the pressure came off me and also the past experiences of like and having this scheduled day of just rehabbing I was used to it, it wasn't like a hard thing to do I was like oh I know how to do this like I did this all last year it was
C: Mhmm
H: Mellow. And I just kind of like I'd do that then I'd treat myself to lunch and like you know like I'd hang out and I was a bit more relaxed like I'd go out and I wouldn't I wasn't drinking but I'd like go out and play pool and like hang out with people and I was just a bit more like carefree
C: Human - yeah
H: And other people were like at like other competitions at the lead up and I was just chillin at home watching movies doing my rehab thing and like Amelia was always around and Amelia was like quite positive as well and we just I think we both had all had learnt from that pervious experience of how my mind worked and how like to put it in the best shape to like yeah the whole staying positive thing was really important
C: Was that band of people around you the same?
H: Yeah well I wasn't Lawrence wasn't there so I wasn't really worried it was less so it was Amelia, Sophie and Cate

C: Mhm
H: And I think those like those three really that was like a triangle and those three really understood each other the best
C: Mhm
H: And it was just that little group and like there was no one else sort of everyone sort of was talking to each other and I think I felt like I wasn't I think people were communicating with me better as well
C: Okay
H: Like they weren't leaving me out as much and I think everything was just like honest open all kind of talking together and um yeah we just all knew each other better
C: Mhm
H: At that time as well it wasn't like this period of cause before like I think Amelia was trying to figure out Cate and Cate was trying to figure out Amelia and same with Sophie and Cate and everyone was tryin to like a bit skeptical of what the other person was doing cause I know Amelia's like Amelia's definitely interesting like sometimes she wouldn't e-mail Cate back and then Cate you know would say oh I'm worried about Amelia that she doesn't communicate with me and then Amelia would be like oh Cate is too intense like she wants me to reply straight away and I'm busy and so it was a bit like that but once everyone really got to know each other and trust there was more trust with everyone I feel as well
C: Mhm
H: Yeah it was just worked
C: And what did that make that experience like for you?
H: Um
C: In comparison
H: It was like more fun like we kinda went over there and it was like because of I just like working in like with that positive energy
C: Mhm
H: Like I liked knowing that everyone liked each other I guess and enjoyed each other's company
C: Yeah
H: And everyone had a good time together and so we kind of be this team and we were more like it's just I know it sounds like really hippie but there was just like a positive energy
C: Yeah
H: Like and I'd get to the bottom of the course and Sophie would be there and Cate would be there and they'd be chatting and like I just felt like they were all like happy to hang out with each other and Amelia was happy to hang out and then I was happy to hang out and so it was just like rather it wasn't serious and and I think Cate had learnt like my way like how to get me like my best frame of mind to compete was being happy and having fun but yet focused ha
C: Mhm, yep
H: And so she like I think because she understood that she really tried to create that sort of like cruisey sort of air rather than like reh reh reh you know?
C: Yeah, mhm
H: Everyone I think everyone had just figured me out and everyone had finally figured each other out and it was just it just um flowed really well
C: So how did that carry into like actually at Sochi in the village take me through like that experience and then um the Olympics, like that actual competition

H: Yeah well...ha
C: Russia
H: So I have my injury then I go over there and um I'm a really bad sleeper so um first day it was like jet lagged you know it was jet lag but everyone usually gets over that in a couple of days but like I just couldn't get over the jet lag
C: Mm
H: And I think cause I was anxious I was anxious like I hadn't hadn't taken any jumps on my knees and then I got to the course and it was this like it was massive like the world cup courses from what I had experienced like the FIS courses weren't as big as say like X-Games or the Dew Tour so they're like oh you know the jumps will be about like 60 foot maybe 70 we get there and like the jumps were huge the rails were huge the were really like it was a really crazy course and I think a lot of people because it although Olympics is best in the world the real best in the world for free skiing is like majority is like from Canada, Sweden, Norway, and America
C: Mm
H: And so then when you cut people out you've got like there's some Japanese people that are at the top and seriously girls are like Japanese girls and Russian girls and Slovakian girls that hadn't competed on these huge courses so we didn't expect it to be as big as it was cause we're like no one's gonna be able to put down a run
C: Right
H: But it was huge and it was icy and I was just like (shocked/nervous expression) like I like hitting big jumps that's kinda like my forte but I was like my knee is gonna explode ha-ha
C: Yeah, yep.
H: Um and it didn't but I was I just yeah I just get anxious and I couldn't sleep so then I started taking sleeping like you know the doctor knew that I was like can I and he's like K take some sleeping tablets and I still couldn't sleep I was getting to sleep at like 3:30 at night
C: Ehh
H: And I was so like I just had these huge bags under my eyes and then because I wasn't sleeping I got quite run down and I got sick
C: Uh
H: And then I got like a really bad I don't know if you'd call it a flu or a head cold but like a really it was a really bad head cold
C: Yeah
H: So like fully congested, like bit of a temperature, like you know get a bit dizzy
C: Awful yeah
H: Yeah like really look up, you do too much and your heart rate goes right up
C: Yeah *laughs* like do too much like stand up (sarcasm)
H: Yeah
C: *Laughs*
H: The worst of it
C: Yeah
H: When it's really bad and you kinda walk up the stairs and you get like (dizzy expression/tired expression)...um so I got sick and then
C: Mm
H: I couldn't take any like cold and flu medicine because of the um cause it's got Sudafed in it so you're not allowed to take any like for the Olympics cause they drug test you there's also these banned substances

C: Okay - oh yah mhm
H: And that includes just like just your normal cold and flu medicine so I'm really sick and I go to the um you know the Australian doctor I'm like what do I like I'm all congested and just like blowing my nose so much and he's like I can't like I can't give you anything yeah like I was Echinacea and vitamin C and all that ginger and all that shit but like for my congested nose
C: I need the hard stuff like
H: All he could give me was the weird like have you ever done like this-
C: Nettie Pot
H: -Nettie pot yeah
C: Yeah
H: That's all he could give me so like every morning I had to like stand on my head and do that and I was just like I was a mess so I was like physically a mess um but Cate would come in and like we'd talk about my run I had like I set myself up a little schedule I guess
C: Mhm
H: Cause I didn't go to the opening ceremony I had decided on that earlier and I just although I wasn't sleeping well I just started getting into this schedule of my day like you know in the morning like every aft every evening we'd schedule out the next day
C: Okay
H: So I wasn't like floating around the village like socializing cause all my buddies were there as well so I wasn't like socializing with my buddies and checking out events like we didn't see any events until after my event
C: Mhm
H: So I wasn't like frolicking I guess I was just in work mode and yeah met up with Cate every night we'd do visualization she'd come to my room we'd go and get physio you know go to bed that's just yeah yeah I just had this schedule and um that kind of yeah it kept me then each each evening like I'd discuss with Amelia what I was gonna do the next day and my practice some course then I'd discuss it with Cate and then we'd visualize it then I'd you know read for a bit and then go to bed so I had this yeah it was really really good and everyone I guess worked together really well and um now I've gotta like I'm tryin to rack my brain I guess training went didn't go perfectly but went pretty well like I had to throw tricks that I hadn't really landed well all season on a blown ACL (laughs) like my right seven I was just like like I haven't I haven't pulled this off all season how am I gonna do it? And I just kinda reverted back to my visualizing and like I guess every run I'd take my even like on the course I had my schedule so I'd get to the top I'd take my five breathes
C: Mhm
H: I'd change my song I'd look down I'd go for it. And like I'd see Amelia you know we'd chat in the chair get up do it again and like um I just like got myself even though I felt so shitty like so tired and so sick like I'd get myself every day in practice into this zone it was just like I was a robot kind of
C: Mhm
H: *Laughs*
C: *Laughs*
H: I'd switch on robot mode and just go and like I wouldn't even like allow myself the time to think how shitty I felt and then after training I'd just be like gah (exhausted expression)
C: Done
H: Like, fuck.

C: Yeah
H: And I just kept that going like qualis I just kept that going finals I just kept that going and like I just somehow learnt how to switch on this robot zone which was really cool like I guess it's what people call getting to the zone and um I remember like competition day Cate's like okay so what's our schedule and I'm like well go out there and have my qualis runs then if I get into finals then I have my finals run you know like
C: Right
H: She's like where are you gonna hang out in between? I'm like I dunno at the start (questioning)? She's like well do you wanna hang out at the start? And I was like uh oh like in between runs like where ya gonna hang out? And I'm like I dunno just where I usually hang out and she's like do you wanna hang out and see all the coaches buzzing around and see everyone competing on the big screen? And I was like oo not really she's like well let's make a plan
C: Mhm
H: Like well this where we were - like you me Amelia and Sophie are all gonna meet here I'm gonna have some cards I'm gonna have some snacks we're just gonna like it was around there was like a lodge at the top and the course was like here and it was around the back and I was like oh okay and she's like and that's so I did my first run went around the back hung out had some snacks blah blah blah blah and then George was on the course and he'd say you know five skiers come back, I'd come back put my skis on and like so I hadn't even seen any of the other competitors go and then again before finals like went back hung out for like an hour had some sna-played a few games and um I think that's her scheduling the day so I knew exactly what was gonna happen at each point of the day kept it was able to keep me in that zone
C: Yeah
H: Rather than like doing my first run coming and hanging out with all of the girls and watching the runs and going "oh did you hear that she landed this or this girl crashed on that" I just didn't even know like I I didn't know what anyone else had done I didn't know what anyone else's scores were someone radioed through and were like Hadley you made finals I was like (surprised and satisfied expression) cool and it was just
C: *Laughs* Yeah
H: But I didn't like I was so removed from everyone else and in my little like bubble with my three people around me um I just yeah it just kept me right where I needed to be and like I dunno if she hadn't of been there if Cate hadn't of been there I would've just I dunno I just I would've lost it I think
C: Yeah
H: So I think that's like the whole mental like structuring really got me through that event ha
C: So what were your goals like going into that event?
H: Um like a week before or a year before?
C: So a year before it was podium
H: Yep
C: And then the week before it was cause and there was a point like let's just get there
H: Mhm
C: And then once you were like okay like that's not in the question anymore, I know I'm going
H: Yeah
C: What was the goal?
H: Um then the goal was to get to like get to the competition cause we had five days on the course

C: Okay
H: Cause it was such a big course like it wasn't five full days we had like um a two-hour training block
C: Right
H: So you'd do your two hours and then that was it for the day and five like training blocks and so it was just to get through that
C: Mhm
H: And to get and to plan a run and get my run like you get to a course and you don't really know what you're gonna do you have to sort of
C: Okay
H: Feel it out there's always different features on the course and you have to decide, put together a plan and you have put together the like a plan A like a a simple run and then like a hero run kind of
C: Mhm
H: And then I guess it was sort of like yeah getting down the course and like getting my run, my simple run and then getting into like my mum was like Hadley just get into the start gate it doesn't matter if you roll down *laughs*
C: *Laughs*
H: It doesn't matter if you role down and I kept thing like like my positive thought was like I'm gonna get in the start gate like I just I just need to roll down - ha
C: Yeah
H: Um and then once I was there my like on competition day my like goal of the day was to land a run like that was it
C: Yep
H: And that was all it wasn't like a placing or a score or anything like it was just to land a run and then I didn't think I was gonna get into finals I was like not expecting it
C: Mhm
H: And then I got into finals and I was like okay my plan like my goal was to land a run cause I knew all my friends at home were all like having this big party watching and I'm like god I don't want them to watch and like I dunno like I crash ya know I just wanna land a run for like everyone watching
C: Yeah
H: And then yeah
C: So were those like just like internal goals or were those goals that you like sat down with
H: Um, they were internal
C: Internal
H: I don't think we made, I don't think we made goals for the day it was just I feel like that might have almost stressed me out too much
C: Sure
H: But from what I remember like it could be different cause I was very like I was so sleep deprived and like
C: Mhmm
H: And been taking so many like sleeping tablets and stuff like it was sort of like the land your run type thing like
C: Yeah

H: Goals were really small like get your grab, like land your run; keep your hands forward that kind of thing
C: Yeah
H: It wasn't like it wasn't it wasn't a goal comparing myself to anyone else it was like a goal with my skiing
C: Process
H: Yeah yeah exactly it was it wasn't like a get finals or get
C: Mhm
H: Top five or anything like that
C: And so then finals comes you did you would you did you meet your goals was it successful like what is your perception of that experience?
H: Um yeah well finals came and I guess um the day heated up really quickly so the snow got really slow
C: Mm
H: Um and I landed a pretty decent I think the first run I landed can't remember if it was better than my qualis or not, but I landed a decent first run and then my second run there were parts of it that were better but then there were part like I think messed up on the rails a bit
C: Okay
H: And then I had a really really my first jump was like this beautiful this trick that sometimes I have trouble with and I did it really well, I think did the first two jumps really well and then I was like eh Fuck it I'm gonna go for a cork nine cause I'd just been I haven't done a cork nine all season and I just threw it and um ended up coming up a bit short but I didn't land it so I crashed but I still was kinda like (Satisfied expression)
C: You went for it, yeah
H: And so it was my first run that got me 4th pla-got me 4th place in the end um but yeah I was just happy that I kind of gotten into that zone to like land a run also gotten into the zone to try to push myself a bit more I was like I remember cause I hadn't even decided I don't think I even told Amelia that I was gonna do it and I remember coming into the last jump going mmm should should I
C: Ehhh
H: Maybe it wasn't the best thing to do at the Olympics but I think I'd already I knew that I wasn't gonna get the best score cause I'd messed up my rails
C: Mhm
H: But I was like If could land a cork nine this would make the day even better I was like let's do it
C: Let's just do it
H: I um yeah came up a bit short and like a little bit on the knuckle cause I didn't have enough speed but and I crashed but it was yeah um that's what I remember from it just and then I got to the bottom and like I was so exhausted and happy and I was like I'm so glad it's all over *laughs*
C: Yeah and that you did-so do you feel like you did what you came there to do?
H: Yeah I think there was a lot in the media about like ah and a lot of people I hadn't checked my Facebook or Twitter for like a week
C: Mhm
H: And instagram and then a lot of people were like ah such a bummer like you know you nearly got on the podium blah you know you got fourth and I was like
C: Nah *laughs*

H: You can't explain to people especially over text how happy you are like I actually couldn't believe that I had done so well
C: Mhm
H: Like all these girls that I was competing I was competing against that were healthy and had been like you know killing it all year and I I'm like I don't know how I beat em cause I was in the shittest shape of anyone
C: Yeah
H: Um so I think just knowing that I was yeah I was really really really proud of myself and there was no like what ifs what if I'd done this what if I hadn't done that
C: Mhm
H: I just was like nah I did everything I could've done and um if that's the result I got then I'm happy
C: Yeah and what about like Amelia, Sophie, Cate?
H: Um I think *laughs* I remember Cate was crying *laughs* I think everyone was just I dunno I haven't really like I haven't interviewed them so I don't
C: Yeah
H: I think everyone was just really happy that I you know if I had have gotten third it would have been one of those sort of I guess I dunno it would have been like a hero story
C: Yeah
H: From what all everything that I went to and the girl that actually got third is one of my close friends and she has a hero story behind that as well which is she's Canadian and she the Canadian team kicked her off the year before and she had to fully self-fund herself and they wouldn't like there were World Cups they weren't even gonna giver her a start spot and you know all this she had her own battles to go through and she was the last person to come down and she hadn't landed her run and so when I saw like when she she'd beat me fair and square like she did a better run than me but I was like yeah she deserves there was no sort of questions I'm like she totally deserves that and like I was just proud of both of us that we got we've gone through some pretty shitty times
C: Mhm
H: And um yeah like we both rode the bus home together and were like Oh my god (Laughter in amazement)
C: Like how did this just happen, yeah
H: Yeah but um yeah I think everyone was from what I could tell everyone was really happy like like in our team everyone was
C: Yeah
H: Like whoa that was
C: That was cool
H: Yeah she did her best and she, she took everything that we told her to do and she did it and like what more can you ask from someone
C: From a human yeah
H: Yeah
C: Um okay cool, so I guess I have a couple more questions about just sort of just like your support through that like comparing just like what your support was like and what that experience was like between one and two so whether it's like family, friends or like that team around you um if you could speak to just how that experience was different from like that perspective

H: Yeah, I think with in terms of the team I think the massive difference was like the personal connections between the team
C: Okay
H: Because when everyone first started it was a very professional like okay you're her sport psych-psychologist so I um am sort of contracted to speak to you and yep you're her phsyio so we need to stay in touch and we're gonna tick all the boxes by all speaking
C: Mhm
H: But like by the end of it when everyone had gotten to know each other it was more of like everyone was passion-I guess like the project was getting me to the Olympics or getting me on the podium whatever it was but people were sort of like well everyone was passionate about it and sort of understood each other and understood how each other operated
C: Mhm
H: Not like not including me but the three other people on the team um and I think their connection when their connection strengthened it like just created a more positive environment for everyone to function under
C: Okay
H: And so you know I think if you have a team of people that don't really get along or don't see eye to eye or question each other's opinions even if they don't say it out loud the athlete still feels the tension
C: Yeah
H: Cause I know that like Lawrence didn't really believe in sport psych and um Sophie questioned Lawrence's strength and conditioning methods
C: Mhm
H: And Cate questioned Amelia's coaching and whether she was professional enough and I felt it all like I felt this sort of like eh eh eh (tugging motion)
C: Yeah
H: You know uh and like at one point earlier like when I first started working with Cate Amelia was just like do you think this is good for you? Do you think this is actually helping? Because when you didn't have a sport psych you were skiing a lot better
C: Yeah
H: I was like I dunno I dunno if it's just filling my brain with unnecessary like you know
C: Yeah
H: If it's good for me and so I felt this tension between everyone and then but towards the end I felt like a really positive energy and like everyone working together um so I think that was in terms of a team
C: Yeah
H: Environment that was the big difference
C: Was there anyone that you thought should have been on the team that wasn't?
H: Should have...umm no I think any more and it would've been too much
C: Yeah
H: Like too many people for one person is um I dunno what else you could've added like a cook? *Laughs*
C: Yeah, no
H: *Laughs* Um yeah even with Lawrence the trainer like having having four was hard enough to like coordinate between
C: Yeah

H: Um so I think three was the perfect yeah
C: Triage
H: Mm
C: Um Cate talks a lot about an Natasha, did you have?
H: Ah yeah Natasha
C: Did you have a like direct contact with her or was that more outside of you?
H: Uh well no like I know Natasha pretty well and she's the aerialist's physio so
C: Oh okay
H: She's what the aerialist like she's like Sophie's
C: Version for aerialists
H: Position to the aerialists
C: Okay
H: She's also the overall rehabilitation manager for everyone like on the winter team um but I didn't have like too much
C: Sure
H: Cause I already had I had Sophie as my physio and Natasha would just sort of like check in every now and then
C: Yeah
H: And sort of check-in with Sophie mostly which is nice for me cause it's it was sort of having someone else to coordinate
C: Sure
H: But she was um yeah she she was sort of like an overseer Natasha like oversees things and um like she'd sort of just stay in touch with Sophie to see my progress
C: Sure, that makes sense. I was just wondering has brought her up a few times so I wasn't sure like when we kinda discuss like what um like who was involved in a team but it makes sense that if she's kinda like the overseer that that wouldn't even necessarily been
H: Yeah well like if um Cate was if it was like um in any of the aerialist's case, she would be their Sophie
C: Gotcha
H: So she's very like and she knows all the aerialist's girls really well cause she traveled with them and like yeah she and she's also like their sort of team manager I guess
C: Okay
H: She like coordinates travel and all that as well but for me she just sort of keeps tabs on how I'm doing through Sophie
C: Okay that makes sense um Okay well I have uh do you have any questions for me as we are going through this? Have I brought anything up that you were like eh?
H: No everything sort of cause when Cate explained it to me like what you were interested in like in comparing the two case like Cases I guess
C: Yep
H: Um yeah it just it definitely makes sense cause it's sort of like the first injury was sort of like what not to do
C: Mm
H: *Laughs* and the second one's like what to do and with having like me as me as like the constant you know
C: Yeah

H: As a constant and like the outside things that are going on as like the variables um yeah it makes sense it's like a perfect case studies to compare
C: Yeah
H: And um A lot of it has to do with learning and experience but then yeah I look back oh I shouldn't have done this and I should've done that and like even with rehabbing my ACL injury
C: Mhm
H: Cause it was obviously like the rehabbing well keeping my strength up for Sochi but then I had to go home and have surgery so I spent
C: Okay
H: All last year rehabbing my ACL injury
C: Yep
H: And I just dealt with that cause I mean obviously I didn't have the stress of the Olympics coming up
C: Mhm
H: So it was completely I was at school but I was still training really hard but I took things slow like the days that my knee was hurt and a bit swollen I'd miss a gym session
C: Right
H: But it ended up like my knee it's a different injury but I think that I wouldn't be stress and I wouldn't be stressed about it I'm like oh it doesn't matter I missed a gym session I'll get, it hurts like I can't do squats if my knee hurts
C: Right
H: And then I'd take a day off and I'd perform way better the next day um and I think if I'd done more of that of monitoring my body and really listening to it um and not getting so stressed and caught up on missing one gym session um I would have healed better and more quickly
C: That makes sense
H: Mhm
C: How does it feel talking about it now?
H: Umm hindsight's a bitch *laughs* but
C: Kinda what?
H: I said hindsight's a bitch
C: Yeah just like yeah the overall like I dunno if like I feel like sometimes you talk about situations you haven't talked about a ton like if there's like emotions you're talking through this and you're like shit like *laughs*
H: Yeah...I dunno it's I'm like I'm I guess I'm proud of myself
C: Mhm
H: With how I dealt with the second one and like it's cool to know that um that you can really focus your mental energy if you focus it the right way like the things and the obstacles that you can overcome are like pretty amazing.
C: Does it leave you wanting more?
H: For competing?
C: Yeah
H: Oh not really I've been kind of struggling with that the last year like whether I want to keep competing or not and I feel like at times I really do want to but I sort of found another area in skiing which was always my plan to take this season off and to start filming more um been doing more like back country stuff
C: Mhm

H: And jumps and um I guess like you could say promo it's it's a pushing yourself in another way and I'm I've found myself using a lot of what I learnt have learnt from Cate and in the past two years in this area of the of skiing and um yeah so I don't think I'm gonna keep competing cause I'm not missing it that much like
C: Okay
H: It's I've kinda been there done that for like ten years
C: Yeah
H: And there's this other element of skiing that I've - that's always been calling me but like I was like oh no I've got to compete um and it's its like an area of female sport that not like more and more people are getting into it but it's more dominated by men and um
C: Crush that *laughs*
H: Yeah that's kinda my knew challenge and I've sort of I went to the Olympics and it was a really cool experience but I have this new challenge that I've started sort of focusing on and I think I wanna keep I knew that I wanted to spend this season and like focus on it and then I'd see at the end of the season if like competing was drawing me back
C: Sure
H: And it's not really drawing me back *laughs*
C: Yeah, that's good.
H: I'm pretty focused on this new avenue so
C: So it seems like you were pretty like satisfied with how you that like all ended at Sochi
H: Yeah yeah I mean it would have been awesome to get on the podium
C: Mhm
H: But I mean I don't think it would have been I dunno maybe it was like everything happens for a reason and maybe getting fourth was happened for a reason
C: Yeah, that's cool. Well unless you have questions for me that's all I have. Um I really appreciate you taking the time.

Coach Transcript

C: Okay great, so before we start talking about the first injury specifically.
A: Mhm
C: Can you tell me more about your role in the team and your history with Hadley and a little bit more about just your personal self?
A: Um, so I (coughs) started working with Hadley as a coach uh I can't remember a few-a few years before we were taken into the Olympic fold, she approached me uh to help her out first at just a spring camp here in New Zealand, it was my first experience of uh formal co-slopestyle coaching before then I'd been, I'd competed uh and then injures took me out of the competition sphere and so I judged and so that was kind of my path and then Hadley threw up that oh would you like to coach me or at least help me out for a couple of weeks? And so I did that and and after that, she then asked if I'd want to come away for a season with her and help her at the overseas comps so I-I did um and the first year was a bit tricky, I was kinda sleeping on couches and sleeping on the floor and-and helping her out at comps and the relationship seemed to work really well, she did well at the comps that we worked together at and so that formalized into the next year or year and a half um and so we we're quite a tight little team, it was just the two of us at-at that point not many of the other competitors had coaches with them at all so uh it was quite unique and the formula seemed to work for us and then all of a sudden we get the announcement

that slopesty-slopestyle had been accepted for the Sochi Games, and then things changed a bit cause then all of a sudden we were taken into this um some kind of structure, *laughs*, whatever it was at the Australian Olympic team, like they didn't really have any infrastructure in place for ski slopestyle it's a completely new sport, they only really had two athletes. Both of whom, acted very independently um and so yeah then things changed, our training ramped up, the demands placed on Hadley, and - not so much myself but I didn't have to change, it was very informal before, I'd just go and help her with tricks and use my knowledge as a from competing
C: Mhm
A: Or from judging what would work and that seemed to work for us, so when it all formalized over the last couple years it was a steep learning curve for the both of us, um so that's yeah that's about it, it was just like I kind of I learnt quickly on the job
C: Yeah
A: Yeah
C: That's a very big difference
A: *laughs* yeah
C: Um, so how long were you working with Hadley as a part of the OWI?
A: I think it was ah I wanna say, I don't think it was even those two years, maybe a year and a half
C: Okay
A: Yeah
C: And can you tell me a little bit more about sort of that change the shift?
A: So the shift it was kind of it was slow it was more eh, the first experience I remember was a year before the Olympics we were at um X-Games
C: Mhm
A: In Aspen and Hadley suffered a concussion injury during training
C: Mhm
A: Uh, I unfortunately was at the other end of the course so I didn't see it happen, but I got word and so I raced up to the top and she was pretty dazed, and we went down to the onsite doctor there and um he cleared her to go back out and ski, which is res-retrospect was not a good thing
C: Mhm
A: So all of a sudden we had and I just thought this new protocol I had was in case of an injury I- I notified the OWI, so I did, the doctors on the other side of the world in Australia and they immediately said pull her from the comp, this is, she can't compete, she's not allowed to. She's gotta follow these tests, um and I didn't really know what to do with that and so we tried the cog sport thing and it was difficult, luckily um Bennn-Alexander, one of the snowboard coaches was there with his athletes and he'd been in the OWI fold for years so he was great, he came over and explained things out to me and the kinda the bigger consequences of this and that we should just do it. Uh so we fought hard to try and get her back in the competition but she wasn't obviously not healthy enough to do it
C: Mhm
A: So we had-had to pull her, so that was the first real decision that was taken out of our hands
C: Mm
A: And for me that was, that was my first experience of working under a greater power. Um, and just being a bit out of my depth, just not really knowing how we proceed uh especially with Hadley cause she was cause what she did was so high impact she was injuries were always
C: yeah

A: Always there, nearly there so it was nice to now have a bit of support behind me that okay I don't have to make these calls on my own, which I'm not in anyway qualified to do most of the time, um so that was it. Hadley'd been working through them for years, through her moguls like so she was I don't want to say institutionalized, but she's used to that system
C: Mhm
A: Whereas me, I'd come in from the side and this was all new for-new to me.
C: Mhm, and so when they told her to - told you to pull her from the comp, what's going through your head?
A: *laughs* I was, I was frustrated to say the least, like and it was a, it kinda undermines how I made decisions, not undermine, undermine's not the word, it uh made me question how I made decisions like kind of as when I competed I was fairly aggressive and we didn't have any of these medical guidelines and if you got knocked out, if you could walk straight, you'd compete
C: Right
A: So, you know, a-at the me, at that stage, I would have just thrown her back out there cause she needed, well she didn't need, but you know those res-she was on track to get a medal at X again, like she'd always done and um so it was really frustrating for the both of us to be standing there watching that competition at the bottom. Um, and so from my head it felt like big brother had just reached over and taken this away from us
C: Mhm
A: Um, it wasn't till we got away from that, and the perspective ya know it's a bit of a circus at X, you get very swept up in it, so to get-step back and get the perspective, well okay, her cog sport which is the um reaction time test online for concussions, she was really slow and so once they kind of were doing these tests and they just failed, and I was talking to uh people in Australia by Skype and by phone, big time differences going eh-I'd never seen this program before, she'd done it once to set her baseline and she was getting so frustrated with us ya know trying this thing three times a day, which just makes it worse to try and pass it
C: Mm
A: Cause she really wanted to compete. So um for both of us, it was-it was frustrating
C: Yeah
A: Yeah
C: Yeah I can imagine, that um like loss of like you said being able to make the decisions that you had been making
A: Yeah...we were a tight little team and we kinda, we did this all on our own and all of a sudden I was speaking to people I'd never met, I could not put a face to this person telling me no
C: Mm
A: Na-pull her, (shocked face) what?!
C: What? *laughs*
A: *laughs*
C: Yeah, that is, that's a rough beginning
A: *Laughs* yeah, that was my kind of baptism by fire *laughs*
C: Yeah, what was your if you think of the whole of your time working with that team and in the OWI, do you have a favorite, and then a least favorite moment?
A: Ooo - um *laughs* what's my favorite moment? What was my favorite...probably uh, there were a few favorite moments for me, they were spaced over kind of the training camps we had um where we got to, opportunities that there's no way we would have before so we got to go to some summertime for us, uh summertime for you

C: Mhm
A: Training opportunities, so we'd come over to Mount Bachelor to a summer camp um, we came to Park City to train water ramps with the aerialists - so for me, these are-these are worlds with aerials I'd never stepped into
C: Mhm
A: And so to go and stay with them was it was great training time for Hadley on the water ramps and for me to just observe other Olympic sports and how they trained and their degree of preparation and-and all these structures that I felt had been thrown on us how they actually worked in a proper team situation. Cause Hadley and I still worked very much, it was just the two of us, we had access to these resources if we wanted them, but otherwise there was not really a guiding hand overseeing it all
C: Yeah
A: Um and I guess so my least favorite would have been a-a broader scope over the years in that not so much feeling like we were part of a team, that we were kind of contractors come in, do the results and then you know like it was a bit haphazard for sure
C: Mhm
A: Our coverage, in the early stages. It got better after there was one moment um at the Bachelor spring camp that was in reaction to her first knee injury where we all finally got together and sat down to the table and said right this has to change
C: Mm
A: We have to all talk together this is, the person that gets hurt here is Hadley cause it's just, there's too many conflicting opinions, no ones talking to each other cause we-we haven't ever done in the past and so we need to get on the same page um and that's where someone like Cate was brilliant she kinda engineered this. And she saw it coming too.
C: Yeah so the, can you talk a little bit more about observing sort of the that team structure in the aerials and what that was like for you?
A: The team structure in what? Sorry.
C: Uh watching the aerials you said aerialists
A: Oh the aerialists, yeah so um it was just so structure and so rigid and so far away ha from what my perception of you know ah-I-I we were one of the free sports
C: Yeah, right
A: That was suddenly was thrown into the Olympics um so I was quite blown away, I was quite by the resources they had, the amount of money that was being spent on them and then the the rigidity of the training structure for the girls that were actually participants um and just everything was planned and scheduled ahead and there was no ru-room for kind of freedom and they just they trained so much so it was, for both of us, it was a real eye opener on uh how the other half prepared for the Olympics
C: Mhm
A: Compared to the how we were kinda treating it in that it was--it's a big deal, but ya know really this a bit strange that we're going
C: Yeah
A: Um, let's not take this as seriously as that uh and as I think as time went on it kinda became apparent that perhaps we have to, uh in order to fi-to to work best in this system and to get the most out of the experience, you don't wanna walk away with regrets
C: Yeah so seeing it and being kind of blown away in a not sure if that's what I want my life to be like

A: Yeah, yeah yeah, for sure that was our first impression um can-see the, can see the benefits of a structure like that, but that's not why I do ah well, that's not why Hadley does slopestyle, that's not why I'm involved in the sport but
C: Can you tell me more about the culture around what you knew?
A: Wha-yeah, it was just people out there having fun you know it was you did this for style, you did this to be different you-Hadley had come from moguls and that kind of a the structured sports and seen where moguls became quite institutionalized and lost its flavor um and it's spirit, whereas uhm for slopestyle and half-pipe it was still, it was all about the X-Games and your sponsors and you're very much, you didn't compete for a country at all that was completely irrelevant uh you competed for yourself and your personal sponsors um and they were just such a great group of friends there was not really any competitiveness in that you went out to win, but if you could, otherwise you were just there to have a good time.
C: Mhm
A: Um, so yeah that was-that was the free sports and th-the the training ethic and the work behind the scenes, it started to come in but it was very much tailored to what we needed rather than this broader mold that had been applied you know from other sports experiences, from racing and from moguls and from aerials they were all quite different
C: Yeah
A: Yeah
C: So it was like the a little you were getting a little bit of the structure but not the whole
A: Yeah it was kind of just hap-and kind of almost dropped in our laps like okay do with it what you will *laughs* we just ya know like (confused) whaa
C: We're good here
A: Cause -yah the two years before every single contest that Anny and I went to she finished on the podium and so we just had this possibly arrogant belief that what we were doing was working and we didn't wanna change that
C: Yeah
A: And then all of a sudden in order to fit in the system we had to change certain things
C: Yeah, and change is not easy
A: Change is not easy, No *laughs* nah especially with certain personalities so
C: Yeah
A: Well and just you know it's it is high level sport and you get in your routines and what they do is dangerous so yeah we didn't really wanna throw around our structure, cause it worked.
C: Yeah, what was the most challenging part of being in your role on that team?
A: Um, for me it was that, the lead up to Sochi when just the injuries with Hadley tryin ta ugh, my, my heart br-cause it was just the two of us ya know so I had to carry her emotionally and so I was a shell of a human by the end of Sochi *laughs* yeah for sure so that was the hardest, the-the uh mental, spiritual, emotional drain uh of just carrying her over the line at the end of that, that was the hardest part of my job, for sure.
C: Yeah, yeah.
A: Yeah
C: Yeah, what was the most rewarding part?
A: (Smiling/laughing) Seeing her finish in Russia, so that was yeah that was a fitting end and was quite an end too you know she got to the bottom and saw her family and the Oz people were there and kind of like damn like she came 4th and you're like uhh *laughs* Thank you uh and then hugged her, she went away with her family and I didn't really see her again in the Olympics

I had to kinda fly out the next day or so and she went off with her family and so was just kind of like boom
C: Done
A: Done, yeah.
C: Yeah
A: So it was a good feeling, it was a relief but then (loud exhalation) to walk away from it was hard work mmm
C: To walk away was hard?
A: Uh for me, to-to be walking away just shell-shocked, completely shell-shocked yeah
C: Yeah, yeah I can imagine. So we'll touch probably on Sochi again a little bit later
A: *laughs* Yeah I'm sure we will
C: Um I wanna start talking about that first injury, the meniscus/cartilage
A: Mhm
C: Can you take me through that injury from your perception as you experienced it?
A: Yeah, so we went to this world cup in St. Maritz uh had come off a run, had I? What was the timing? I can't...I knew that this was a very important result for her to get, I can't remember exactly if she'd not been tracking well results-wise up until then an all of a sudden we're in this Olympic qualifying period and ev-things changed. And she was um I knew she needed a good result
C: Mhm
A: And this course was terrible, it was really subpar, borderline dangerous we went there and approached it and she'd kind of she'd mapped out a run that was gonna do well, but was just struggling a bit with the speed on the jumps like everyone was and it was her qualifying run or training run the last, there was a feature at the end that she probably didn't really need to hit, a lot of the other girls weren't but it would give her a little bit of the extra points and we'd talked through this run and so she dropped, I was trying to explain this concept of Hadley to get a bit more aggressive we called it beast mode
C: Mm
A: Where you know when she - to compete she just has to go for it, especially she needed, really needed this result um and she landed and she didn't fall and came back up the T-bar like clutching her knee and just kinda crying at me and going oh my god something, it's so painful I don't know what I've done, I dunno, so we went inside, at this point it was just me and her, like we're still under the team but we had no physio, no doctor, no no-one else there
C: Mhm
A: To help, and so I ran her in and I kinda did a quick look over, talked to her some questions as I thought would help me to work out quickly, is this serious, is this just a niggle that we can deal with later tonight, um I asked the kiwi team head their physio up there, she had a quick look and was just too hard to diagnose from talking to Hadley on the outside, Hadley was obviously in a lot of pain so I kinda talked it through quickly with her do you wanna pull out and not do the finals? This result will mean that you're just borderline struggling to meet the qualifications, or do you wanna just, do we go beast mode? And you go um and so she as far as I can remember she was, she was upset and in a lot of pain so gave her some pain killers from the kiwis uh they kinda advised her, I don't think we strapped it or anything, Hadley decided to go out and she'd landed her whole run, it was brilliant, she di-didn't need to do anything and then she hit this last little thing again that she didn't need to do but she was in beast mode, I was so proud of her for that

C: *Laughs*
A: Ha- but then yeah, that-that impact, it was quite a flat landing, so that impact I think worsened what was already there.
C: Sure
A: I'd say uh she did end up in third place, um so she limped onto the podium. The course was so bad that everyone, every competitor on the podium, I think of the six of them from the men's and women's podium, four of them like went up basically on crutches
C: Oh gosh
A: Was terrible, a couple other people injured their knees at this
C: Where was it?
A: Uh in St. Maritz so they don't normally build slopestyle courses there
C: Okay
A: And this was kinda our-our introduction to FIS and that they'll just send courses to whoever is willing to pay enough money regardless of the safety of the competitors - so that was it. This was immediately before we flew to Russia for the test event
C: Mhm
A: Um, immediately before, so we were in Europe, we didn't have any resources to um get her knee assessed in any way, but we knew that we were meeting medical staff with the Australian team out in Russia
C: Mhm
A: So uh we got the train up to Zurich, um Fuck that was horrible, I remember we had to get to the charter flight to fly out to Russia you've gotta go to this other end of the airport, basically outside to this plane that's just sitting on the tarmac, Hadley could barely, could not walk without pain and we ha-and we had all our ski gear so I had to try and help her and rush cause we were a bit late and tryin to do this all on our own and *laughs* so her crying in the airport *laughs* trying to get to the other end to get our plane, we finally make it and we get there and uh and that was a relief, but it was pretty apparent as soon as we got there that she couldn't ski, she wasn't in any good way so then we saw uh Lauren was the doctor that was there uh and Natasha, and they were great. So they assessed her pretty quickly, diagnosed that it's probably a meniscal tear um and arranged to have an MRI there in Russia, so that was our first time of Okay this is what team supports like this is this is great to have other people on our side that they're helping us, we're getting stuff done straight away.
C: Mhm
A: Um, and so went for the MRI, I went down with them to the hospital um when Hadley was in and kind of Lauren watched the screens and so we saw there was a meniscal tear straight away, but what was, no that's all we saw at that stage. Yeah they hadn't saw the articular cartilage
C: Mm
A: Until they went in, yeah so there was a minuscular tear, so there it was ah okay, this is that's fine ya know
C: We can do that
A: Go an have a get it snitched and we'll get over that in a second this is brilliant, okay. So go and have rest, enjoy so was a bit upset well and eh yeah, cause the, our event in the practice the or the uh what do you call it, the test event they didn't actually have a slopestyle, it'd been raining too much so they couldn't build a course
C: Mmm

A: So most people had never even gone to Russia we decided to make the call to go just to see what it was like for the following year um which in retrospect was such a good move to go and be comfortable with it cause it's a strange place
C: Mhm
A: Um, and also to get the support with everyone there
C: Yeah
A: So Hadley went home and uh and had that surgery booked and went in and then I, I kinda, what did I get? I got an e-mail that saying we-we found a bit more when we went in
C: Mmm
A: So that was that in a nutshell
C: Yeah
A: *Laughs*
C: And what are you thinking through, how is, what are you thinking through this process? Like what's going on in your head?
A: Um, I felt horrendously guilty for making her ski that final run
C: Mmm
A: Well yeah I felt like I've made her ski, um frustrated that I didn't have a second opinion to bounce off
C: Mm
A: Um to help me diagnose, I dunno that that's in the sphere of the on-snow coach, um yeah so I was a little bit frustrated that we, she fell through the net and maybe that was worse than it should have been. Um, but when I got to Russia and I saw everything else you know the other, the rest of the team support and Larissa, and having Cate and Natasha it was like ah okay so it can be like, so this is what it can be like, so it was great. Um, and I, when I thought it was just a meniscus I was so confident that
C: Mmm
A: Uh, the rest would do her good, cause she was pretty burnt out and um it's not a major, not super major in the sphere of uh ski-knee injuries uh, and that uh-we were all on track and then when I found out that there was articular cartilage damage, cause it's something I've done myself
C: Mm
A: Then that confidence changed, cause that's a horrendous injury.
C: Can you tell me more about how your previous experience had shifted that?
A: Ah uh so I'd, I had a huge knee injury in 2006 and wiped out everything uh and it'd taken one surgery, one big surgery and two years just to reconstruct the bits, and then when I got back moving again I'd, I'd done the same thing, taken a big lip of the articular cartilage off and I didn't wanna deal with the pain, it was too much.
C: Mhm
A: So I'd opted for the surgery, which is uh to repair it, which is a micro fracture
C: Mm
A: Where they drill up into your bone marrow and that took me a year to recover from and that was a horrendous rehab and it was-it was successful and it reduced the pain at the site, but I just know what that (a) what the pain's like, it's like having broken glass in your knee joint
C: Mm
A: And (b) realistically how long a proper recovery for that is
C: Okay
A: Uh, so and Hadley knew this too, Hadley knew my story really well

C: Mm
A: And so she clicked on straight away when she heard she's like fuck isn't that what Amelia had? Is, am I, am I gonna *laughs* end up like Amelia? So we had to kinda reassure her no, I had to lie, *laughs*, naw you'll be fine, it'll be different for you, yeah you na nah, um yeah so that definitely was always in the back of my head
C: Yeah
A: When I found out that the nature of her injury, because I'd been through it myself.
C: Yeah
A: And ya know, mind you, mine was a bit bigger, but not much ya know and so I opted for one the conservative recovery route, she opted through no choice really for the more aggressive one
C: Mhm
A: Um, so yeah I was ah skeptical wasn't the word eh just I was interested to see how this would all pan out
C: Yeah
A: And also really conscious of the pain
C: Yeah
A: That Hadley was, when she felt the pain I knew what it was like and so we, I took her off the snow cause no-no one should go through that.
C: Yeah, do you think it was benefit to have you there having that experience?
A: I hope so, that's what I hope that I can give, that I - that I could have honestly said to Hadley "look, I know what this feels like", um but it is gonna be okay, like I had come out other, I'm-I'm skiing against doctors advice and I have been for years so I could say to her, there is-there is another side to this, you're the - one of the strongest mental people that I've ever come across
C: Mhm
A: So if anyone can do it, it's you. So I hope that I could impart that but *exhalation* yeah. I don't - I don't know how it was perceived by Hadley
C: Yeah
A: Yeah it was a tough one for her cause she knew both sides
C: Mhm
A: And whether she trusted what I was saying was what I always worried about
C: Yeah
A: Yeah
C: And I would imagine it's hard to have 100 even percent confidence in like it's gonna be fine, when it's like I know this --
A: Yeah
C: -- Is shit
A: Yeah, this can - this can suck or it it I know a few people have been through it now and they've had great ones, my experience was a - a slow one.
C: Mhm
A: But it worked out in the end.
C: Yeah, um can you tell me more about the then after she finds out it's a bit more than the meniscus, where you go from there and what your role is?
A: What are we are timeline?...So I was - I was away from her then, we weren't together I think I came back to New Zealand, um and I'd spoke, I'd had been kinda cc'd on e-mails from the doctors and from Natasha and I dunno that Sophie was involved in a big way at this stage
C: Mhm

A: Um so I felt very much out of that decision, that was - that was out of my hands so I was - I was physically, geographically detached from then and um cc'd on their communications but not a part of them uh decision making process as such. Cause it wasn't my decision to make, this is a medical thing
C: Mhm
A: So, um and when I heard that they weren't going to take any kind of intervention so they did you know they repaired, did a meniscusectomy but they weren't gonna intervene in any way on the um with the articular cartilage chyeah
C: Mhm
A: I was definitely skeptical thought "oh don't we've gotta we've gotta a year and a half to go like is this our window to do something or or do we just let this slide" um so I felt a little bit out of it there but I just kinda trusted that they knew what they did for sure. Cause they've been on so many Olympic campaigns, they're brilliant sports doctors, I by this staged I'd kinda of met them (talks to self) a little bit hazy...yeah
C: The test event--
A: Yeah I met Doctor uh Braun
C: Mhm
A: Then and a few more people in the OWI, so I was a little bit more familiar with who I was talking to and e-mailing *laughing*
C: *laughing* yeah
A: Um, but I was away and so Hadley kinda went through that early rehab process through the Institutes of Sports and then um going up to Sydney to do more training so I wasn't aware of her work load or what she was doing, I had my opinions um but uh I was out of that side of things. Um, and then it wasn't so I got word that she wanted to go to Bend in Oregon which is in the May, was quite soon. I think it - what is that timeline? Yeah February, May
C: February to May, yeah
A: Mm um I was surprised, I was surprised that she'd been cleared to go back on snow that we weren't giving it more time, what we were gonna gain from this but if she wanted to go, I was gonna go. Uh, so by then I was confident well maybe this isn't so bad and she's been making miraculous recovery they've been monitoring really carefully and this is awesome, let's go and see where we're at. Mmm uh and then I got to Bend (scared look on face). And she wasn't ready. Yeah
C: Wasn't ready how?
A: So...there's no way that knee was ready to ski, she was just still in too much pain, she was too weak, her control and her confidence too um I think she wanted to um, but then the minute we touched snow and tried to make some turns, it hurt. And I know that pain really well, it hurt like hell. She couldn't take any impact loading, um so she couldn't do any jumps wauh, it was a great so for me, to then at first I was yeah I was a bit flabbergasted, why were we there? At great expense you know, it's not a cheap thing to do
C: Mm
A: To fly the two of us to uh the States. Uh and attend these camps and the rent a house and yeah, um also there were the snowboard, this was still the when we were very much these little outsiders so Hadley and I are staying in a motel room with some like kids camp and the snowboard team have got this huge mansion on a golf course there's only fuckin' three of em and they've got a 5 room mansion and so it was like this us and them and they were the ones that

were telling us what to do as we wake up in a little motel room and drive our little car up the hill, like what's going on?
C: *Laughs*
A: So this was at the point where all of a sudden I'm in this team and I'm meant to be listening to them but nobody was talking to uh me, Hadley was getting a bit of feedback but I can't sit there every night and go so what are people said, do I need to know anything? Um, and br-and I kind of got word of what kinda training regime she was doing in her rehab phase and it was just insane - it blew me away. Why are you doing this? This is ridiculous, there's no, gonna make your knee worse, let alone get you in a state where you can recover to go skiing, in the best way possible, long term and and yeah, this is silly. So yeah um we revised our goals for the camp into just turning, uh there were a-aspects of Hadley's ski technique that I could address then it was an opportune-like if she was ready jumping I would've just left them
C: Mmm
A: But for this cause she couldn't jump okay let's, let's get your turning better let's try and reduce the load on that knee cause I now know that this is gonna be an issue now, for a for the next year since there's no-no healing going on at all, it was still swelling and bruising and hot like it was still bleeding so (a) we yeah I think we shouldn't have been there um but the one positive that came out of it was this was the moment Sophie was there as the physio for the snowboarders, she's a friend of mine so I went to her and - and kinda honestly asked her opinion and "what do we do?" (desperate/scared/disbelief voice) *laughs*
C: Yeah
A: So I was really scared, is like wha-what do we do? So we got everyone together with her um strength coach who was over there, Cate timed in to it, Cate had been talkin to Hadley and knew, so it was interesting in that we were just, before we'd exist just as kind of friends, but not really like yeah acquaintances. We were-we were friendly but not super tight
C: Whose that?
A: Was that, what?
C: Who is - who was acquaintances?
A: Oh sorry - Hadley and I it was a tough relationship because I couldn't be her friend cause I was her coach
C: Mhm
A: But at the same time we spent more time with each other than any of our respective families or other friends for this, through this period.
C: Mhm
A: Um, but then she started talking with Cate, which is great, but I was a little bit out of the loop of her true emotions and feelings, I'd kind of get them through Cate then that was, that kind of shut off that communication between us
C: Mhm
A: Hadley and I. Um, and then kinda started this, what I didn't like, but we had to do, uh in a as a team and I guess it's how high performance teams operate in that you-you have these meetings and you talk about your athlete, and they're not there and you're just talkin about this person like a piece - they're a piece of meat, it's like they're a horse or something, a thoroughbred horse.
C: Mmm
A: What do we do what ah ba ba ba how is this gonna effect them and yeah, sitting in there it doesn't sit right this is a human with feelings and and no, *laughs*, no. So uh, but it was great

then then finally for them to all sit at the table and we made a plan that was a, a pla- it wasn't a tough plan, but it was structured.
C: Mhm
A: And, and what I wanted to keep in th-this we're doing this with love because this is, there's pain and emotional angst involved and this is a brilliant athlete that we have to, keep motivated for the next year if this is all, if all of this is even worth it to go to Sochi, we have to do this with love and care.
C: Mhm
A: Um, uh and kinda take her off responsibility for this a bit more, cause she will, we we were falling through cracks left, right, and center.
C: Mm
A: Um, from you know a physio not talking to the doctors, not talking to the strength and conditioning, not talkin to sports psych, not talking to me. So we had this very loose team at that stage but no real channels of communication, and so the person that lost out was always Hadley.
C: Mmm, and what does that, uh emotionally for you through that time feeling like you're falling through cracks?
A: Yeah that was the first time, and also for me, it's just so frustrating and it made me not enjoy the position of being in this team, especially as well look towards the snowboarders who had been on the program for years and had all this funding and sitting in the nice house with their, they had, they brought over a strength and conditioning guy for three athletes, they had their own physio for just three athletes, and we were doing it, not tough, was great to have the support but it was just a, just a yeah a chasm between us.
C: Mhm
A: Um, so a little it was tough, that kind of, that strained our relationship too and I know Hadley was very frustrated, Hadley was just frustrated with this, the reality of wha-cause she'd been told nah, your knee's gonna be fine, you're doing really well, you know she'd done her return to snow tests bouncing along the ground in Sydney and been told yeah you're good to go ski and then for me to fly over there and go no way, we shouldn't even be on snow. Stop. Um, she, this is when she started to feel um very much hard done, by very much being told what she could and couldn't do
C: Mm
A: When you know that had previously been her decision. Um, our relationship strained a bit, I was - it was, I was frustrated, wondering why we're there, uh frustrated that these guys, yeah that there was this difference in experiences on what's meant to be one team.
C: Yeah, absolutely. Have you ever done what you were doing with Hadley before, in any other capacity?
A: Uh, well - in terms of the actual on ski stuff? Or just this mentoring, coaching?
C: That, yeah
A: Role, no.
C: And working with a team in any?
A: Nah, never as like yeah I competed as an individual and
C: Mhm
A: Made it quite a conscious decision, I just never raced, ski raced, I did team participated in team sports younger, but not uh and I'd been an instructor but I you know, my input would be two hours a day or four hours a day and that was it.
C: Mhm

A: So this was all very new.
C: Yeah, for um you and Hadley, or just you?
A: Um, Hadley must have experience - cause she did moguls earlier on, and she traveled with the moguls team overseas, so she was used to it.
C: Mhm
A: And had experienced it in the past, and then stepped away from that, for her own individual career, um and I think what she was getting was a lot more of a team feel than what I would, cause I was kinda of the fly in, fly out coach so she'd go back to Australia and she'd train at the Institute of Sport and she'd see the regular physio and so she had quite a structure and was involved in communication whereas I was a little more on the outside
C: Mhm
A: Through, I dunno, through my eh I dunno if it was through my own de-, just physically cause I did-don't live in Australia
C: Right
A: So I'd come home in between these bits.
C: Okay, yeah. So once you went home you were going home to New Zealand, and she was coming home to Australia?
A: Yeah, exactly.
C: And how did that play a role in that experience?
A: So for me, just the e-mail, I just I felt a little left out of decisions if I'm meant to be, and all of a sudden I didn't quite know where my role began and ended
C: Mmm
A: Whereas before, it was never, I mean before Hadley had her like her gym, she'd the strength and training, I just went on snow, helped her with tricks, made a strategy for comps, gave her a high-five, kept her happy, that was my role. And then all of a sudden I'm meant to be uh a pseudo-program director. Um, they wanted me to take over more responsibility with kind of eh overseeing her training and - and talking to the nutritionist and all these people that Hadley'd been talking to for years, and all of a sudden, I come and am like ah Hi, I'm Amelia. I'm her coach wha, anything I should know?
C: Yeah
A: So I felt a little thrown in the deep end and underprepared
C: Mhm
A: Uh *laughs*, uh and just all of a sudden a little powerless uh I just didn't know what my role exactly was, wha-what was expected of me off the snow, more than what I'd been doing before.
C: Do you think that was exacerbated by being geographically away?
A: Yeah, for sure, for sure. If was able to just drive in to their office and see them face-to-face it woulda been much easier
C: Yeah
A: Um, yeah.
C: So can you take me through, so you go to Bend and kinda re-hash goals and you finally sit down and talk with everyone and then take me sort of through following that to maybe leading up to injury two, but not we can start injury two in a minute.
A: Yeah, um so we had our, we had our little meeting behind the scenes about how things were gonna change and what kind of structure and to make a proper plan and bring everyone on the same page
C: Was Hadley a part of that?

A: Was who?
C: Hadley
A: Hadley - no. So the initial one no.
C: Okay
A: So this is my first behind the scenes meeting, um and it was horr - cause I, we lived in motel room, I slept in a bed next to her and all of a sudden, I have and like I had no car, she was the only car I had the other house was too far to walk, so I needed to get there, so it was just, this is when I had to start kind of lying to her and sneaking around and to get to this meeting that we're not meant to be having about her
C: Mm
A: But I got there. *laughs* um and we had the round table discussion, um which was great, that was kinda relieving to have this plan and be able to communicate that uh it's not the training level that, that she's doing is not conducive to a recovery of this knee and you know swelling is not a good thing *laughing*, we need to get her you know so uh get her off that, and then we made a plan and then, then we brought Hadley in and we told it to her, and she was not happy. Uh cause it meant that no we have to slow this whole thing down, this is not going right. We need to change this, um I don't know what you've been told before, but that's not right um so we had to uh she'd wanted to be learning new tricks and-and be really progressing whereas we had to slow everything right down, otherwise nothing was gonna happen, she wasn't gonna be able to ski. So um, I left Bend in May, came back and then agreed to move to, go up to Oz for a bit to do some training with her at home um in Thredbo but it was strict, it-it was just ski training there was nothing um there was gonna be no jumping, it was just to, she was gonna continue with her strength gains, and and recovering her knee and I was gonna come over and we'd continue to work on these technique things that - that were great for her in the long run too so that made a huge difference that we had this time to do it. So at the, I came over and we skied at Thredbo and and I stayed around the northern beaches with her too cause I wanted, cause she trained on her own, and I wasn't quite sure what she was doing behind the scenes, I wanted to see what her actual work load was, I wanted to live her life for a bit too, cause I didn't I'd just fly in, fly out, and see this person and the pressures that she put on herself and the expectations from other people and I just needed to really understand what her life was at this point in order to, for me to give all that I could, I think.
C: Mhm
A: So I kind of started training with her and mm-becoming a bit more aware of what her off-snow like strength and conditioning programs were and um and that was fun, then it kinda felt a bit more like the old days when we're just this little team.
C: Mhm
A: Um, so we did the two weeks there and then it felt good, she still wasn't able to take big impact loading so she couldn't jump on snow, so we made the decision um that we would like to go to uh the aerials camp to go come over to Park City in September
C: Mm
A: So these are big expensive decisions, but luckily, very fortunately we had the um we had the funding available to be able to do that, in our budget uh so we flew over to park city and um and did that camp. That was another fairly isolating experience, cause we were in different houses, I stayed with the coach, and she stayed with the other athletes
C: Mm

A: So I'd never met this person so, but it didn't matter, cause I was there to do a job. We'd go to the hill everyday come off, go to the gym that was it for two and a half weeks. Um, and that was great, just to kind of it was, this was all now like Hadley had lost so much confidence in this by this stage, she was starting to doubt whether she'd ever do it again. Um, and her confidence just in the air, that was so important, so the water ramps were a good way to do that.
C: Mhm
A: Just repetition, repetition. And then, this was September, so we came back she came over to New Zealand, uh in October for a spring Camp, um this was kind of our first testers back on snow and she was doing well so it all seemed like we were lined up for a good season, we were back on track. She was kinda back on where you know and even a bit better as a - as a skier, I think technically she was better
C: Mm
A: Um, she was mentally a bit hardened up um and we're kinda ready to go for this final year into Sochi. Uh and then, and so we came over was fairly - we did so much travel that year, (exhale) I did - I did six New Zealand, US returns in 12 months
C: Ugh
A: And then uh and then so we went back to Colorado again in November and we got ready for the big this is it, this is the big push, um she was skiing really well on snow there and then we had one of our first contests was the Dew tour
C: Mm
A: In early November, and Hadley for the first time, ever, ne-didn't make finals. So, I didn't - I don't think she made it through qualifications stage, she didn't qualify for finals. So previously, as I said, every contest we'd gone to we'd podium, or she'd podiumed uh and then all of a sudden the magic formula was gone, so and that was a really I was frustrated, Hadley was just off the charts, didn't know what was goin on, wha-what is this? Uh, I hate this feeling yeah what can we do to change this?
C: Yeah
A: And then, luckily we had Cate come out uh the next, there was the next competition, fairly soon after - a World Cup just around the corner and so Cate came and to experience what slopestyle skiing is and how our comps work, it's quite different to aerials uh
C: Mhm
A: And just be there. Um, so that was great, for her to see the reality of our competition arena and also see the reality of the Hadley, in competition mode.
C: Mhm
A: Um, cause she's just - she's a strong person. So, uh for Cate to see more of what I deal with on the hill and - and um and how to turn her around from that.
C: Mhmm
A: So it was good and that was and a-Cate was always our biggest advocate uh in the OWIA, and she was, she was a great kind of mediator and so it was, like with[out] someone like that, there's no way I would have survived the process cause there just still felt quite detached you know we had a, there was some other boys over but there was never this feeling of okay were, were a team
C: Mm
A: Let's all work together.
C: Yep.
A: Um, (whispers) how are we going, and by then this left, that meniscal knee was actually behaving really well

C: Mm
A: Really, really, really well so Hadley had just been a ten how she trained, it was like a machine, she was so strong. She was the strongest of any girl there, um just moving physically brilliantly and we're all kinda, unfortunately, this kinda again at that World Cup she, she crashed twice so she didn't make finals again so this is two devastatingly bad results in the, in the - the the three precious competitions we had before Sochi, two of them were just complete blow outs.
C: Mmm
A: So it was a lot of behind the scenes um it was then, it became a mental game. Or like, before we'd even this next injury, we knew that the mental side was gonna be the hardest part and so worked hard on that and had a lot more, a better structure going for us, where we're living in Breckenridge and, and the physio support with Sophie um so it was good, it was very challenging, but I thought - I thought we had every element lined up really well.
C: Mhm, what's going through your head during those two, like the Dew tour and then the Breck competition, as you're seeing like the as you said devastatingly bad results?
A: (Loud inhale) So yeah, I mean I didn't, eh the actual result, I knew she'd qualify, just, just snuck in like cause of with the injury taking her out, so I wasn't, I-as, as coach I wasn't too stressed where she placed. It was more for, I wanted to see her looking confident
C: Mhm
A: And ready to go into this big comp, um so I was frustrated and looking back through our preparation are there any things that I've missed, what could we have done differently? What could we have done better? But then managing Hadley was just eh lost so much confidence and uh was getting so frustrated um and kind of uh no, she wasn't combative, but again there was a difference in our relationship
C: Mhm
A: And I think these last couple years I'd transitioned from being the friend coach to the coach-coach, that told her things to do that she didn't wanna do, so I hated being in this position. But, I kinda, I had to, unfortunately that was the reality of where we were and how this was gonna work. Cause if I was her friend-friend, it had really make us an us versus them whereas if I played the coach game then I had access and a bit more chance of this team even listening to me
C: Sure
A: And helping us out. So, yeah it was, that's when it all became pretty tricky, I wasn't enjoying my experience through this time too much, just cause again I'm I was living with her, I had no escape.
C: Mm
A: Um I had no car, or to- a way to get away to the gym ya know, I had to at that stage I had to ask her to take me to the gym if I wanted to go when she wasn't going and it was just ah it was, it was hard work. Um, after I made a decision to rent a car to get me a bit more freedom.
C: Mhm
A: I couldn't get permission from the OWI wouldn't rent one for me, so I just did it. Um, and that was great, it gave me a bit more freedom. Um, so I - I was then working hard, and I had confidents in other friends but I was starting to find it really difficult, emotionally
C: Yeah
A: At that stage. And then, and then she went to the trampoline and came back and said "I heard something in my knee" *laughs* (Disbelief) juust - so I'd told her that bouncing was com- just off limits. It was just stupid, like why would you even try this is silly um you're not gonna gain anything from it, and she'd been at me and at me and at me and I kinda just broke, I just said

whatever, do whatever you want. Like I was kinda a bit fed up with the combativeness and and so she did and she tore her ACL and so she came back, are we on to the next injury now?
C: We can be, yep.
A: We can be?
C: Go for it.
A: This the timeline, um so she came back from that, I'd been out at the gym or something come home and she just said yeah I was then felt something just yucky in my knee and it, just doesn't feel too good and I said "Oh really? Mmm, okay, um let's go an see Sophie". So I made an appointment with Sophie for a physio check-up and normally Hadley would just go off and do that herself but for this one, I wanted to come along and just sit there and watch, and um I had my suspicions
C: Mhm
A: Just knowing her mechanics and things I thought, this is not, this could be really really bad. But I wasn't thinking anything at that stage so I went and um just sat in the room and was just chatting away and you know she's going through a normal physio, like she would on her other knee and I, and I just not talking just kinda motioned to Sophie to just test her right knee. Um, which she did, Hadley was just kind of on her phone or something and - an Sophie did the test, and I've seen enough knee tests that I know when it's not so great, so we just kind of we made eyes to each other, Sophie and I, uh like "oh shit". Didn't say anything to Hadley cause we just didn't, know, know what to do. And - and don't wanna scare her at this stage cause by now we're uh this is mid Jan, this is a month out
C: Mhm
A: From the Olympics um
C: So you're just
A: And again just kinda
C: Thinking oh shit
A: Kept it
C: Yeah
A: Yeah just what do I do, let's just not saying anything, it could be you know she had fairly slack ligaments so it might test not so good, uh and then so Sophie started the communications cause she was great, she was plugged into the channels behind the scenes so the doctors of um what do we do? How do we do this? Uh, how do we start getting opinions at this stage without Hadley knowing what our suspicions are of injury cause we don't wanna de-rail her confidence in any way cause that was always the most important part through this stages
C: Mhm
A: Keeping her confident, keeping her positive, keeping her believing in the process
C: Mhm
A: Um, all this kinda catch words you know like yeah she was cause she was at this stage already really struggling with yeah confidence and commitment and is this worth it, this sucks, I'm not really having fun, from what I could see. Um, so I just fuu-I didn't know what to do. *Laughs*, didn't know what to do, and lucky Sophie was there um and so she kind arranged behind the scenes to go and have some scans and stuff and so I, uh I'd drive them to Vail and to the different doctors and let them go off when they need to, um eh cause Hadley needed a confidant other than me
C: Mm

A: For sure, it kinda was at the stage where I couldn't be that person. Um, and so it was a tricky diagnosis, like it wasn't, she had a couple MRI's and it wasn't entirely obvious and - and then just messy. We're trying to, it was so messy, tryin to hold ah-hide from her what potentially is the problem as she's asking these questions "why do I need an MRI?", uh "what do you think is going on?" and then finally went to the best knee surgeon in the US, at Steadman Clinic and uh and always kinda Hadley would be outta the room when the doctors would come, you know they'd teach- speak to me and Sophie first, the reality like okay this is a coach, this is a physio so I started to, I became aware that there was, well I was ob-suspsicous that there was no ACL or significant ACL injury from that first moment, I think it was about I dunno, timeline - like a week or two weeks later that we kinda had some kind of confirmation enough to be able to tell Hadley and I will never, ever, forget that night. So, we couldn't even do it, we decided that we wouldn't even do it in person, Sophie or I there, or the doctor, it had all be run through Doc Braun in Australia, so we're sitting there in Colorado, we're visiting doctors just down the road in Colorado, but we lined it up that Doc Braun in Australia would get on the phone and call Hadley one night and tell her that basically there was 4% of her ACL left, in her good knee. And we're a month away from Sochi, and so we're all living in this little house, she-it was horrendous, she just wailed and cried all night and screamed um, wouldn't speak to me the next day
C: Mmm
A: Um, that was just terrifying, so that was a few days of kinda getting over that shock and, getting some kind of communicative relationship back and trying to reassure, well not even, I didn't know what to do, what do you say??
C: Right
A: Like, and so my kinda, my initial head-thoughts at that stage were is this, is this actually, is this all over a month out? From all that we've gone through over the last few years err - all that both of us had given up in our lives for the last 2 - 3 years, is this all just fallen over now? A month out? And we're not even going. And by then it kinda gets, it gets pummeled into you, the institution that this, the Olympics is the greatest thing in the world, it's the greatest thing you'll ever do. And we're kinda had no choice but to buy into this cause this is, this is the journey we're on. Um, and then all of a sudden it was about to be taken away. Um, and so for Hadley she had to really quite, difficult decision to make, whether to step back and get this repaired or is there a chance that she can still compete and do this? Um, and that's where the US doctor was great, cause he uh Steadman, you know he's used to athletes that are, ready to go for an aggressive
C: Mhm
A: Approach, so we sat down and talked to him about um what could be done to support her knee, what the p - likely consequences of it, if it collapses and you know just do more damage, uh is she willing to take the risks?
C: Mhm
A: And, she was, we talked a bit behind the scenes and I - I it was hard for me obviously I wanted her to fight, cause we'd worked so hard
C: Mhm
A: To get to this point. Um, but it had to be her decision
C: Mhm
A: Cause it's her body on the line. Um, but but she agreed like a trooper, and from kinda that moment, when she agreed, it was it - it was kinda then, it was like right let's, let's go, let's fight. Let's go and do this and we kinda became after all the kinda the stresses that had pulled at the relationship, when we went to Russia, we were boom, we were this team. So, ready to go. So it

was kinda of a, a little bit of a relief, and also a little bit of a relief too that she had so many expectations to get this medal, and a year out I woulda said she was a shoe-in to potentially even win the thing.
C: Mhm
A: But given the lead up we'd have and the way that her tricks weren't progress-with the injuries, the setbacks, you know I was really scared that she was gonna go there and kinda blow out, and not do well at all
C: Mhm
A: And how she would live with that, and you know this program that had put so much money into us for the last year, how they would deal with that, how it would reflect on me, like it was just kinda the wheels were falling of the wagon faster than I knew what to do. Um, and then all of a sudden, with this injury it just took the pressure of ya know, we were just going there if nothing else so that she could put on a uniform and just be there cause she'd worked so hard. Um, and it just took that kinda expectation off in our mind, I'm sure everyone else, well cause we hid from the media, so everyone else was expecting her to like ya know "greatest gold medal hope" um, but we knew that we were going there just to be there, and that was such a relief, it made the whole experience so much nicer. Actually, well not - nice is not the word. It just took a lot of that, what I think could have been horrendous pressure, expectation from Hadley if she was fully healthful, healthy and able to do what she was doing and-an didn't do that, it woulda been crushing.
C: So what happens between diagnosis and Sochi?
A: Between diagnosis and Sochi, we pulled her off the snow, which was really hard. So she couldn't ski, nah, skiing was not even an issue. We got her a brace - err did we do, did we ski? - Nope so we pulled her off snow, I think we had 3 weeks, 4 weeks um, and she just did everything in her power to improve her chances of healing, reducing the swelling. Making this as strong as she could
C: Mhm
A: Given the stability of her knee, so we kinda of, Sophie and I, or Sophie designed little programs and with Natasha and we just, I just go to the gym with her a couple times a day, she would swim and just do whatever she could she was *laughs*, like just drinking crazy turmeric teas and about five liters of green tea, anything that was anti-inflammatory, she was on it.
C: Mm
A: Like a beast, so it became her sole focus and then we knew that the only way she was gonna train these tricks was in her mind, so um I made a little highlight reel video of her of all the tricks that um and sent it to Cate and to Hadley so she'd just watch this thing every night and um just visualize what was going, so her entire last month preparation was totally mental. At the same time as trying to still be confident that it was gonna be okay. We didn't even know if she could ski without her knee collapsing or with agonizing pain and
C: Mhm
A: So it was just, through everything we could, other than actually ski to prepare for this. Um, and that was good to have a at least some kind of plan through that stage.
C: Mhm
A: Yeah
C: And how was the team operating through this stage? If you...
A: The team was operating really well at this stage now, cause na-this was serious.
C: Yeah

A: Um, So I finally in the - in the the eleventh hour um it all came together really well.
C: What made it -
A: I was speaking to the Doc in Australia a bit, again Doc Braun hadn't really, he was just this kind of voice at the end of a phone, um but it was good, and we had a plan, the team was working well then.
C: What made it work well?
A: The urgency of the situation.
C: Okay, err
A: Yeah
C: How, how, what was mm - making it seem like it was working well to you? Like what was going on?
A: Uh, just communication so, uh all of a sudden we were talking to each other on a regular basis
C: Mhm
A: Um, I used the support of again the snowboard coach that was there cause he was the closest link I had to the OWIA
C: Mhm
A: Um, he was a lot more cause they've been running that program for years, uh we were the new kids on the block um and it just felt a little bit more like we were talking, we were operating more as a team, rather than these kinda disparate opinions coming in that I had to then interpret and I dunno, do something with.
C: Mhm
A: Uh, I wasn't necessarily trained or prepared to do uh so it was good, my yeah, at least I knew where my role was and where my boundaries were you know
C: Mmm
A: Where I'd step aside and I don't say anything or I come in and I do this that was, it was just a bit more relieving so that communication between parties was the best thing that made the team work at that stage.
C: Mhm, how about um the relationships between the members?
A: So, I was very fortunate in that Sophie is a close friend of mine, so if I hadn't had that, it would have been a whole different story, so I was able to confide in her in to some extent um just cause I had no one other than Hadley to talk to a lot of the times with the - how I was feeling, how powerless I felt, what I should and shouldn't do, I just didn't know.
C: Mhm
A: Um, so that relationship was great. I was talkin to Cate quite regularly, that was awesome. Um, the others again, li - they're kinda these-these people that I hadn't really had much to do with and all of a sudden they had these strong opinions, but I was willing at this stage to just trust the process and-and let that go.
C: Mhm
A: So um, our team, Cate even came - our team pretty much enclosed, like the core team was Hadley, me, Sophie, and Cate.
C: Mhm
A: Um, yeah so the snow coach, the physio, the sports psych, that was really the A-team, as we called em.
C: Mhm
A: Um, and that worked, fu-that's what carried us over the line, that we- we all just kinda huddled around and just carried her.

C: Mhm, can you contrast that team to the team around her during her first injury?
A: Ha - yeah and so the members of the team existed *laughs* just so ya know the tight circle was just spread across the globe with no real communication between parties um..eh yeah, that just complete not a lack of communication, and and um and being on and knowing what the expectations really were of this athlete too, there were opinions weighed in of people that had no idea what she even really did.
C: Mmm
A: Or what the demands of the sport were, uh how - how that coach-athlete relationship worked, what-what her timings, yeah it was just lack of communication and understanding whereas by this stage, the second one uh everyone was on the same page.
C: Sure
A: Yeah
C: How do you think the, if at all, the newness, you've talked about being sort of on the outside
A: Mhm
C: Affected that first experience?
A: Oh that's 100% the reason, and I eh - I think cause we'd, been so successful together previously, results-wise. It was just assumed that, great they're just a totally autonomous little team, they don't need the help. Then with these-these injuries and the other expec-you know she had to meet certain criteria and and and been giving training programs by all these different people and sometimes conflicting opinions ya know some things like the-the physio's advice was completely different to what her strength and conditioning coach
C: Mhm
A: Was telling her and giving her, um that was it was difficult. And it's just the newness, nobody knew, it's for no fault, it's just it's new, it's different.
C: Mhm
A: Ah you know you couldn't apply a different structure onto this new sport, cause it was unique and had its own demands. Uh and so everyone, was just a process of education and it also, I think through that second injury geographically, we were in the same place.
C: Mm
A: So that made a huge difference too, for communication. Because it wasn't this labid email communication or a phone call in the middle of the night, um you could just got and speak candidly to someone um and eh ya know in a voice down the phone or an e-mail is so different to be able to look into someone's eyes and and convey feelings. Cause ultimately, there was a lot of emotion around this
C: Yeah
A: Yeah
C: And, can you just take me through then Sochi?
A: Sochi, uh ha-ha, that's um, that was good, it was fun, I just...I knew that this team, especially the Australian Olympic team'd take it very seriously, and I didn't think that was the greatest environment for Hadley, and especially confidence-wise and you know like you know this was bizarre for us to be going to the Olympics
C: Mhm
A: Um and I just really wanted to keep that freestyle spirit alive at this time more than ever for her so I tried to keep it light, started our program, um we negotiated training and she just did awesomely, like everything came together, she was training really well, um AH shit, I completely forgot about this, and then Doctor Braun, who'd been barely involved in any way

along the way other than being the you know, the head of medical and kinda offering opinions, he was handy when we found out she had no ACL, talked to me like the second day there oh and Hadley's, Hadley's competing in the Olympics is still subject to her passing her return to snow exam - and I knew several other injured athletes that were there and none of them had to go through this. And he, I think he told her or us first, basically when Hadley got wind of it, she just lost it, like what is, what do you mean? What is this? There's no way I'm gonna return - pass a re - and it was silly like you know like a box jump kinda thing in the gym that was gonna tell us whether she could hit 90 foot jumps on a slopestyle course. And I just said like she, she just successfully made it through the course, she'd hit all the jumps, like these are huge, it's the biggest jumps the girls had ever hit in the history of this sport.
C: Mhm
A: And she'd done it, *laughing* with you know with an articular cartilage short in one knee and no ACL in the other
C: *Laughing*
A: Like she'd done it, that was, if that's not proof she's ready to return to sport I dunno what is, but Doc Braun had this test so this was, ha - this was a bit of a breakdown in the team and the trust. Um, Hadley became quite combative, not combative, but there were some frustrated people so again made a video of her training
C: Mhm
A: Um little annotated and sent it to the board and just said look, if this isn't proof that she's ready to return to snow, I couldn't give a shit if she passes the box jump test, in the gym, that's completely irrelevant so I had to kinda stand up and say no and luckily I had Sophie and Cate on my side
C: Mhm
A: Um, and if they weren't there I dunno how I woulda handled it, cause again these people are new, these were my bosses, I had, had never really operated with in this team before and all of a sudden, again, they're telling me what to do at the eleventh hour at the god damn Olympics, this is not X-Games, this is the Olympics now
C: Ha
A: Um, and we could keep Hadley from away from wha - you know what our real emotions were as much as possible, I think. She must of clued in on it, but it kinda gave her the fight too, it's good, it's like fuck it, I'm gonna prove them wrong um and she did. Rah, and then we got to, she was, she was getting strapped up to the nines, uh she was wearing braces, she was on pain killers, but doing quite well. Um and she was sick too, she got a cold and so she was isolated and ah I kind - I kind of have had to detach myself from her experience at the Olympics cause it woulda crushed me. Cause I knew how this is meant to be the greatest thing and here it is, and it's kind of at times, a living hell.
C: Mhm
A: At other times it's the greatest thing ever
C: Mm
A: So I - I had to emotionally detach from that and just be this positive "yay, yeah, let's go ski"
C: Yeah
A: Um, and then competition day, she just crushed it *laughs* you know she skied so well, like a bat outta hell *laughing* and then she was in third, she was in bronze medal until the very last run of the competition, I remember I didn't even expect her (a) to finish training the day of competition, I thought her knee would blow up before we even got to the comp, she got through

qualifications, she qualified for the finals, she'd done her first run in the finals, and was sitting in third place. And I was just like WOW, not in my wild - like even if she was fully healthy I hadn't even expect like realistically she was probably sixth or seventh in that field
C: Okay
A: At best, um just the way that chance was working that day, she was sitting in that position and then uh the last competitor dropped, a good friend of both of ours and beat her so it was kinda that moment of Ah so close, but holy shit, wow, wow wow wow, she just came against all that and came fourth.
C: Yeah
A: Um so that was a brilliant moment and a lot of relief and then she, I didn't see her she went back and she got her knee repaired and and it's all good now, but that was um TAH it was emotionally exhausting I'd forgotten about the return to snow thing, yeah *laughing* blanked that from my mind that was just the most ridiculous stress to place on us at that point after everything we'd been through and how it was tracking and the structures we had in place around her, like we had it nailed, that was the last thing we needed.
C: Yeah, that's been a consistent
A: Thing for everyone? *Laughing*
C: Yeah *laughs*
A: I bet, yeah, so yeah it was a tough, the whole three years were difficult for me to accept these people that were weighing in opinions on what we're doing when they had no idea what we did other than just give directions, they had real no input in a supportive way
C: Mhm
A: Just kinda threw roadblocks
C: Mmm
A: I can see that they're part of the process now and and that they were - they were important in the long run, but at the time they just felt like hurdles being thrown in front of us
C: Mhmm, what do you think could have been done better?
A: Just earlier on, that we all sat down and got all the people that would be weighing in and and and spoke to each other, and outlined wha-what it was and what was needed and not, it was a bit intimidating in the, sitting in a board room and planning out the next three years in one session like
C: Mmm
A: I think I did that early on, but I had no idea what was to come, what was expected uh where-the fact that she was gonna have two major injuries within that time, like none of this, you can't plan for that so just um more flexibility, I think the uh if you're not geographically close, you need to speak all the time there needs to be almost a regular schedule of catch-ups
C: Mhm
A: That's really important, um and cause I think that's the reality, how a lot people live these days we're all spread out.
C: Mhm
A: And we do have the technology to talk, you just gotta be a bit more rigorous with the - with the communications
C: Yeah
A: Um yeah just being all, just being together more.
C: Mhm

A: Over the time, rather than getting to the big event and-an having these people that had never paid any part in the preparation suddenly having a say in what she did.
C: Mm, yeah. As in at Sochi, or just as lead up to the Olympics?
A: No it was kind of the biggest shock was when we got to Sochi and all of a sudden, it was, uhm obviously ours was a medical issue and so this was the medical team, some of them I'd never even met, some of them had no idea, like they knew of Hadley cause she'd been in the system for a few years but yeah people weighing in where they shouldn't have when really, we- we kinda we had it dialed, we had our plan, it was perhaps at times unconventional but it was working
C: Right
A: Um, so it was kind of yeah, ta-ta be this tight little team and then come to the Olympics then all of a sudden there's this big one and that tries to all grab um for whatever reasons
C: Yeah
A: And
C: Yep.
A: *Laughs*
C: I'm just gonna look through, make sure I haven't missed anything...how did you feel that your role changed between the two? if at all?
A: Between the two injures?
C: Mhm, or like that first and that second, yeah experience
A: Yeah, I had to -- I think the actual day-to-day workings of my role didn't change at all
C: Mhm
A: I mean perhaps, I definitely became a lot more involved with the other aspects of her um support team, and sorta you know, the full package so I uh, the-the strength and conditioning and the physio and the doctors, and the sports psych, I was definitely communicating a lot more a lot more aware, and working a lot more behind the scenes without Hadley, like before, we did everything together. Afterwards I was working a bit behind the scenes and kinda filtering what I actually told her
C: Mhm
A: Um, but then our relationship and kinda my emotional positioning, I became a lot whaa-I just became more detached from Hadley
C: Mhm
A: Which is a change, we weren't kinda the little tight team, it was coach and athlete
C: Mhm, yeah, and what was that like for you?
A: Isolating *laughs* really isolating, cause I'd lost my...not - I'd kinda lost my friend and confidant in her, I couldn't talk to her about it anymore and she couldn't and she shouldn't have talked to me about it anymore and then I didn't, lucky I had Sophie, thank god. But otherwise, there was no one, no one for me to chat to. Perhaps I could've reached out, but no one- nothing was kind of hey you doin' okay? *laughs*
C: Mhm
A: How ya doin over there?
C: *Laughing*
A: Um, so yeah isolating was the main thing that changed, from one year to the other.
C: Yeah.
A: Mm.
C: What is it like talking about it now?

A: It's - go - I've digested it, it's taken a while *laughs*
C: Yeah
A: Yeah I came back from Sochi and bought a van uh and uh drove up the Australian coast for three months and just surfed every day and just sat there thinkin' about it *laughing* cause yeah it changed me a lot as a person, it's good, I had to learn to just, tolerance and just eh - what empathy is
C: Mm
A: And what being kind and considerate actually is when you're kinda doing it from afar and you're steering these pup - I didn't' - I hated that feeling of the puppet strings and kinda not involving her in all the decision making processes and making decisions for her and then just kinda telling her or even tricking her, I hated that.
C: Mmm
A: So it took me a while to kinda digest that
C: Yeah, that makes sense.
A: Mm
C: And was the puppeting and all of that just, why do you think that was necessary or needed?
A: It necessary/needed cause Hadley was quite volatile, psychologically and confidence-wise, so you just didn't want to upset her cause it was so hot, and some at times her reactions were so extreme to negadivity
C: Mm
A: Negativity - uh so it was really, it was to soften the blow um and to make sure that what we were doing was right um that we clearly could back up why we were doing this and then deliver it in the best and most loving way possible at times they were horrible things, they weren't loving things to do, um but it was just necessary to keep her confidence up cause we kinda had to build this smoke stream and - and wrap her in cotton-wall a bit
C: Yeah
A: To the fact that this was a really, really shit situation, um but we're gonna get through it
C: Yeah
A: Um, and I hope someone would do that to me too
C: Mhm
A: Although I hate oh-cause personally, I hate the feeling of being tricked, I can't even do surprise parties, like if people have been working behind my back, I hate it. So, that's why it felt so wrong to be doing with her. Um, but we felt, I felt it was necessary, otherwise it was just so much to take in and process in such a short period of time um.
C: So do you think in the end, as like looking retrospectively it's, it was loving to do those things that felt wrong? Or do you think it could be done differently?
A: Ohhhh (loud exhalation), that's what I still can't come to terms with I don't think, was it loving?...I think if we were, it would have been a lot more of a real experience for her and maybe that's the most, that was the fairest thing, so it coulda been to really feel how, the shit and to get there and fight so hard and then was kinda, that was that tough
C: Mhm
A: Perhaps that's the kindest thing to have done rather than try to engineer this thing that was, engineered.
C: Mhm
A: You know it was, it was not entirely the truth, it wasn't entirely real, it wasn't entirely raw, uh we all tried to make it easier when perhaps the process woulda been a great thing for her to go

through. I don't think I'll ever know. And I think the yeah the institutional way seems to be that you just shelter the athlete, you just leave them to do what they do best, keep everything else away from them.
C: Mhm
A: To be a good human, I think it's really important to work yourself through those, those times and those difficulties.
C: Yeah, how do you think performance-wise that would've shifted at all, if at all, or is there a difference?
A: I think it would have affected, I think it perhaps would have negatively affected performance for sure, um high performance athletes need - need to be left alone to just do what they do best, and so I understand, and I appreciate that for sure so performance-wise, I feel it could've had a negative impact, like that - that confidence building and that mental aspect of it would have just been so undermined if she really really knew, how everyone else was feeling what was going on behind the scenes, the real - at times the reality of her injury like ya know...uh it woulda been really really really hard to just overcome that and ski, ski the way she could.
C: Yeah
A: Um, I do believe that.
C: Yeah
A: But then that's the high-performance sport versus being a good human being like ya know, they they're hopefully compatible and that's what you always want as a coach, but sometimes, for some personalities, that's just not the best.
C: So do you think different personalities could've been probably more a part?
A: Yeah, I think someone that's, it would require extraordinary emotional intelligence
C: Mm
A: Um and life experiences and just a quite a different person
C: Mhm
A: And that would be an exceptional, exceptional person that could just live
C: Yeah
A: The true rawness of it all, and still perform to their best and better than anyone else. But, I'm sure there are those people out there but they're definitely the exception
C: Yeah, yeah
A: Yeah
C: Do you have any questions for me?
A: *Laughing* No, inte- I'd really put this outta my mind cause I had to, so it's really been quite cathartic to go through it all again. God it was crazy.
C: Yeah
A: *Laughs*
C: Sum it up in a word: crazy
A: Yeah.
C: Are you glad you did it?
A: I am, it's changed me a lot as a person
C: Change good or bad or?
A: Good, I think, yeah, I had to learn to deal with a lot of things myself just cause I had to - like there was, there were points, especially when we found out the um about the ACL injury, I was furious, I was just so angry with everything, the world, and I couldn't show that to her, I couldn't show that to anyone like no one else knew

C: Yeah
A: I couldn't talk to Sophie knew, Cate knew, that was it. Like no -
C: Who were you furious at?
A: Ha - what was I scared of?
C: No, you said you were furious?
A: Oh what was I furious at, oh everything - I was furious at Hadley for going and doing the trampoline, I was furious at the universe for throwing this on us, I was furious at times at the way that this was being handled and that we couldn't just tell her and that just so frustrated, it'd really been taken out of my hands and I felt completely out of control, like I was on this ride that was just, just sucked.
C: Yeah
A: And I wanted to get off, but I couldn't tell anyone, and all I could do was kinda walk outside our little house down on the balcony, silently scream, and then walk back inside and just smile at Hadley and go its gonna be okay
C: Yeah
A: So yeah, it was just uhh yeah frustration through that point
C: Probably felt a little inauthentic?
A: Yeah, yeah, and so that was uh - that was hard to live by. Yeah
C: Do you think the innate culture, of like who you are, where you've come from, particularly conflicted with?
A: Yeah, for sure. Um, I wouldn't have, there was a point where I wouldn't, I would've decided that it wasn't worth it
C: Mhm
A: And, because, I'd already made that decision years ago, like after my micro facture, I could've theoretically coulda gone back to slopestyle, but I didn't, it wasn't worth it for me anymore, you know by then I'd knocked myself out 5 times, broken my back, destroyed my knee, potentially ruined like walking for the rest of my life, and I decided it wasn't worth it. And so, then to have to flip this and go to Hadley "no this is all worth it", was just so difficult for me because I didn't truly believe it.
C: Yeah
A: Yeah
C: Have you talked to her about if she thought it was -
A: No - I
C: - worth it?
A: And so I haven't - I haven't had a proper debrief, I haven't really seen her at all since the Olympics, so...one day, yeah.
C: With some time?
A: With some, I think some time, some time for us both to just process it all like I've swung so many ways back and forth between them but uh yeah, just you need to put time between this and that so we can, so we can laugh it, that's the point we need to get to just go *laughing* jee wasn't that crazy
C: Yeah
A: Rather than still have these raw feelings
C: Yeah
A: Yeah
C: With something so built up, the feelings, the feels are real.

A: Yeah, the feels are super real. Um, yeah and our communication was just guarded and filtered through that last year, you know we didn't, we weren't really telling each other how we truly felt.
C: Mmm, do you think you'd do it again?
A: Uh...this is the question *laughing* uh, I don't know..
C: If a Kiwi asked you
A: If the Kiwis, yeah, I don't know that I would...I don't know that I would, maybe? But I would, cause on on side it's like I don't wanna go through that again, but on the other hand I've probably been through the worst possible way you could go about it, so the next time could be great, and I'd hope there's a lot I could give to someone
C: Mhm
A: So, who knows, who knows? Yeah
C: Yeah, so are you still skiing and doing ski world now?
A: Yeah so I went away and skied and kind of what for me, I came back from Sochi and I, my mum used to live in Santa Cate
C: Mm
A: So I flew back from Sochi, met her in a Santa Cate, stayed there for a week, we went on a trip to mammoth, just the mum and me
C: Mhm
A: Ski trip and I put my gear on and I got up the lift, and I-I did two turns and I just sat down and just said "I can't do this, I don't wanna see snow, I'm so - I want this shit off" so we just went and sat in the hotel room and watched movies and drove back, and I flew home um and so it took me, it's taken me a while to kind of find again why I, why I ski, why I'm in the mountains. And so that was, Europe was great for that
C: Yeah
A: To just go, have fun, I love it and kinda reboot, and come back at this with a fresh eye so, yeah. But I dunno if I'd do it again...maybe, it was a fun, I mean yeah, everything other, our experience was so gnarly, but from everyone else it was great, it was cool. Good for the sport, ultimately I think so
C: A rough first go at it but...
A: Yeah, but character building, like those are the experiences in life that you have to kinda cherish, cause it's not a privilege but it's not everyone gets, has to overcome things like that and you, you learn and grow
C: Yeah, yeah, well uh unless you have questions for me, that's all I have for you.
A: No *laughs*, that's great.
C: Um, yeah I really really appreciate you taking the time, and um if you have questions about anything you can reach out, otherwise I'll be sending you a transcript.
A: Yeah, if you have any more questions just throw them in the bottom of that.
C: Awesome, I really appreciate it
A: Nah, me too, it's been fun.
C: Great.
A: Good luck with you're how long do you have to write it all up in?
C: Uhh we're still in the process of figuring that all out, it'll either be this spring, or we might pause until the fall, I have an internship this summer,
A: Okay
C: Uh and so if we can't get it done in the next like few weeks, then I'm gonna have to put it on hold until fall but sometime.

A: *Laughs*
C: It'll get done *laughing* but yeah, I really appreciate it and uh yeah it was good talking to you, nice to meet you.
A: *Laughing* yeah, thank you, you too. All the best.
C: Have a good day, bye.
A: Buh-bye

Physiotherapist Transcript

C: Great. Alright, so before we start talking specifically about um the injury and or the injuries and those roughly those what was that a little over a year um between um leading up to the Sochi Olympics, I want to get to know you a little bit more so if you could tell me uh your history with the OWI and specifically your role uh what your role is and a little bit about yourself and how you got be where you were in that time period.
S: I'm a sport physio and I've worked with the OWI on a contracting basis-since 2008. I used to work with them in New Zealand (that's with the boarder cross and the half pipe teams), and I worked in a clinic over there called Snow Park which was (it's now closed) at the time the leading place in the southern hemisphere for slopestyle and half-pipe athletes so all the best in the world would ascend um or descend basically to the southern hemisphere. I have known Hadley, she's only been part of the OWI um for the past like year or two prior to the Olympics she was only in the bubble, but I've known her and treated her on and off since 2008 just through my job uh in the clinic up there um and just knowing, knowing people in the snow world and it's a small community
C: Mhm
S: Um so I then I worked with yeah Em-Emily Beale, um so mos-mostly snowboarding is my, was my main interest. Um I'm personally a skier and a snowboarder as well and my background is in I used to do half-pipe snowboarding um have had a large number of injuries and few back surgeries now
C: Mm
S: So sort of know what it's like to be on the, the receiving end as well um and to have things managed badly um and, and well. But um yeah so my passion is to offer these athletes you know relatively new sport, slope and pipe, uh especially slope is only sort of newly developing and it's an incredibly physical demanding uh amazing sport yet it wasn't receiving--the athletes trashed their bodies but aren't receiving much help, so my drive was to why can't we have the best sports management in the um for the want of the term multidisciplinary way that we can for these athletes. So um yeah uh I also work with the New Zealand snow sports um in 2010 and 2011 through their program too. So I've been part of two different national programs as well and uh then I sort of it's hard to straddle two national programs um professionally so I then sort of moved back to Australia um in 2012 and worked with the OWI um in that time. Again, I've had my own second back surgery that kind of put a bit, a bit of a-a hamper in my work with there but yeah from two-thousand I think it was thirteen to fourteen I was back, back on board again with the guys so that's sort of where I picked up with Hadley again as as she was under the bubble.
C: Sure
S: Um but yeah so yeah have worked with-with those programs but have also contracted to Oscar Black, um Adam Reynolds, a lot of the big American names privately. Um, so yeah I guess I've

had a lot of experience with the high end guys, not necessarily underneath a-uh-a snow sports bubble because those sports are quite new to the snow sports bubble, if you like.
C: Sure, sure.
S: Um but yeah, so and then other clinic work I work with AFL football in Australia as well now and a bit with the Australian Sailing team so but yeah snow sports is my passion but there ya go. Does that answer the question?
C: Absolutely. Um, what is your role? So uh take me through like a day.
S: Uh so, again the role is very hard to describe 'cause every day is different when you're traveling with the guys uh my role officially was with the half-pipe team um, but then encompassed Hadley and Colin, who are the two slope-style skiers because you're usually in the same location. But I'm usually living with the half-pipe team um and so Hadley or Colin would come into our house for treatment. Um, and I'd sort of you know keep-keep tabs on-on what they were doing too, but I'm not actually living with them per se. Um, so my role is to uh, I'm usually with the half-pipe guys on snow but the slope course is often right next to that so you sort of you're just there hoping that you're not gonna have to do anything on snow, but um there if something terrible happens. And then, after that go to the gym um usually, they have gym programs, we have strength and conditioning coach, Lawrence, um who as a side note, are you interviewing Lawrence as part of this, um that's another thing but he would be the-the other player in this um which uh could be interesting for you to do which yeah um
C: I've heard...
S: But
C: Yeah
S: It's another
C: Hadley spoke to Lawrence yep, I have heard of um and might possibly, but according to Hadley, um and you can correct me if I'm-if you have a different perception, Lawrence was less of part of that second
S: Yep
C: Injury um and so I think he will be I think there is from what I know of my conversations with Hadley, that he did play an important role in some of the functioning and not functioning of that first team, um but, because he wasn't involved in the second team for like research kind of purposes, I want to see if we have the same exact people in two different situations
S: Yep
C: If that makes sense
S: Yeah, yep so obviously I'm-I'm probably gonna speak of Lawrence often with things um but yep so when we're on the snow, Lawrence is not usually with us, um for one of the camps he was with us, um which is a little strange but um so usually the programs they have though in the role that it was, Lawrence has written these programs and is very this is what my athletes do, so I try not to tinker with them normally I would be much more involved in what's going on in the gym, I would think in a role, if there's an injury then maybe you should try this and this, but um due to some conversations that were had previously, I had chosen not to fight a certain bot-battle so at this period of time was just letting their gym programs go where appropriate unless again with Hadley at certain times she was injured so we had to do different things. So yeah you take the athlete's to the gym, they complete their programs or-or recovery or whatever and then home and then treatment at the end of the day is-is a usual thing obviously sometimes you'll strap in the mornings but you pretty much every day is slightly different because invariably everything goes wrong so then you've got medical appointments that you're taking people too, MRI scans, um as

well as having a normal social kind of day as well and sort of being the psychologist on you know that that they come to whether I'm female um and my personality type that I always seem to get the, you just hear everything ya
C: Mhm
S: You, they are vulnerable, people are vulnerable when they're on the physio table so you hear a lot of stuff. Um, so you have multiple roles and then liaising with the coaches, and liaising with Cate and liaising with everybody basically, um so I don't know how to conci-concisely put that for you but
C: That's perfect
S: It feels like you're kinda doing everything, I'd say when you're one tour the physio is the one that is uh the direct point of contact for all other spokes in the wheel.
C: Okay
S: Um when you're not on tour, uh Hadley will come and see me in the clinic if again it all depends on Australia's a big place so we're not all in the same you know but if she's in Sydney she'd see me here and so um it goes from being very intense to not as intense when you're back at home
C: Sure. So on the road being more intense?
S: Yeah.
C: Yeah, and how at - in the time of like that 20 - 30, 2013 - 2014 uh you said when you picked back up with Hadley...
S: Yep
C: Um how much time were you spending with her specifically throughout those couple of years?
S: Uh I guess again...
C: Varied
S: Yeah, it varies so when in 2013 she had some training blocks in Sydney for strength and conditioning, um so I would usually see her maybe once or twice a week in the clinic um {phone rings} sorry that's my phone
C: That's okay
S: Um and socially not uh again now that we are no longer tied to that think I will be uhh it's always a blurry line with an athlete, um professional relationship but she's sort of semi now retired and I'm happy to have more social encounters with her
C: Sure
S: But at that time it was in a professional basis and then again when we were overseas in Bend, uh no she was - I've never lived Hadley um on tour but they've always been close bye. Um, but saying that, Amelia is one of my best friends so when we're away on tour um I will see Amelia a lot, because you need to have down time so uh yeah. The lines all become very blurry
C: Mhm
S: Um but it's yeah having done it for a while you try very hard to keep it professional.
C: Yeah
S: Careful what you say, but again when when you're 24 hours with people it's, you can't hide.
C: Yeah, so there were times when you were essentially uh living and breathing it and then other times where it would just be in blocks at your clinic that you'd see her.
S: Yep yeah, which so a normal you know half-hour appointment.
C: Sure

S: Um sort of thing, so uh but yeah with Hadley, not living with her, she'd still come in and see me sort of for an appointment at our house um but again you're you see them more in the gym and you see them more during the day when we're traveling so
C: Okay, um, and can you remember or tell me about one of your favorite moments as a member of that performance management team?
S: That's a nice question *laughs* Um I think probably my favorite moment was when she yeah when she finished and she yeah just uh I remember standing at the bottom of the course, it woulda been a pretty horrible stressful um not just Hadley I also had you know for me personally I had Colin Klein the other skier who had no ACL's left, at all. Um, and another athlete Caroline who was terribly injured too so my life, Hadley was a part of it but I had at least 3 or 4 other athletes of horrific injuries too so I was a little bit ahhh.
C: Yeah.
S: Um, tired is a way to put it. (Smiles)
C: *Laugh*
S: But yeah sta-standing at the bottom when she finished and she hadn't collapsed and she'd put down the run that for her was a very good run, all considered, um hadn't collapsed terribly in front of international TV and the whole medical community. Um, a yeahh just really happy for her and I guess proud that, that chapter had safely, as safely as possible closed but I remember our team doctor and the head of the OWI James both turned to me and said ah that's a shame cause she came fourth, um and how I guess upset or incensed I was at that, clearly you need results for a program to run and to get funding and everybody wants a podium but for me personally, and I think for Hadley too the way she looks at it now it was an excellent result, um for her all considering and realistically with her skills at that point in time because of her time out I don't, wasn't fairy tail but all considered I'd say it was pretty good and I think she should be proud.
C: Mhm
S: We could have done things a lot better, but again I think that the outcome it would have been down to other peoples misfortune for her to go better than she did so at-all considering I don't think she should have any, any regrets and it was yeah that's a-I hope she sees it that way and I've spoken to her the other week and I-I know that she does
C: Mhm
S: And that's yeah, it's really nice to have sort of gone I'm glad, I'm glad it worked out that way *laughs*
C: Yeah - ha - absolutely
S: Um, yeah - could have been a lot worse. *laughs*
C: Yeah, ab-yeah, absolutely. Um, do you have a least favorite moment?
S: I have many *laughs* um my least favorite moments would correlate to difficulties working with Lawrence um and uh I need to be very careful of my wording um but I guess having my professional skills uh judged and disregarded and almost um eh uh I don't want to say bullied, but very unprofessionally um dealt with early, early on in the first injury um which made it very difficult to work as part of a team that was working together when and still tryin' to put on a front with the athlete that is a unified front, which I think happened much better in the second one. Um, even though it was a complete, the injury was horrible and horrific at least we all had a unified and we worked very hard to make sure that we were all saying the same things, but in the first instance it was uh aside from un-being difficult for-to give Hadley the quality that needed

and seeing that she was a bit distressed but professionally quite stressful just I-I've never had such difficulty working with another professional before.
C: Mm
S: Um at that wasn't very nice, um yeah.
C: What is kind of similar to that maybe not the same answer though, a chall-what are the most challenging parts of working with...
S: I think that's obviously, that was a big challenge and I think that uh for me personally that if you're not having a harmonious relationship with--ehh--it doesn't you know you don't have to be best friends with people but if you're not, if it feels like you're not working for a common goal and you can't communicate and be respected with what you say um it you don't you're point doesn't have to be taken as the correct one, but if you're not being, if you're being disregarded and basically being told to shut up, um that's that's not that's just I'd say unacceptable at high-level sport and in-in any not even high-level sport, just generally day-to-day functioning of a team
C: Yeah
S: Um but uh sorry can you re-phrase the question again? I've gone on a tangent *laughs*
C: No, that was, just talking about the challenging, challenging pieces, a challenging piece and I figured that that may have been one
S: That would be one, but obviously the challenging of Hadley blowing her other knee um so closely to the games uh and then having again this is about Hadley, but for me personally I then had Colin blow his second knee uh 10 days after that. And then Caroline blow herself up too so my three main players uh were all psheww (bomb noise) in, in difficulties and again being the person on the ground trying to work very hard to communicate with doctors in Australia, doctors overseas and again have that unified front and um and keep those athletes mentally uhh on the right path, without dashing their hopes of achievement. Um, I think that all logic kind - it's not logic, but it's a different ball game when you have an event that comes around 4 years um and you've got athletes that have put so much on the line already and a general person you know you would say obviously the best thing when you've injured yourself is to stop and rest, um, but when they've already ex-put so much on the line then you have to get around that without planting irreversible seeds of doubt. Um, and I found that quite challenging of - yeah what's what's ethically right
C: Mm
S: And what's um yeah it's so what's performance and what's ethically right and there's not a right answer to that
C: Mhm
S: But I found that challenging but in a-in a good way looking back on it, but in a um it wasn't fun. *laughs*
C: Yeah, no. I can't -
S: It was very stressful, but that's-that's why we're there and that's what it's all about but
C: So, finding, giving the response when it's up to you to keep them safe but give them the chance to compete, 'cause it's what they want
S: Yeah that, I guess that's the I think when you're at that level and again there's not a right answer to this, I don't think
C: Mhm
S: You have a medical, legal responsibility um but ultimately I think that uhh...it's not we're not talking a matter of life and death and again for these athletes uh they've already and again Hadley

probably won't make another Olympics with her age um it's yeah is it worse to have for the rest of your life a thought that you never got there and and a knee that's already buggered irreversibly um anyway or to have got there and least closed that box and still have to deal with the injures that you've already sustained...clearly we were fortunate that both of them didn't do further trauma um which was my main concern but as it would be everyone's but yeah I think and there's no-there's no right answer to that and I think you could pose that question to the medical community and have very uh hot debate so yeah, um again I think you do-you do what you do
C: Mhm
S: But human bodies are pretty powerful resilient people if their heads' in the right spot
C: Sure
S: So um, yeah. Mmm
C: Yeah no, I-I came across a lot of that um in my reading about eh-particularly the Olympics there's this, when people are in high-performance, it's they get it, like this won't happen again
S: Yeah and you've it's your life until then and in the skiing move the things if you're not an Olympian or a person you'd soon say well what's the point you've-you've buggered your knee and-and my response to that is, if you saw how many other injuries these athletes have sustained in their life and they've had multiple con-they've already buggered their knees, they're going to be having knee replacements, most likely at some stage in their life and ya-de-da-de-da. You know we're well past uh that, um so I dunno, it's-it's interesting and I don't-still don't know the right answer but I think for Hadley um and Colin and Caroline I think that the best, you that's what they wanted to do
C: Mhm
S: So um it was I'd like to think of it as a it was great to be a part of helping them to get there um without being negligent
C: Yeah
S: And that's, it's only when you introduce medical, legal um a-are you gonna be sued for this in years to come? That it becomes - that's the blurry line for us as a professional
C: Mhm
S: Like, so again you just document and that's their consent and that sort of thing um but yeah that's the difficulty between medical opinion which is usually negative based
C: Yeah
S: And
C: Yep
S: And performance, which is usually positive, performance based um so finding that gap is uh interesting *laughs*
C: Yeah, well and you're kind of right in the center of that gap
S: Yeahh, yep, exactly I think yeah as for me, I learnt a lot um a lot about how I interact eh - mo-definitely more normally a glass half full person but um I yeah very much now try, I'm mm-much more aware I guess of how what we can say medically how that can affect people and you know just with even with your general day-to-day patients as well. Um, the power of being told that you'll never do something is - and who's to say you can't do something. I would never have thought Hadley would be able to do that course without an ACL, and she did. So...
C: Yeah
S: Sometimes what do we know?
C: People amaze us, yeah
S: Yeah

C: Okay, so as we're discussing Hadley and her injury, um we're gonna start with kind of case number one or injury number one, so that was the as Hadley described meniscus but then also a large chunk of cartilage as well.
S: Yep
C: Um, and I've across the two interviews I've done sort of have a timeline, um
S: Yep
C: For how-what happened um, can you take me through your perspective of -
S: I can try
C: That timeline
S: *laughs* I-I had to go through 'cause I was like "oh gosh" the timeline is a bit blurry, so I've sort of looked back on my notes again I guess as a medical legal thing I kind of have to. Um, but so this is from my point of view and my medical notes what took place. Um, so I came in, 'cause she had her surgery for that injury on the 22nd of February, 2013. Um, for the left knee. They repaired the cartilage, uh the-the meniscus and cleaned up around the cartilage defect, um on the lateral femoral condyle, but didn't do what's called a micro fracture
C: Mm
S: Um where they, they poke holes in the bone to try and make the cartilage grow back stronger because of the timeframe involved um of that healing properly and her wanting to get back on snow. So, she basically had like a very large um bit on sort of the weight bearing surface uh that was left, and they do scar up on their own but it's a slow process um but yeah to, for me I think that was what caused her all of the problems, not the cartilage, the meniscus is they're pretty easy to
C: Mhm
S: Ah manage and it-it probably had a little bit of a play, but her pain was probably mostly because of that condyle defect and the bony kind of bruising and things um so she was having, initially had the surgery, had physio with um a physio who's another OWI physio in Melbourne, Nick. Um and so he sort of got her through like the-the basic uh sort of 6-week post-surgery kind of stuff. Um, the letter that I received from Doc. Strong um who's the head OWI phy-doctor, um was basically outlining that was the surgery that she'd had the overall plan and obviously this is all pending to how she goes, um but if things were going well she should be skiing groomers at around 2 - 2 1/2 months um and then at around 3 months starting to progress to more impact so, you know jumps, rails, etc. Um, so I first saw her on the 3rd of April and so she was up here for a training block with Lawrence, her first training block, um and I saw her from the 3rd of April to the 15th of May. Um so that's about a 6-week kind of block and I was seeing her twice a week, just in the clinic so again they're standard half-hour appointments.
C: Mhm
S: Um, usually I'll try and extend them a little bit um so she was uhh getting hands on treatment from me and also using our Pilates equipment, so I made her like a Pilates which was carrying on from what she'd been doing in Melbourne too. So all low impact, happy cartilage exercises again with Lawrence's program, um kind of not really uh I guess at this point in time she'd kind of been given everything was good, everything was tracking well. I know that she'd seen Natasha as well
C: Mm
S: In hindsight, I think this, this should have been a much better hand over I guess, and I guess I think I spoke to Natasha and, and Doc about things, but it wasn't-everyone was very fragmented, there was no group um thing and when Natasha had sort of screened her she'd gone quite well, but the knee that I saw when I first saw her was very swollen, um she was doing three sessions a

day with Lawrence um, and just a hot, swollen, inflamed knee. Like, unhappy knee, and not a small amount of swelling like a large pre-patellar swelling, when it goes above the knee cap, which is usually a sign that it's very angry. So, uh I don't have this written down, I don't know what date, but I know that I did have a few conversations with Lawrence going "Hi, I've got Hadley here, her knee is very swollen, what are you doing in the gym? Um you know, clearly the loading is a bit much for how the knee's reacting" and was sort of shut down with "No, we don't change our training program, she's going well, she needs to be tough, she needs to push through" So, there's not much more I can, and I think again I spoke to doc at a later state again saying "This isn't going very well", but sort of nothing was really uh maybe, I needed to push harder um but again there's sort of was like well I've done my communication job, I'm not sure what else I can say. Just keep managing it, so lot's you know lots of icing, poor-you know poor Hadley is a very, lovely Hadley I should say is a very determined young lady and has had lots of injuries in the past, so she's no stranger to rehab and would just put her head down and-and go and go, so she's being told in the gym to go and go and she's pushing. She's already stressed with the fact that she's got an injury um, that you know at an inop-inopportune time. Um, so her stress levels are huge, um already you can just see it. The first chat I had with her I think was okay so this is what's happened, how, how is your plan, what is your plan for the year okay so how is that gonna change now that we've got this to deal with, "Ah it's not gonna change, I'm just gonna, that's eh-that's the plan". Ehh-okay um and I had tears in the first session, and um which often again happens in physio when you, they get, you get them on their own. But um, and at this stage, uh Amelia was still overseas I think and there wasn't, again th-there perhaps could've been better communications between all of us, but from my end I had a quite a distressed young girl, with a very unhappy knee, doing a hell of a lot of training.
C: Mhm
S: Surfing, in between even, she's not a very good uh - not a competent surfer, but up here at the beaches wanting to surf. And just not resting very much, not much recovery going on, so um...and then...uh
C: If we could pause for a moment.
S: Yep.
C: Can you take me through some of the um, emotional, what your thoughts/feelings are at this point from when you see her walk in?
S: Me personally?
C: Yeah, what this experience is like for.
S: Uh, I guess it's, it's not a it's at this point and time again you're seeing her in the clinic, you feel I guess, the emotions only commence - your used to seeing people sore and so I'm not up-Hadley herself is not tugging at my emotions but the start of I guess the uh, lack of working as a team with Lawrence was starting and that was that's not again, it's never nice to not work well within a team when you're meant to be working and when you're saying one thing to the athlete and then they're clearly being told that what you're telling them is incorrect and then the poor athlete is getting confused because they're, it's like having parents that are divorced, ya know, which one do you
C: Mhm
S: Um, so and this was relatively minor I think at this point but that was starting to be a bit sort of a oh am I doing something wrong or maybe I'm out of line here, but it's again a hot swollen knee, is a hot a swollen knee. And, I, again that push of performance, um that's part of what got Hadley through all of this too is the fact that she did have great strength training under-behind it

all too so again it perhaps it really all was worthwhile but, um, for me personally, yeah the it was the more the start of the demise of that working relationship rather than anything to do with Hadley...
C: Okay
S: Um, that was stressful. Um, and yeah just trying to manage her and then trying to communicate with Amelia and um but also knowing that again, I, I have a personal relationship with Amelia and I know what's going on in her life too so-eh-and not being able to tell certain things to certain people so I guess having, being the-the, feeling like you're a bit of the hub of it all and trying to set it in motion but keep everybody happy without saying the wrong thing. That sounds a bit wishy-washy
C: No
S: But, um
C: No that's perfect, I just wanted to kinda stop and make sure we didn't breeze past it um
S: Yeah
C: And that I got sort of your perception of what was going on and what those experiences were like for you
S: Yeah, so no-yeah not horribly stressful yet but starting to be a little bit ehm, this a bit not how it normally goes. Um, so then um so after that strength and conditioning block, uhm I, so I get a bit vague, I can't remember and Hadley, did they might have gone to the water ramps in the states, or, the next time I touched based with her was in the middle of June, in Bend in Oregon.
C: Is that Mount Hood?
S: Uh, it's not Mount Hood, but it's, I don't know if they went to Mount Hood and did the, ramping before
C: That's
S: It's sort of a guess
C: Possible, based on what Hadley told me they did something in Mount Hood and then they went to try to do some - they went to more of a training where she was trying actually ski
S: Yeah, so I think maybe, yeah so she went off to Mount Hood and I know she did something and water ramping vaguely's in my head but maybe that wasn't at the time then so I wasn't I guess involved with her on a day-to-day basis until uh the middle of June when we're in Bend in Oregon for a camp. So again, I'm with the half-pipe team staying in the half-pipe house, but Hadley's also there so Hadley's coming in, and at this point in time the half-pipe guys are-are pretty-pretty good, Hadley's clearly getting back on snow and not tolerating things well, but still also Lawrence is at this camp so Lawrence's living in the same house with me, um and slopestyle and half-pipe the culture is very relaxed and cruisy and cool and these kids are doing it because it's fun you don't, they're not doing it to win medals but then it turns into obviously sport. Whereas, so Lawrence often works with the border cross guys, and he's come from rugby and football and that background of things where obviously the sports are far more developed and there's structure and it's you do this, this this, this, an this, an this and this. Um, so at this camp the guys are still doing strength blocks uh in the gym and being on the snow at the same time, so you know sore legs, tired legs, and then going and doing a whole lot of jumps and rails
C: Mm
S: So, uh, for even the guys that were healthy they were finding that they can't perform on snow as well when they're doing the strength training um and clearly for Hadley, she, I don't even know if the strength training probably was any affect, just being on snow her knee again got angry, sore, swollen, hot, grumpy, painful, um so that's when you sort of start going mm. This

isn't, this isn't working um and so I guess having Lawrence in the house with me um was sort of able to communicate perhaps better, um I still wouldn't say that it was ideal, I guess perhaps already things maybe were a little bit strained, um and maybe he's coming in looking at this whole program of how it usually harmoniously flows and maybe from the outsiders it looks a bit kind of everybody's a bit relaxed and doing nothing, but it's how you have to be in that environment, that's what those athletes do um so uh yeah that's sort of the first time maybe he'd been with those guys. I'm not sure it's, it's like a dysfunctional family with lots of different personalities in it, it's very psychologically, if you were there it's incredibly interesting to be
C: *laughs*
S: To see. But um, for Hadley I guess that was the first time, that I guess I got in touch sort of with Cate as well and Cate, Lawrence, and Amelia's there as well, so that was sort of the first part of going and I think I was the flag there mostly, um and Natasha was I think, um discussed things with her and too just going, hey, this isn't, I'm not happy, Amelia the whole time is as well going, Amelia's blown her own knees out and has come from a slopestyle background and you know the whole time is also kinda going this doesn't seem right either, but I think Amelia had it in her head that uh she's got the best you know, good physio, good strength & conditioning, this is-this is what it should be, everybody's the best that they should be, they should, this should be going, they should know what they're doing, um so yeah uh but I think from my opinion from what she told me personally, I know that things were, she wasn't always I guess happy with what was-was going on too but it will be interesting to hear what you know you'll hear her side of things too.
C: Mhm
S: But yeah, so and then we had a chat, um a Skype chat with everyone and then it was the sort of the um change, how do we change Hadley's structure sort of moving forwards. And, I'd say for me, perhaps at that stage I remember I was saying you know, Hadley's bottom muscles, her glutes were incredibly weak and I remember we had a conversation and I was sort of, eh certainly you know, I think my words were I have pregnant woman who have bottom's that are stronger than you and was trying to then sort of go, which you know in hindsight maybe I should have said it in different way, um and I remember Lawrence cut-cut me off so I here Hadley getting a little bit emotional sort of as well but, but cut me off before I could get to the point of but that's a really good thing, because we can strengthen your muscles and that's really gonna help you, we just gotta do it in a different way. But um, from that camp in Bend, we had a different plan, so she wasn't going to compete in New Zealand and the whole year was gonna be a bit differently structured so I'd in a sense, I remember I came away from that camp going "oh that was good", like we've actually made a proper change this is great, and then after that point though it seems that my relationship with Lawrence really and again for no word for me, but after that point it uh, things deteriorated not just with huh - Hadley's management but all other athletes we were working together and things became uh very hard to work with him after that and again there was a yeah confront- e-emails, inappropriate emails um unprofessional e-mails perhaps and uh phone calls and things that were just so for me that was stressful but at least Hadley's program was moving in the right direction. Um, in a better direction anyway. Um, so then she comes back to Sydney in July and the knee's, she had a week off in Mexico, again sort of go hang out with her boyfriend, de-stress a little bit, new focus here we go everyone's working together so when she came back I think she was um perhaps a little bit more sort of relaxed and had accepted the new plan, um but you know th-the whole time her knee was still irritable, um but then they went to snow in Australia, returned to snow more successfully that time um and I

could start introducing more jumping kinds of things in her rehab a little bit more. But um, basically that takes us up to sort of the end of August, but yeah a-all through my notes I've just constantly got written, tired, fatigued, stressed, swollen knee, hot knee, uh you know and there's that was just sort of in status quo, in status quo the same sorts of things.
C: Sure.
S: But things were at least getting a little bit better then, um and then after that uh I would have then been away I was with the snowboard team, um so I didn't really catch up with her again properly until being in Breckenridge um when the Northern winter started. I think. *laughs* that's what my notes tell me. Um, so do you want me to go through what happened in Breck?
C: Yeah so (coughs) uh, unless you have anything to speak to from that following Oregon up until Breck, you were with her for a little while and then you were with another team.
S: Yeah so I was again working with my uh the-the half-pipe guys in so they had the spring camps in New Zealand so that sort of goes through September and then I was in there in October with Emily Beale and her camp so I sort of was doing that, more so than um, than being with Hadley so I uh I don't have any notes f-for her
C: Sure
S: There, um and then I sort of met up with her again, it would be um when we all moved to Breck so sort of November um and carried on through there (speaking to self - uh where are my notes) uh I think I saw her in New Zealand (speaking to self - maybe I can open this up) uh this is in October and again I still got uh increased knee pain after on snow training, not so much bony pain but you know again, so still knee, knee's still sore. And then I'd spoken to the doc again about tryin' to get her to take some more drugs, to get the swelling and think so she changed her drug management. So basically we're still, still struggling with a crappy, irritable knee um that's and she's still not doing what she probably really wants to be doing on snow. So that's in all, 6-8th of October is the last time that I saw her, before um start of December. Um, when we, we're in Breckenridge.
C: Okay, can you tell me a little bit more about what you're thinking as it's now September and things even after Oregon are still not getting better?
S: Um, obviously thinking that things are, are not good and again knowing with Amelia uh, yeah like sometimes I guess knees like this can be a career-ending knee. Um, but and again so Hadley had been told at the start that it would all be fine it would kind of all be okay so she had that expectation and things clearly weren't okay. Um, the knee it's, you know it's just it's just angry because of that-that condyle surface and also if looked at um when you chat to Amelia there'll be lots of um you know Hadley's skiing technique is uh her bottom muscles don't support her knees particularly well, so her knees collapse in a lot. So she's not got the strongest uh base to start with so there was a lot of work that Amelia was trying to do to correct her and get her in better form and get her stronger so that she could withstand the impact a little bit better um but yeah things it obviously wasn't roses but um again I guess she's only one of the athletes that I had to worry about so uh you're just all fingers crossed hoping that it will continue to settle with time. And like things-things definitely did improve after Oregon got though but they just they were still not perfect.
C: Sure, okay. Then do you want to take me through, um Breck?
S: Yep, so when we got to Breckenridge um so again I'm living in the half-pipe house um and Hadley is staying in a house with Amelia, um and a few other girls and she's returning to snow, she's got a speed bike in the house, and you know she's the pro at-at self-recovery, lots of ice, lots of green tea, uh lots of turmeric, lots of you know anything that you tell poor Hadley to do

she will-will do and was doing. Um, but again still, high-high stress levels, highly strung and that's not to be unexpected by someone that things haven't gone particularly well with um and she's been working more with Cate then and I guess yeah communication with Cate was-was better with T-you know it sort of became Amelia, Cate, and I um and Natasha is the overseeing physio for everyone so you know I would chat to Natasha not bout all things, but it's more, I'm more the one dealing with-with it all but just keeping Natasha in the loop and asking opinions or advice if and uh when need-be. So, the once in Breck it follows into the on snow, recover, she comes and see me for physio um looking here it's you know every-every few days basically, sometimes every day, and we're really just doing soft tissue release um uh she's using uh her bike daily, um yeah so it we're just sort of working on-on usual stuff that you would, the knee is not fantastic but it's-it's doing okay um and it's just like well you know you're just gonna be in in discomfort and you're gonna sort of manage it so, I guess moving forwards at the start, Breck was-was not too bad. Um, but just constantly having a grumpy knee that needed a bit of love, um on the tenth of December so this is in the Dew Tour uhm, she no she had a big crash in the Dew Tour but she sort of hurt every-she hit-cracked her goggles and was a bit shaken, but her knee was okay. Um, but if we fast forward to- I think it was the 20th of December, um which is in uh Copper um Grand Prix - she fell and I think this is probably where she had her first disruption of the other knee, the left knee, um of the ACL

C: Mm

S: So I guess like the right knee's not great, but it's doing its thing um but she had a bit of a hyper-extension off a jump and didn't feel any pops or instabilities or anything and there was no swelling in the knee when I assessed it that night or anything like that but you know she's something wasn't great. Um, she was a bit sore around the joint line but the ligament was there like when you test the ACL, it was-it was-it was fine, um, but sorry this is her right knee now.

C: Okay

S: Um, so yeah left-left knee's, first knee I guess once things got going at Breck it was okay but on the 20th of the 12th was when her right knee, the-the knee knee the second knee injury sort of started. So, um and I spoke to her the next day uh at that point I think that was the day before we left for Christmas break as well so she did it on the 20th, on the 21st I've got a message that I-I called her um and she said there was still no swelling, so usually an ACL will swell um

C: Yeah

S: Uh, and I-she, I got her to touch base with the physios in Breck, because I went to Vancouver for two weeks to see my family so we-we you know again I'm part of the snowboard team so we all disbanded and then-and then we come back. So we came back um on the 4th or the 5th and I've got here that she called me um to saying that she'd been trampolining um without her knee brace and so she hadn't been doing any tramp work um and this was against like Amelia hadn't encouraged her to do this but again Hadley you know uh Hadley can be--she's her own person. Um, but she felt a loud pop in her knee, in her right knee and there was a bit of pain and she was quite anxious in this phone call um so this is at sort of um 10 o'clock at night

C: *Coughs* the what, sorry?

S: This was at 10 O'clock at night that she'd called me so I was like oh well you can come around or she said nah she'll come around the next day. Um, so and you then know then we can see is, you know hadn't swollen at that stage, um see what it like in the morning, um the next morning was the first day of the Breckenridge Grand Prix training um and so she sort of she sort of said it was okay and it was fine and she-she skied and it didn't give way but she wasn't quite happy with the knee, so we had a look at it that night um and there was you know there was a bit of swelling

um the uh ACL was, was a bit loose but it didn't keep going, but it definitely a bit looser, um and so again it was sort like ah I didn't think that she'd completely torn it but it was like oo things aren't great you know, I think she'd always had probably a little bit of a dodgy knee on that right side anyway um and if you talk to Amelia, when you watch her ski that right knee does collapse, but so much focus had been on this darn left knee um that the right knee was kind of maybe it should have been um, I dunno, again sometimes what-when you land a trampoline the wrong way, sometimes things are gonna happen, but perhaps we could have been better at helping her to not have this happen and obviously wearing a brace would have helped her but anyway, so I think that that's probably when she-she blew her knee. She ended up, she didn't end up competing in that Grand Prix, um we talked her-talked her out of it um you know the knee just wasn't responding and she was starting to get sore with other muscles that are really tryin' to hold the knee together. And then over the next week or so you know I'm in touch with Natasha, got an MRI, touched base with the docs um in Australia, I had her reviewed by docs in America, the head snowboard doc over there and um the guys in the Steadman Clinic who Hadley's no stranger to having had multiple reconstructions there already of different body parts so um I guess from there um again we're all- it was all quite careful, I, it became pretty clear that that ACL was not good and Amelia and I, you know I'd test it and look at Amelia and we're both, we knew that it was not doing its thing, but um there was no...and I'm you can't lie to a patient, but I- I just didn't, I couldn't, it just didn't sit with me as in the right time to tell her that news so I sort of I guess tried to drag it out a little bit, which again is not a particularly great thing to do but and Cate was sort of also very um you know make sure we're all unified with this and we're all giving her the same information and be careful of having medical staff um or the American doctors tell her you know uh information that could be very difficult to remove from her psych sort of thing
C: Mhm
S: So uh usually, obviously someone injures yourself they come to you tug, tug on their knee - yeah you've done your ACL, um this wasn't dealt with like that it was oo this is worrying but I'm going to sort of play it down a little bit, got the MRI, spoke-I went out and spoke to the doctors um and they let me know she's clearly done her ACL, there's a few fibers left but it's, you know, it's-it's not functioning uh do you, should we tell Hadley, and these were still - the head doctors weren't there - so these are the sort of resident doctors and I sort of was like eh let's wait ‘til we get the big doctor back and again that buys me more time trying to converse with um Cate and our doctors in Australia and things too. Um, so poor Hadley though, in the middle of this is sort of I guess it's, you usually try to empower a patient and this was, I was very much withholding information ah which is again not normally what you would do but just to try to, it wasn't gonna change her outcome it was just to try and make sure that things didn't become more damage psychologically but clearly by doing that it creates some sort of, a level of anxiety too.
C: Mhm
S: So uhm, I'm not sure how Hadley, I haven't really, I-we've spoken to it casually about it briefly in saying that you know I did withhold that from you and you know uh so, not-not sorry, but you know this was the reason why and you know again I think she got to the outcome that she wanted anyway but um in the Olympics, she at least go there. But it was all, I guess not, it's not usually how things would go so it was a bit, a bit different um but at least everyone was working together as a team this time around. Um and I did speak to Lawrence as well and just be like this is what's happening, um you know, do you have any suggestions of what we should do with Hadley for her you know and he was sort of like you know, no obviously you keep sort of, he he didn't really have a a part with what was happening here, so he was traveling with the

boarder-cross team um which is more again who he's sort of used to working with. Um, does that sort of make sense?
C: Mhm
S: Or
C: Yeah, so then
S: It's all very messy around this time basically it's um
C: Yeah
S: It's not textbook in any, in any sense.
C: Which life isn't.
S: No.
C: So, who, how did Hadley finally get that news?
S: Um, so the, our Australian doctor, Doc Strong um was the one that gave her the phone call and sort of discussed it with her. Again, I knew before the sort of MRI, but then was confirmed so it was probably a-a week period or there where Hadley's in a bit of the dark, I'd spoken to the doc as well after speaking to Cate about um the wording to try to-to use and again, Hadley's knee wasn't collapsing underneath her and stability-wise, it, she seemed to be sort of holding together. So it was sort of I guess tryin' to keep alive any hope that she may still get there um so uh I think Hadley, I told Hadley that there was the ACL was, the integrity was not great but it was sort of we left it to our doc to kind of formally have a, a conversation with her um and that was do you need the date for that?
C: No, that's okay.
S: It's somewhere in there
C: Somewhere a week around, yeah.
S: Yeah...
C: I was just curious how that was given to her...
S: So I, I'm not sure what, she may, I didn't keep but I know that um uh yeah I had told her that there was, the ACL was an issue um, I-I told her that there was a partial tear, that I didn't know how partial even though I did, um
C: Mhm
S: And then yeah doc sort of spoke to her more about things, he'd spoken to her doc in Australia, her attending surgeon and things like that as well um so from that point on then again we're all sort of I guess working together of this is our plan, this is how we'll work it, so Colin Klein was the other male, slopestyle athlete that we had who'd been competing for one year without an ACL, um so I guess that's maybe the difference too, that we actually and there's a few other athletes world-wide in the snow world that year that were also again, 'cause it's an Olympic year had chosen to compete without ACL's so I guess in my experience, that's I'd not, that's very unusual, um so that was perhaps a bit of well look actually it is possible. It's not desirable, but it's doable um so Hadley was organized to have a chat with Colin um about it and how you know how he was sort of coping with it, and I think Cate also organized for her to speak to Sara Lang, one of the aerial skiers who also had a not a ideal lead up um to Olympics as well so all these sort of little sort of buffers were placed around Hadley to try and help her get um I guess ease her mind a little bit. She's rehabbing, she's in the pool, she's on the reformer, she's doing as much as she really can rehab-wise and then it was this gradual return to snow the doctors version, so the um the head doctor in the-the States um Carl Pickett had sort of uh you know Hadley wears knee braces anyway so we had her braces locked out as-as best as they could and his sort of advice was look you know minimize the risk as best you can, and I was sort of again of the state of

going alright I have no idea if this knee's gonna hold together or not so we were coming at it from the side of we don't really want you on snow and you need to, it's got bony bruising as every ACL injury will you know you need to let it settle conservatively as much as you can you're not going to progress your skiing between now and the Olympics, let's just try to get you there in one piece. Um, whereas Hadley again being the sort of workhorse that she is would very much you know wanted to be on snow, wanted to be on snow
C: Mhm
S: So we were able though to again with much better communication between Amelia, myself, and Cate um get her to sort of follow the what we want her to do to the most part so and she you know she tolerated the snow quite well, she had maybe two days I think on snow in, in the US before we flew to Sochi. And then she had five days training um once we got to Sochi, um with lot, you know lot of tape on her knee and the braces, she also had a head cold when she got to Sochi, like everything just was it was just a nightmare
C: Mhm
S: Not sleeping, um yeah the world was pitted against poor Hadley but um and then yeah six days skiing was the actual comp day came forth, big sigh of relief, done. ha-ha - and then you know after that I-I flew out the next day, so once she actually goes to surgery for, you know I haven't had anything to do with Hadley apart from social how-how are things going um her rehab after that ACL re-co was all in Melbourne 'cause that's where she lives, I'm in Sydney so she had it with Randall Cooper one of our other physios down there, but obviously that's all post, post the Olympics
C: Sure
S: Stress-levels are down, she's back skiing now, she just jumped out of a helicopter yesterday in Whistler so you know she's, she's, she's going really well. Um, now that pressure's off.
C: Yeah, yeah, absolutely. Um, okay thank you for the timeline, um I'm gonna look through and just kind of see maybe where we can zone in and I can ask a little bit more in-depth.
S: Yep, sure.
C: Um, can you speak to the geographical distance between you um and it might be more so before Sochi, and then how being geographically all in the same place changes the way that
S: Yep
C: You approach rehabilitation.
S: I think um, and again, this was evident maybe in Bend as well, like when finally all the players of the team are actually together, um even though Skype is one, you know Cate, Amelia and I are together all the time and I do know Amelia very well and know her own, having rehabbed her from a similar knee issue too so seeing Amelia's reaction personally as well to this happening and you know you can pick up a lot more face-to-face obviously than you can via just voice or Skype's good, but it's not the same.
C: Mhm
S: And especially when you're all in one room, things are, things are just a lot easier um when you're all together, uh saying that even though wha-once we got to Sochi, again Hadley was one of my multiple athletes that shit had hit the fan with so
C: Mhm
S: Um, and you know Cate is working with the aerials too so it's still, things were better but I was, it's my first Olympics, perhaps I, I still walked away with it kind of going, I can't believe that's how it works at that level.
C: Mm

S: I still think it could be a lot better. Um, but I think the Olympics is not the place for all people to be in the one place for the first time together had we been able to work more coherently as a team earlier one I think things would be a lot easier, but again, Cate lives in America, you know you're traveling with different sports around the world it's not always easy, um but yeah having-having a good it comes back to having good communication and it's-it's Skype is fine when you've got that base level but um again I think at the Olympics you've got all these sports converging and you know doc hasn't seen Hadley from a year ago and um she was meant to do this return to snow program, which was just ridiculous, and all these sort of protocol things that were just didn't fit in with what we'd already been doing, um which made things a bit blurry, and also the fact that Colin again so he's also got no ACL's - he didn't have to do a return to snow program um so it wasn't like he had this thing lording over his head of am I allowed to compete where for some reason Hadley did, which again was quite a cruel um psychological
C: Mhm
S: Considering I'd, you know we'd already withheld some information from her too and then she's got this, so she was quite un-empowered until almost the very end, which I-I don't think that was necessary, that-that could have been avoided at the games, but again that was the first time that doc had sort of seen her and um yeah again it's-it's a big machine that there's lots of spokes going in and out of um so yeah it was-it was an interesting experience is my best answer *laughs*
C: Great, so if you were to define some of the goals that were identified for Hadley in both of her, her first and then her second injury, can you speak to the success or lack of success of those goals.
S: Uh, so sorry, so the goals for, yeah did we have goals for her first injury? Were they success? Did we have goals for her second? Um, I guess, the the first injury it's obviously the goals are to-to get back and I think our timeline's were just, didn't match her you know the knee spoke for itself and so everything had to be shifted around it, so most goals were not reached because uh again either the loading was too strong initially and the knee didn't have a chance to settle and it was just then irritated the whole time, or perhaps that knee was going to be irritated the whole time regardless um and the goals that Hadley had perhaps been, or the the mindset that she was told initially wasn't the case, and then it's obviously always, in my experience people if they're given a very optimistic result and they have a less favorable one, it's much harder to, to win them around than if they've been given a poor outcome and they're actually going better than they thought.
C: Mhm
S: So for her I think she um was constantly behind for the first injury once the second one came, uh again like this is all happening in a pretty short period of time for a major usually season-ending um injury uhh the goals were obviously to get her to the Olympics (smiling) in one piece, and have her survive, and she did. Um, the method of that I don't know what the right method of that would be, uh but I think we, despite everything nearly going wrong we still got her there and I'd say that there was a, a better unified approach but I still don't think it was a perfect approach at the end, but again it's, there's no perfect approach for what three weeks out, a month out of the games blowing your knee, that's, that doesn't happen
C: Yeah
S: So
C: Can you tell me more about what you would define, how you would define or how you would potentially make it better?

S: So the second injury?
C: Sure, we can yeah
S: Or the first, both?
C: Or you said it was getting better, but still could be better
S: Ah for the, again I guess that's um again it's the difficulties of compared to when you were saying in an AF or a big football team you know Cate works a lot with ice hockey I mean these big, these big machines of in-house football or ice-skating or whatever it is, everyone sits down on a daily basis and has these management plans of all the athletes, you've got heaps of athletes underneath you, highly-structured and highly-organized and everybody knows what's going on with everybody all the time. Um, whereas clearly the athlete numbers are much smaller with the snow sports and the support staff is out numbering the athletes a lot of the time but um since you're, you don't have the money as well like it's part of it's just how the program's structured to actually sit down and have those um you sort of everybody does the best that they can, but it's, maybe the outcome is the same but it doesn't feel as nice for the people involved because you're, I guess perhaps not always feeling as included in a team of support staff because a lot of the time you're on your own, um but that's what I was saying I think if you can have for my, I think the team around Hadley became a team much better for the second time, but again in that short period of time in a very high-stress situation, you know still pretty hard, but I don't know that that can be that can't be not hard when that happens.
C: Sure.
S: Um so I think it all comes just back down to communication and I-ideally there should've been a sit-down at the start that actually involved the key players at the start for Hadley, I think so this is after her first surgery, think maybe Natasha was involved or maybe Amelia or Lawrence or things but you know I-I wasn't um uh Cate I don't know that wasn't so the people that are actually dealing with the day-to-day weren't the people that sat down and had this plan and had that happened at the start you know, in a better way maybe it would've been a different journey for everyone. And that, that is what normally happens for all the athletes so again I think that part of the issue here is that Hadley and Amelia had been existing very successfully on their own outside the OWI and then suddenly the OWI comes in and Oh we'll help you um come into our model which I don't think again it disempowered Amelia a little bit as well, and it disempowered both of them a little bit and then the people that were supposed to be you know we weren't as it wasn't as a coherent a bubble as it should've been so um, but for the athletes that already existing in the program had one of them had this happen to them, I think it would have been a very different outcome too because again they're already within
C: Right
S: The structures that, they're used to the-the bubble of things so I think that's multifactorial, um and again that's just what yeah some of it was just how it was gonna have to be.
C: Sure, so the newness of and Hadley spoke to this a little, just the maybe a little bit of the establishment in a more alternative non-establishment
S: Yeah, exactly, yeah and just that-that newness again f-for every-everybody not used to to each other, um so whether it's the establishment or-or not but they're definitely again the half-pipe guys, they've been together for years, years and years and years and years and years and years and years, so there's all this unspoken, and again when Lawrence came in to that camp in Bend - he's never seen it in action so you c-from an outsider you'd be like my goodness this is an incredibly dysfunctional family and I'd agree that you make people live together for 6-8 months of the year with incredibly different personalities and injures and and backgrounds and mm-what

do you think? It's like reality TV on steroids, it's, it's interesting and make some of then athletes have athletes living with the staff - it's, it's not that's not how it should go but again with financial constraints and logistics and things that sometimes just what ends up happening. Um, but yeah so for Hadley-Hadley and Amelia, it sort was a - of a dream run then they got the money from and the help from the OWI and then things started to go pear shaped. And again Hadley so you know I think, ah Cate was really helpful uh with things, but I'd say at certain times as well it was like, this is so different from what you're used to doing are you actually being not as helpful um as, as we would like it to be
C: Mhm
S: Cause it's so new, and you're disrupting how uh someone used to function, um you-eh-I'd still argue I think, Hadley will say too that some of those tools that she learnt really did help, but in the at--when it came to the crunch, but at the time before that perhaps there was-there was just a lot of new stuff um and it's not the time to introduce new stuff to high-end, you know that-that usually would happen in the first year or two of a quad, and then you work with that later on, but um again that's just the way it went. So I think yeah, everyone had a part to play um that was valuable, but yeah a lot of information for poor Hadley and then some very unfortunate injuries along the way that made life hard.
C: Yeah, that makes a lot of sense. Um, so we talked about injury two and um can you take me through some of your thoughts and more of like your perceptions and thoughts through as you're leading up to injury-er-leading up to Sochi, and then maybe in Sochi-what's going on in your head?
S: So for me, personally about how I'm feeling about things? Um, I guess again it for me, it wasn't just Hadley, I had Colin who had a basically the same thing happen so he now has two-two knees that don't exist anymore and then Caroline so, I'm busy. Busy, stressed, all the communication of again when you're trying to have a multidisciplinary team that's half way around the world, um plus treat all the athletes...
C: Mhm
S: It's uh very challenging, uh and not much sleep, high stress levels, but still obviously trying to put on the front and be the caring person that is holding the glue together in the households
C: Mhm
S: Um but yeah, it's it's it wasn't fun *laughs*
C: I can't
S: It
C: I can't imagine...
S: It was very, very challenging um and again I guess having that, even though you are sort of compared to again when I compare it to working with the football teams or things when you are part of a team and you're all working together, even though we were communicating with everybody here it still um and is the nature of this when you're the one on the ground, it's eh-ah it's a lot, it feels like a lot is on your shoulders
C: Mhm
S: Um, I guess, so and then going into the Olympics there was uh I guess we had to f-had to fight to um for the physio coverage as well and partly this is you know logistics but saying that Hadley's gonna get to the Olympics and she's gonna be under the care of another physio that's never met her, um, ah and some of this is just logistics of how many people and other parts of it is I guess people wanting to work with certain people as well who are considered medal hopes or things too

C: Mhm
S: So um yeah so at least we managed to keep Hadley with the bubble surrounded the same thing hap-to happened to Colin as well, but I managed to keep him again, in-in my care too. Um, so it was yeah lots of things happening *laughs*
C: Yeah
S: Not much sleep, lots of grey hairs as a result
C: *laughs* that makes sense, um so stress levels for you were probably higher actually once you got there?
S: Uh, I think from basically when I came back from the so at the start of January, which is pretty much when Hadley's - so stressed levels were up then um just because of what you know you're having to do my work load is just gone through the roof um as well as having to manage everyone else and then um again Caroline was already hurt prior to that, and then Colin was hurt like 10 days later so I just had these progressions so yeah, I was, it wasn't, and then once you get to Sochi you, it was kind of just hold on for two weeks
C: Mmm
S: Let's get them through
C: Mhm
S: But the levels had been up since the start of January
C: Sure, can you take me through some of the days from your perspective, of Sochi, getting her actually into the start gate?
S: Uhm so my day personally would be, again so I'm looking after the half-pipe, Colin, and Hadley um and they all have slightly different time tables of when they're competing. Um, I think Hadley was one of the f-was the first one, I think, so again she was sick, she wasn't sleeping, she was kind of in her zone and in her routine and you've got the big clinic there with the ice baths and things so on the training days, would strap her, strap her knee heavily, she'd put her braces on um and we had the plan of uh you know each day first day, just try and sort of, and the course was massive-it's the biggest course that
C: Mm
S: Slopestyle course that anyone had ever seen so it wasn't yeah, it was, yeah it was huuge
C: What's goin' through your head when you hear, see that?
S: Shit. *laughs*
C: *laughs*
S: Um, they had to reshape it ya know it was just kind of yeah oh, oh my god, um let's hope this goes well. So, lots of tape, brace, then she'd go and um have the ice baths you know would do-do release flush work afterwards, you-you there's not much you can really do at that stage, the only I guess thing that was, I don't wanna say annoying, but uh harder at the games was tryin to get the on snow testing with doc to be done and that kept being sort of the lay - "Oh no it's gonna happen tomorrow, it's gonna happen tomorrow" and it was just like, this is ridiculous you're at the Olympics and you have this girl like-just mental preparation and, and having to answer the questions of "why Sophie, why is this happening? Why?" And sort of having to ahh well you know let's do this (cheerful voice) it-it made it um harder than it needed to be, especially then why is Colin, whose got no knees not having to do this as well
C: Mm
S: So uh that-that was difficult but yeah, you're day after day should be, you know there was a few, I think she had five training days and a few rest days so she just, lots of release work, but there's nothing more that we can do for her really apart from just keep her head together

C: Mhm
S: Try and get her to sleep and try and get her to relax a little bit, but um that's hard *laughs*
C: Yeah, yeah she mentioned that she wasn't sleeping very well and
S: She sleep- and she was yeah on this all kinds of drugs and yeah and just yeah just every-everything was conspiring against the poor girl so um, she did good all considering
C: Yeah, yeah absolutely. So, I know we've talked about this sort of separately, can you contrast the similarities and differences between the rehabilitation for the first injury versus the second injury from more of a team process standpoint?
S: So, I think for the first one again there she sort of went through the--if you want to say establishment like the OWI process, Natasha, Natasha assessed her sort of and screened her she dealt with physio in Melbourne, who again I spoke to both of, but um once and then once they moved to Sydney and sort of got her in this process in the gym with Lawrence, everything just seemed to be uh, again the kn-the knee wasn't responding but there didn't seem to be productive communication around all members involved, um and again, mostly you know, I-I've never had communication problems with anyone before in-in work or personal life really so this was a bit, I guess, new to me. Um, and and maybe I should've stood up more, but its politics is sort of politics and
C: Yeah
S: Yeah which battle do you choose to fight um so I think the first time around, again her outcome may have been exactly the same it might have been just that that knee with the, where the weight bearing surface was trying to heal with the cartilage, no matter how beautifully coordinated we were as a group, it might have still, the knee reacted the same...but I think that psychologically she would've, it would've been a lo-a lot nicer for everyone perhaps involved um and wouldn't have to got to the middle of the year and this big kind of like uh, change of tac[tic], because that probably would have happened really early on
C: Mhm
S: Um the second time again I think that the group was, it was a bit more tightly bound together, I guess plus we-we, Cate's really the only new addition, but we all knew Cate a little bit better um and again you know, Lawrence-de, Lawrence wasn't really involved in that stage so there wasn't that sort of head butting going on there, it was just sort of get what needs to be done, done. So, does that answer the question?
C: Yeah, can you tell me more about maybe why it was more tightly knit the second time? From your perception...
S: I think again you've-you've had time to-to get to know Cate better, multiple Skypes, we'd actually met you know, I've had met Cate in person for this first time, Amelia had spent more time with her too, and you know relationships take time to develop anyway so that's probably a big part of it. Hadley's getting used to the new um I guess uh yeah, wo-working with Cate but as well got you know that sort of routine of, of the rehab stuff. This is how we did all year, this is the the routine of what to do rather than it's, it's very easy to function when things are going well, but when things aren't going well again so perhaps for the first start of the year that she wasn't used to things not going well, by the second half she was a bit more adapted to going well this is shitty but I'm, this is just how it is.
C: Mhm
S: Um, uh I-I can't say but you know
C: Yeah
S: Um, may-maybe that had something to do with it too.

C: And, does that change the way that you experienced the injuries at all?
S: Uh, again for me personally, uh again it was, it was hard and just because it was all less than ideal the, the having those injuries is-is devastating for that kind of athlete, but yeah it's-it's always far more enjoyable to be working with people that you have a good relationship with and when you don't it's and again it doesn't necessarily mean that you have diff-differing opinions is fine, but when it's nasty that's not fine.
C: Mhm
S: Um so, or-or professionally undermining behind your back is-is not that's not pleasant for anybody. So, yeah of, even though the-the injuries themselves were horrible, uh working-working with Cate and Amelia together was-was better but again still you know sort of having Amelia as a friend and as a coach and kind of yeah, I guess my roles were, it was-it was hard
C: Yeah
S: And then you know also going you know this is not normal, we don't normally do this, this is a bit unchartered territory and are we, are we doing the right thing? Um, but again it's all happening so quickly that you don't really, its textbook goes out the window
C: Right
S: So...
C: Can you speak a little bit to the maybe challenges and benefits to working with a friend?
S: Um, I think challenges so ff-for Hadley as well know that Amelia has had a similar knee injury and for that gives, that instance sort of you know what this is about, um you know street cred or what you know you got that instant um yeah you know where I'm coming from here. So a level of respect, for me to have personally worked with Amelia and have known her through the end of her career, rehabbed her through that and then you know she-she's back on snow too, and you know she-she went back to compete- ya know people can do amazing things and I think again, I think having that experience from Sochi, I'm almost like wow people really can do, I think that upped my level but um, the challenges of having Amelia as a friend are I guess, certain things that I know are difficult for her because of personal things, uh can sometimes be a conflict of what I, or how I think she should be having-be behaving in our, in the professional sense
C: Sure
S: But again, that's her and Hadley worked really really well together when it was just them, but then try to put them into this um mold or model which I wouldn't say is necessarily the right model anyway and um, who's to say that's the right thing, but um definitely-mostly it's great to be able to work along a great friend and to have a sort of a goal like that but I know uh Hadley was a very demanding, not particularly nice person to be around a lot of the time and Amelia was living with her
C: Mm
S: And not necessarily being treated like a nice human being
C: Mhm
S: Um and you know obviously stress levels and all things like that but yeah so that's - it was really nice to be there with Amelia and I wouldn't want to do it with anyone else but there's obviously just any business with friends is always
C: Mhm
S: Sometimes, challenging, but I'd say far more rewarding than, than difficult, but and perhaps we were able to communicate better uh because of that
C: Okay

S: Or maybe I was more aware of certain um difficulties for her because I knew her better to so it's sort of hard to draw that line of professional and friendship boundaries 'cause especially again when you-you're on the road together for so long it just becomes blurred
C: Yeah
S: So
C: How is it talking about it right now? Like debriefing it
S: Yeah, no it's again like I, I have debriefed it in my head already a lot and Amelia and I have spoken about it a little bit I think sort of - this is a year down the track as well and again for me to talk about all that Olympic stuff that you, I, we both got flown out the day after the event, no debriefing, no talk from the OWI, it was sort of like, no-no real thank you, no real um and I think Hadley's maybe just starting to come around to the fact now going oh I really would like to thank everybody and like you don't do those things to sort of be thanks, but it's all you know Amelia pretty much got spat out at the end of it, no no more job, no more nothing so it's um f-for me it's fine, but you do sort of again as soon as I got that e-mail I was like ooo - this is gonna open up a can of worms and Amelia and I immediately, I spoke to Amelia and was like what do you think about this? Do you wanna do it? Is it you know and we both have lots of things to say, but like I said at the start, I think realistically this is a process that should have just happened as a you have a debriefing meeting as part of a, if you brought them in under the OWI bubble, finish it off with an OWI bubble.
C: Yeah
S: And learn, and even if that athlete's career is finished and won't be part of it again, learn from your you know, Natasha, Lawrence and um you know Cate and I are still sort of floating around so there's surely information that could be used to better things, but it doesn't seem that that has happened.
C: Right, so to come from a graduate student *laughs*
S: *laughs* Is yeah, you sorta go yeah so you know so again Amelia was like you know she's got lots of things to say, and I do to, um and I'm yeah you-you wanna say it in a, I clearly don't want to say anything, and you know I'll go through the transcripts, Amelia is my friend, Hadley is my friend that is my paramount of you know keeping those relationships happy, but real-realistically when you look back at it, everyone yeah, everyone tried their best.
C: Yeah
S: Uhh with a situation that was not always ideal or-or perfect but I don't think that anybody actually did anything terribly wrong, except I'd say in the start when then again that's more staff communication, sort of issues um everyone could have been a little bit better but it's
C: We can always all be better
S: Yeah exactly, that's always the way, so I think the main thing is that yeah try and learn from it
C: Yeah, absolutely
S: Um at the end of the day you got a-a an amazing athlete who triumphed, perhaps not on the-the programs dial, like you got 4th without an ACL for a female, with one dodgy knee already and now the second, like that's amazing.
C: Yeah
S: And I think that should be applauded rather than um yeah but uh I also know from when we were over there the um in the medical I was speaking to a lot of the other physios and docs it was uh you know medical, legally it's almost I guess some people were sort of you know frown-you know what are you guys doing to your athletes?
C: Mmm

S: That's, they shouldn't be competing what about the rest of their life sort of thing, so again that's a that's something that I've thought about a lot, afterwards um but ah-you know Colin is competing, he's gone home had his knees reconstructed he's free competing this year, Hadley's um, I wouldn't be surprised if she competes again, um uh it yeah so you know she's still skiing though
C: Yeah
S: To her full capacity and has a much better awareness of her body, and I think really learnt a lot out of it, in a psychological way, as well as a physical way of listening to your body and listening to your brain rather than push, push, push
C: Mhm
S: But again, you know that's what high-end sport is about. Is, push, push, push
C: Pushing - yeah. Are there things that you have learned from that experience personally?
S: Yeah, lots as well again um I think my view on, I think it's pretty exciting - again it's that-that contrast between being a health professional and trying to keep people healthy versus being a high performance uh health professional and helping people achieve their goals and I think that um I guess having there's a-there's a fine line in there, there isn't a right answer to those things but if you, people can achieve amazing things and I think the power of uh psychologically you know how your-your head space is um and you know Hadley is one example but yeah have been worked with you know some of the other American guys too that have um you know fractured backs, and spinal fusions, and broken femurs and you know coming back to get to the Olympics as well, like it's really actually quite amazing what you can achieve if you fast forward 20 - 30 years, what is quality of life for these people gonna be like then, that's where again we don't know, um but again what's more powerful for someone having achieved their goals or having failed and having that hanging over you for the rest of your life. So again I think I would definitely prefer to be on the helping people achieve
C: Mhm
S: Um, beca-yeah pain and disability is-- a large amount of that is-is mental.
C: Mm
S: Um you can overcome, you know there's so many examples of people with less than ideal physical um uh capabilities or you know diseases and things that still have an amazing quality of outlook, so I think for me I've learnt maybe that our bodies are far more resilient than we actually think they are, if you can you have to have the right people around you um and also I guess maybe people that are doing it for the right reason you still have to care about that person, you know for some people maybe, maybe it wouldn't have been the right thing to to keep pushing forward, but in this scenario it sort of was and the same for Colin so um but for maybe others the call would be you know, no, um so I think another--Li-Lindsey Vonn um the-the you know the big um downhill racer you know she blew her ACL and doctor Hackett is who also saw Hadley is-is the same part of that medical team that was like no for your ongoing career, you shouldn't compete in this, I don't know the ins and outs of you know perhaps her knee actually was a structurally collapsing underneath her but you know there are there's no right answer
C: Mhm
S: It's just interesting to see, but yeah I have learnt-have learnt a lot.
C: Yeah - I would imagine through that kind of a experience you would.
S: Yeah, um goo-some yeah good, good and bad um but yeah I think yeah usually also yeah trust your-trust your gut instinct and not um second uh or if, if there are communication issues and

things like that I think perhaps maybe I would again, I'm a contractor I'm not employed full time by the OWI
C: Mhm
S: So there's again Lawrence is so there's a certain level of I can say what I need to say and again, legally you document it and you, that's all you can do
C: Mhm
S: But uh - perhaps if I went through it again, I might stand my ground more
C: Mhm
S: Um for me, I guess personally as well having just sort of come back from having my own sort of two years off with back surgeries and things and perhaps being kind of like oh I'm not really, I'm-I'm quite fortunate to still have you know have my position ah- I can't really jump up and down and be a pain in the ass
C: Sure
S: Maybe, that was part of it as well, but I think now, yeah if that happened again I think I would be more um perhaps more forthright in really making a stand or-or you know doing, yeah but again it's it's all hear-say now
C: Yeah, yeah. Do you have any questions for me?
S: Um, no, but yeah it'll be interesting to read I guess the write up and and I guess for you it'll be so interesting to hear everybody's different experiences as well, but um yeah I guess I hope that this can be used in a objective way but in a productive way um without yeah, focusing on things that can be improved but without, it's going to be very obvious who this is about if people choose to read it, and it realistically in the slopestyle community not many people
C: Yeah
S: Are gonna be hunting research um but yeah, I-I hope that it's used in a positive way not a--an example of what can go wrong. *laughs*
C: Yeah - no and that is that is the goal um Cate being my advisor um she's ever a proponent of let's evaluate what went well, what didn't go well, for the sake
S: Which it's again, what should happen at that level, at any level, that's
C: Right
S: That's how you get better at things
C: Yeah and so she's you know we had our conversation about um her struggles and things that she was like this didn't go well, this is not the way I would expect it to happen and it wasn't, it is objective in a way that it's all of these individuals are lovely and I love, and I'm, it's it is very evident that everybody did enjoy each other as people, it's how can on a professional basis we just make sure that this can happen more consistently better
S: Yeah, exactly like everybody is yeah is there's no nasty people around everyone's really good um but yeah so you know I would for me personally, you know I haven't debriefed with Cate, you know
C: Mhm
S: There's been none of that so um it's great to be sort of saying all of this, but you know I'd really like to hear what she has to say um and you know things like that so there uh that's you know not really for you to have to do but those are things that I think that um that what could be done better there should have been a debrief process at the end of it sort of for I guess for closure for everyone too but also just as a way of moving forwards for the next generation and learning from things as well
C: Yeah

S: And at this point and time that hasn't occurred so
C: Mhm
S: Until you've come along
C: *laughs* Open up my can of worms
S: *laughs*
C: No I truly hope that I'm and so far it has been there's this, I sense in the room when I'm interviewing that there's not hard feelings it's just
S: Yeah
C: We can recognize when it wasn't perfect
S: Yeah there's lots of stuff that wasn't perfect, but come on what-what athlete that has two major knee injuries like a year out from an Olympics - like it's not gonna be perfect anyway
C: Right
S: Um, no matter again how beautiful the machine around it looks so
C: Yeah
S: I think maybe this is an example of again having most people involved with very good intentions but just not used to working together as a team um, that-that kind of got there in the end.
C: Yeah, yeah a little bit of it - yeah.
S: Yeah
C: I think it's important from a non-academic setting, from we have - we talk about teams and we want multi- and inter-disciplinary teams um but we have no idea what that means in a real life, high-stakes, high-shit hit the fan situation.
S: Yeah
C: It's beautiful on paper, but what does it look like
S: Yeah it's a very um it'll never look the same in two organizations or things as well you know and I guess as far as a team, you know winter sports it's not a team sport it's, it's one athlete with a multi- multidisciplinary support team, but um again at the moment the way the OWI is structured again from, I've worked with New Zealand and they have a beautiful support team, um it's fantastic which is why I worked with them in the first place being a bit disillusioned with Australia's methods, um but they don't have any high-end athletes or not as as many so you have this amazing support staff but it doesn't produce anything whereas Australia has this um for these sports we have you know Emily, all of our athletes that actually go quite well in these aside from - you know aerials is an established program, moguls is an established program but in the you know the ones that get us medals in the others, they're the ones that do it on their own without any of this stuff so my argument and the feedback I've provided to James is that those sports actually don't fit the bubbles you're trying to put on them
C: Mhm
S: Um they work differently, and you need a different set of rules not to say that the multidisciplinary team still needs to function there but it-they're not team sports, they need the individuals that are managing their own careers rather than ex-gymnasts that are being told what to do and will do anything you tell them to, these guys don't function that way so, um yeah. Different kettle of fish.
C: Yeah, which is I mean when we learn in the health profession it's all we learn is individual difference and the importance of understanding that.
S: Right, yep. Um so yeah, lots of lots of things for you to have to write about.
C: Yeah, well I really appreciate all of uh your time. I'm gonna stop recording now.

Sport Psychology Consultant Transcript

C: Okay, so just so you know in front of me I just have a schedule of generalized questions um we may or may not follow this order um but we'll kind of just so you know if I'm looking through here that's just some questions to make sure that I'm on task. Um but we'll start just um asking a little bit about yourself uh not specifically as it relates to the injury per se but um your experiences uh how you got into where you are now, your involvement with the OWI, uh and sort of your involvement specifically between the years 2012 2014 but um anything kinda just get to know you as a person
Ca: Okay
C: So um tell me about your own injury rehabilitation history if you've been involved in injuries with other athletes, yourself
Ca: Um yes I would say that um within the area of applied sport psychology, injury rehab and return to activity is one of my areas of specialty so certainly I have been involved in this with other athletes um other athletes at this level as well as other athletes within the OWI
C: Okay, um and what is your role then generally within that?
Ca: Um I uh within winter sport am I guess would be classified as a lead um sport psychology consultant working throughout the organization but focusing specifically on um the World Cup level athletes
C: And how long have you been working with the World Cup level athletes?
CA: Um I have been working with them since 2001, um in that case it was more as a consultant to one particular athlete and then starting in 2006 um was employed as a consultant for the entire OWI organization
C: Okay and what is it like to be a part of the OWI?
CA: Uh, um it's challenging, exciting, frustrating all of those sorts of things um I think that you get in a work environment um to be allowed um to participate with athletes at that level is incredibly rewarding and humbling um to get to be with them during their highs and lows an-and try to help them as well as the other members of the um performance or management team is again but at at the same time incredibly gratifying and frustrating and rewarding and exhausting
C: And how did you get involved so the OWI is the Australian Institute of winter sport how did you get involved um being that are you from Australia?
CA: *laughs* no um I was asked by um a coach who is a fellow American um to participate um as a member of the uh performance team with uh an Australian aerial skier who he was working with he was hired privately by this athlete and felt like she had a lot of potential um to achieve at the highest level but really needed to work on her mental game and so I knew him through um other athletes that we had worked with and he invited me to be a part of that and we had good success and so just have stayed involved um with Australia over the past 14 years
C: And how did you come to work with uh the slopestyle athlete um that we'll kinda be discussing their injuries today?
CA: Um as part of uh an initiative that I was spearheading in the OWI and to get some additional information for some work that we were doing in the Laboratory for Sport Psychology and Performance Excellence at UWM, I offered to do some um talent profiling for them um it was uh a paid uh activity where we would give um athletes and coaches at the state and national level the opportunity to be um psychologically profiled and then would be happy to do sort of in-person follow up with athletes and coaches if they so choose to um again trying to identify some things that they could do that may help them to be successful and while numerous athletes took

advantage of the profile aspect of it very few of them um agreed to a follow-up and Hadley and oh Hadley and her um coach were very interested in any sort of follow-up and it was through those conversations that um we decided that it would be potentially beneficial for Hadley to get some fully on sport psychology and bring that to her coach and to her team
C: Okay, and how long did you work with Hadley?
CA: Um I would say probably about 16 months so we did some profiling probably in the North American fall of 2012 and then started our ongoing discussions probably in October, November
C: Okay
CA: Of 2012
C: Was there a particular reason you profiled her?
CA: Nope again it was their choice so
C: Okay
CA: Um…as a result of this contract with um our lab here at UWM all state and national level winter sport athletes received an offer to be profiled and so those who responded affirmatively got a profile and an offer of a Skype or an in-person follow-up and Hadley and her coach took advantage of the opportunity to have the follow-up and it was through that that we started our formal work together
C: Was she already a part of the OWI at this time?
CA: Yes, she was getting funding um as part of their program, yes.
C: Okay and in the slopestyle specifically?
CA: Um
C: Or what kind of an athlete was she when at the time that you met her she was at
CA: Yes
C: The OWI
CA: Yes, but she slope, yes she participates in ski slopestyle.
C: Was she the only athlete you were working with in that area?
CA: In slopestyle?
C: Mhm
CA: Yes
C: Um...and how-how much time did you spend if you could on a weekly, monthly basis working with Hadley and her team?
CA: Um, it, it varies as it always does according to the needs of the individual or the team as well as whether it's in the season out of season um whether there's anything uh in particular that might be going that's of high need
C: Mhm
CA: Um I would say...again a rough average across a season it's probably anywhere from 5 - 15 or 20 hours a month
C: Okay
CA: Depending
C: Mhm, um can you identify maybe one of your either favorite moments working with Hadley specifically or just as a member of the OWI?
CA: Um
C: Or a few
CA: mm I have, I have a I can picture Hadley in Sochi um again because she was injured and she was trying everything to facilitate rehab and return to activity I can picture her going to the cafeteria which is this big structure um I can picture her going to the cafeteria with her little bag

of herbs and spices that mm were thought or have the potential to decrease inflammation and increase healing so we'd sit down at a table and she'd have her tray of food and she would add turmeric and cinnamon anything else that had even been mentioned as a potential um help in healing so again that just showed she was willing to do anything and she would just tote her little bag of um herbs and spices with her so that's one of my uh that's one of my memories of Hadley
C: What about a low moment?
CA: Mmm...Um uh probably my first um slopestyle event that I ever attended...I don't ever want to make my first appearance in the environment at what would be considered by the lay public a big event so
C: Mm
CA: A World Championships or an Olympic Games and so it was important that I get to see Hadley compete before the Sochi games and that may have happened that opportunity would have been available in February 2013 at the Sochi test event um and that was the plan but Hadley got injured right before that and so was unable to compete in the test event. So I went to see a World Cup event in December of 2013 and um Hadley had the year before had done very well at most if not all of her World Cup events and at this particular event in December of 2013 uh in Colorado she didn't in the first in a very long time, if ever, didn't make finals
C: Mm
CA: And so there was just a a a very high level of frustration um and confusion particularly as you're now about 6 or 7 wait about uh 10 or 11, 12 weeks from the games
C: Mmm
CA: Um, so it was a particularly low moment I think, she'd always been successful at that sort of event was looking at that as a test of where she was and um the results of that test were not promising
C: And so that frustration easily maybe understood why Hadley would be feeling that, what is that frustration like from your standpoint? What what are you like if I could, if it was my event what is that frustration like for you? 'Cause I would imagine it would be different than if you were the athlete or what's going through your head when you when she doesn't make finals
CA: Well it's trying to figure out why and if it's uh again I do---at that point I don't have a lot of history with her
C: Mmm
CA: I have maybe 14 months which is enough but not a ton
C: Mhmm
CA: I don't have much history with her I don't have a lot of history with the sport and so I'm trying to understand whether this is a big deal or not and whether her frustration is warranted
C: Okay
CA: Um, I'm trying to see how she and her coach and the medical staff all work together around this fact that she didn't make finals so I'm trying to get a sense of things and then see how we work moving forward again thinking that her Olympic event is going to be about 6 or 7 weeks away
C: Mhm, sounds probably like that's exhausting for you then coming into this environment. Were you it seemed like you would have a lot to figure out in a short amount of time.
CA: Yeah, yeah, most definitely. Um, and their slopestyle team manager was also there so I was trying to get a sense of things from him um it was during that point that Hadley's mom called me to get a sense of things I'd never spoken to this women before
C: Mhm

CA: So when someone's mom calls you out of the blue it's like okay this must mean something
C: Mhm
CA: Um so trying to collect data about the situation process it and then think about what that means in terms of a plan going forward
C: Yeah, um you've kinda talked about this that sounds maybe one of the more challenging parts of being a part of that team, can you identify some of the other maybe challenging parts of either your job specifically or specifically your job with this slopestyle athlete?
CA: Um, again I think one of the things is that we started working together relatively late in the Olympic Quad
C: Mhm
CA: Um and I've used that um as some feedback [Lights turn off] Ope
C: Hello
CA: I *laughs* is the power on?
C: I don't know--oh sorry
CA: Oh it's 'cause we haven't moved
C: Yeah
CA: Okay
C: This happened with my other interviews too
CA: Okay, so we just need to move on occasion.
C: Yeah.
CA: Um so I think one of the things is that I started working with Hadley and her team relatively late in the Olympic Quad.
C: Mhm
CA: Um, so that it we were always in- I was - I'd always felt like I was in hurry up mode to have to collect information and get it figured out and so that's a piece of feedback that I've used um back to the OWI to suggest you know what if we're going to do this sort of thing moving forward we need to get on it earlier in the quad
C: Mhm
CA: Um so, just trying to develop rapport and become a trusted member of a team that a had a lot of history before I got there, I think is challenging
C: Mhm
CA: Um slopestyle is also in-in the world of freestyle winter sport it's also more of an alternative environment meaning uh rebellion against the status quo and I think that's where for example the sport I have most experience in Aerial skiing was probably a decade again slopestyle is there now so there's the tendency overall, not Hadley in particular, but overall to um just rock up and ski
C: Mm
CA: Rather than okay let's make sure we're getting proper nutrition let's make sure we're taking care of our body preventively um let's make sure we've got a good frame of mind so so I'm an outsider in this group of people who have been together for longer
C: Mhm
CA: I'm also a little bit of the establishment or functionalism in an alternative world and it's always challenging to work at a distance so this is a team that I'm I don't travel with full time so they're um ma-a majority of my communication is electronic.
C: Mm

CA: And, oftentimes whether it's through inaccessibility of electronic communication because you're in the mountain in the middle of nowhere and they literally may not get a cell signal
C: Mhm
CA: Or have Internet capability or because they're not used to that sort of having to be in touch with someone who is not embedded with them
C: Mhm
CA: The challenges of service delivery at a distance um were also I think exacerbated again we didn't have a history they didn't know necessarily what, how, um what was expected in terms of communication and so on and so forth so those I think were some of the challenges. Um I'm a relatively new kid in their world, I'm establishment in a anti-somewhat anti-establishment world. And just being at a distance and trying to get a handle on things at a distance.
C: So where were you in comparison to them for most of?
CA: Um, I was I was either in at my home base in North America or I may have been traveling with other teams OWI and non-OWI teams um but not with them.
C: Mhm
CA: So the only times when I literally was physically with them was uh I started the profiling and communication with Hadley and her coach like I said it may have been September, October of 2012 the first time I ever set eyes on them in person was February 2013 at the test event in Sochi.
C: Mm
CA: Um I then I think I ss-err...I may have seen Hadley in July of 2012 in passing but I didn't there was there was no -there was no professional relationship with her at that time um so again the test event in 2013 in February and then the next face-to-face time I had with them was at that World Cup in Colorado in December 2013.
C: Okay, so a lot of time passing between face-to-face interactions.
CA: Correct, yep.
C: Which is hard.
CA: Yes.
C: Is that more atypical or more typical of what you experience in your work.
CA: It's whew, um I think it's atypical of my prior OWI work where I on average probably see aerials every 6 weeks
C: Mm
CA: Um so it's pretty atypical of my OWI work it may be typical of some of the other work that I do
C: Okay. Um can you identify maybe some more of the rewarding parts of being part of that specific team?
CA: Yeah, um, they are um Hadley and and her coach are um very smart and um eh interesting um so just general time with them down time where we might not be talking shop, but we might be out having a coffee or we might be at dinner, um, they're just very engaging smart people so that's there's never a lull in conversation um I think certainly learning a new sport for me is rewarding um being able to after her second injury um being able being on the ground at Sochi and being able to help her to get medically cleared, get in the start gate, um stay training through uh stay healthy through training, get her in the start gate and get her a really good result given what she'd been through I think that was a major energy give and a very rewarding part of being um imbedded within that team.

C: So we've talked a lot about the a couple different injuries which we'll be focusing on um this slopestyle athlete's injuries um I wanna start with the first one um and so as I've talked with Hadley and she's given me permission to sort of discuss these injuries with you um the first one was a um a meniscus, knee, cartilage injury of some kind and I know that was um farther away from Sochi, from your experience um sort of where you were in your relationship with Hadley can you take me through just the timeline of that injury from your perspective um and what that experience looked smelt, felt like for you?
CA: Um, so I don't know I don't know exactly when that injury happened I it was either in January or 2013 or February of 2013 I can't remember whether it was training or whether they were competing um but I think I think she had had prior injuries in that knee, maybe it had been reconstructed, I don't know. Um..but it was a cranky knee so the fact that that something happened that prevented her from taking part in the test event in Sochi I don't think was a big surprise, um it so it's like it didn't happen out of nowhere 'cause like I said I think she'd had cranky knees and it may have been that knee in particular.
C: Mm
CA: Um, so oh it was uh I remember being more interested in making sure that she was able to come to Sochi to the test event even if she was unable to ski it, participate in the competition for the test event, that she and Amelia, her coach at least be there to get a sense of the environment
C: Uh huh
CA: Um and so she knew a little bit of literally the geography of okay this is where the airport is this is how much time it takes to get up to the mountain here are the potential places where we may have accommodation, here's what the ski lifts look like here's what security's going to be so I thought it was important that they get a sense of the environment, um and I believe that her coach was going to go and do some reconnaissance and that is whether there was enough to actually Ski it and take some video of the surrounding area or get video from the gondola's and that sort of thing so once it was determined that she was going to be unable to compete, it was important for me that they came and they stayed for a bit of time and got a sense of things so that there was so that there would be fewer surprises when she came to compete in the Olympics the following year. Um, there was also during that time in Sochi a little bit of uh starting to work with a medical team -she was evaluated by a team doctor that we had on staff there. Um, I went to some of those meetings, her coach went to some of those meetings, um and Hadley had previously in slopestyle because Sochi was the first Olympic Games where slopestyle was involved um Hadley had not been an OWI athlete for a long time like she because slopestyle hasn't been an OWI sport. So Hadley went I think from maybe 2010, 2011 where she and her coach were just off doing their own thing um with very little sponsorship or oversight from the OWI to now all the sudden with the Olympics coming and she had been on the podium in world championships she was now on their radar and so she was now getting a lot more intent-attention from the organization, thus my involvement with her and thus the involvement of um staff physios, staff medical team. So I think you went from an environment where Hadley and Amelia were operating pretty independently to a situation where they now there for good and bad part of a larger sport organization so they couldn't necessarily go off and do exactly what they wanted, when they wanted, but they also had accessibility to things like sport psych and physio and massage and medical that they didn't have to seek out themselves or pay for themselves
C: Mhm
CA: Um, so I think that was something that they needed to navigate and negotiate like it was just hm this is really different we're used to doing this all by ourselves and now whether we want it or

not we have all of these resources that we can or have to use. Um, so there were medical meetings and no Hadley isn't going to participate at the test event and really she is going to be unable to participate the rest of her season, we should get her home so she can have surgical repair as soon as possible and then rehab and get back training for Sochi for the Sochi Games. Um...so again I don't I don't we were a year away the the surgery in my mind was a clean up, it wasn't a major surgery um, and so I don't think there was a real sense of anything um, bummed that that her season was over but great that she was at Sochi and be able to take advantage of seeing the environment and this OWI medical staff were going to provide oversight to getting her home, getting her surgically repaired and then back on the road to recovery.
C: What was your experience like having, seems like there's could be a lot of tension between you have to or whether you like it or not there's all these resources and this establishment, what was that experience like for you in being a link to the anti-establishment
CA: Yeah, I know, Hadley and I experienced that a couple of times in our relationship where she would um really want a lot of input and feedback and then there were times where she would be like okay it's too much, I need to take a break from this. Um, I can speak to that from a sport psych perspective like there were several times where she was like okay, I can't I need a break like it's just too much I can't always be visualizing and I can't always be working on my self-talk um and then a few weeks would go by and then she'd be like okay, I need to do some visualization now. Okay um so it was a little bit of a, that doctor Seuss animal push me, pull you
C: Mhm
CA: Where it would be like um, yes I need to have I need help with this, I need to be organized I need to know exactly what I'm doing everyday, I need to put this all on my diary and then it would be like this is way overwhelming I can't handle this is way too much, I need to do less. And then Okay great, yep, we can dial it back not a problem, and then in a couple weeks it would be like nope I need to do more. Um, so I think I think she was really trying to navigate that how much of that was her how much of that was the environment she was in, um because again a lot of her friends, from other countries and on other teams would not be going to the gym the amount that she was going to and they would not be paying attention to their nutrition as much as she was and they were not doing psych like she was and she may see them being more suc - objectively outcome successful sometimes and so it would be like well, hmm, I was having all of these podiums and things before I was in the inner folds of the OWI and now I have all of these OWI resources and I haven't been successful, hm. Maybe, that change of approach is what's causing me not to be successful, so so there there...I think there was a lot of negotiation um in that regard that she felt like she had a foot in both worlds. Um, having outside sponsors, ski equipment companies, goggle companies, luggage companies, who were making demands on her and yet the OWI was a sponsor as well so they were making demands on her. Um, so once you get into the fold and once your sport is recognized, it's great because you get more funding, um but then there are also greater responsibilities that come with that.
C: And, can you just tell me a little bit more what that, how that fff-what does that feel like for you, cause your probably more used to athletes that are typically in the fold, versus
CA: Mhm
C: Now you have someone who is not used to this
CA: Yeah, um I felt like um, a it--at first, I needed to work hard especially as it related to sport psych and sort of the no no it's too much, okay now let's do this again and no no it's too much, let's do this again. Um, I had to work really hard not to take that personally, that it wasn't aimed at me in particular and that this was something that she hadn't grown up with in the sport, so I

had to do a lot of reflection that okay this just isn't me. Um, and there were times when I would be frustrated because I can see, I had experience of everything working well with other sports where if people stay in constant communication and at-if people are following physio guidelines and coaches are returning communications in a timely manor, like I've seen that work really well and so I was frustrated because there were times when I wanted to say okay, this this could be working better.
C: Mhm
CA: Um, that there are expectations in terms of coaches for timely communication, you can't not return e-mails. You can't not return phone calls that may be important for your athlete's well being and performance. Um, and I have seen situations where those things are done in a professional manor and it works well, so um trying to figure out ways of nudging members of the team forward without being the hammer
C: Hm
CA: And pushing them away.
C: So it's a balancing act of you were like the only sort of establishment in a...
CA: Yeah. Yes, um...
C: Did you feel like the outsider maybe? Or
CA: Yeah I mean but again I think I was I was an outsider
C: Mhm
CA: Because they all had a relationship years and years and years before I came onboard
C: Mhm
CA: So, of course I don't have a history with them and then I bring a more functionalist um corporate if you will uhh role and approach into the team which again has it's advantages, money, um but it's a disadvantages expectation and lack of autonomy.
C: Mhm
CA: Um, so I I think um yeah, I think that was it it it was a balancing act for sure.
C: Mhm...What was your um, so we could just back up you said they sort of were at the test event
CA: Mhm
C: And that was kind of one of the first times you really gotta sit sit down and meet um
CA: Yes
C: The team, yep and then it was decided who decided Hadley wasn't participating?
CA: Um, I think it was a medical decision
C: Okay
CA: So I think it was the OWI medical like team doc and physio staff
C: Mhm
CA: Were that she was going to be unable to compete for the rest of the season and it was probably in her best interest to go home ASAP and get her um knee taken care of.
C: Okay, so from that moment when she isn't, she's not participating um can you take me through your role and experience from that kinda that moment to I know um maybe when you saw here again in in uh Colorado
CA: Mhm
C: And sort of what what did you do how what was that like experience-wise?
CA: Yeah um so there were I recall there was a fair bit of drama in terms of getting her decent flights home. Um, so she's got an injured knee and flying and the elevation and all of the stuff that goes along with flying is gonna not be great for tissue and so how can we make the travel

from Russia to Australia as easy and quick as possible. Um, so as to not aggravate the knee anymore and I recall that there were some travel challenges like she got she had some sort of delays and what was what was gonna be a difficult travel anyway became hugely difficult and so it was just and your injured and you know so it was just not great there. It just in terms of her emotions were not great in terms of having to go home and this sort of stuff, um but from a psych perspective this is where I have a lot of experience being successful in the OWI so we're going to have a collaborative um and inclusive re, prehab, rehab approach so working with the head physio, Natasha in terms of okay what does Hadley need to be doing in the next weeks before she has the surgery and then right after the surgery um from a physical perspective and so I knew what I wanted her to do from a mental perspective and so Natasha would communicate to me and every week I would put together Hadley's um schedule for the week in terms of okay you need to do this with your icing you need to do this with your plyos, your contractions your this, this and then I would add the mental piece to that. And so we were working on that sort of a schedule um which Hadley generally really likes schedule and organization although sometimes rebels against it like it's too much. Um so that was all pretty much standard operating procedure. Um, she goes home in February, has the surgery we've got her doing a combination of her physical and mental rehab activities. The next step of that is trying to plan for what she's going to do with summer training. Most of these um athletes their summer, their off season training is really instrumental as it relates to learning new tricks.
C: Mmm
CA: And so it's working with Hadley and her coach to try and figure out what is going to be necessary to get on the podium in Sochi, um what might the slopestyle course be like what are the judges looking for, what's what are her competitors working on and what does she need to add to her skill set in order to um be competitive and what she needs to add to her skill set is then practiced in water it's practiced on the tramp it's practiced on air bags so that she can know it and learn it safely before she gets to snow. So in addition to her completing her physical rehab and and um working on the mental things of rehab and return to sport, there was a lot of strategic discussion going on, um particularly as it related to scheduling. So, where can Hadley get some snow time, where can Hadley get where's a good tramp for this, where are good airbags to do this and also where are her friends gonna be so that we can get her in a good social environment as well. Her friends meaning friends who also compete in slopestyle
C: Mhm
CA: So there were um instrumental as well as logistic conversations going on and again, trying to make sure that she can get back as quickly, yet safely to these activities as possible.
C: Was that communication at that point um becoming easier or better or was it still difficult
CA: Um...I think the communication with Hadley was always pretty good, I think the communication with her coach could be challenging um again, not always as timely as frequently as would be desired.
C: Mhm
CA: Um, and I think Hadley was feeling that with her coach as well so that wasn't necessarily just between me and the coach
C: Mhmm
CA: But Hadley expressed some frustration at times that her coach wasn't as communicative with her either. Um so again just trying to calm her down, get her to ask for what she needs, um generally but then also throughout this period. Throughout this period we tried to have, and this is now we're into May and June of 2013 um especially because Hadley's rehab and return wasn't

going as well as expected she was experiencing a lot of pain, um which I think was somewhat surprising, people weren't expecting that to happen. And she was not proglessing, progressing as well or as quickly as people had expected. So I was trying to get there to be a lot more team conversation, team being coach, physio, OWI medical management, I was trying to get us all to communicate a bit more to present this united front, to do some problem solving. I had a history of OWI medical management doing a good job of laying out timelines and a sequence of events being cautious but in an Olympic year, taking appropriate risk, like we don't have time for this to be completely pain free or we may not have time for this to be completely um back to normal strength, that we may need to move on before things are ideal. So I had a good history and experience with that so I was trying to get more of that sort of involvement.
C: And what was that like for you?
CA: Um...I think sometimes like herding cats, like it it it would work well for some members of the staff team but not for others. Um, there was also a challenge because Hadley I think was comfortable voicing her concerns to me or maybe her physio and when we would try to encourage her to have a voice with other members, um a strength and conditioning coach for example or her own technical coach, she didn't wanna do that.
C: Mhm
CA: Um so again she would she would vent to me and Sophie and then when we would try to suggest that she talk to the strength and conditioning coach about like "Wow this is an awful heavy load" and maybe they aren't periodizing you know she's it's great that she's kicking ass in the gym but if she's so exhausted that she can't get on the ski hill, that's not good. Um she was less willing to do that.
C: Yeah, that um, sounds like it would be...so how many members would you say were involved in this at this time. Involved in her injury and rehab at this time.
CA: Um, excuse me, there was um a physio who changed a little bit like, depending on their location it might be one or the other.
C: Mm
CA: Um there was a strength and conditioning person back in Australia who was writing her programs and providing oversight to her programs. Um, but he he wasn't like an on the spot person, really. Um he just did a lot of again he's someone who was based in Australia and doing her programs. Um, there was OWI medical, um her coach uh her on snow coach, and then myself.
C: So a lot of people, kind of hand in the pot almost.
CA: Yes.
C: And, you've seen this many people work together good? Or this was a typical number of individuals to be
CA: Yeah, yep, this was, this is not unusual. Um, again from my perspective as an OWI insider, that's not unusual, I think from from people in an upcoming sport who aren't used to professionalization it may seem like a lot of people and a lot of unnecessary people.
C: Hm, um was this first injury um when you sent her back from in February too you said it wasn't healing as quickly was there like a diagnosis difference than what people were anticipating?
CA: I really don't know
C: Okay
CA: Like I I don't remember paying that much attention to the actual physical piece of it
C: Mhm

CA: Um again my sense of it all along was that this isn't really a major big deal
C: Mhm
CA: Um and that the timeline was going to be fine for her to get back
C: Okay, so then uh can you describe, from your perspective, her coming back and what that experience was like? So she was, had the summer months and there was a lot of strategic planning and then actually getting--
CA: Yeah
C: --Into season
CA: Um, so there was North American Summer where she over in North America um doing some skiing in Oregon cause you can ski depending you can ski in Oregon on Mount Hood in that area into May and June
C: Hm
CA: Um so she was trying to do some skiing but I think it was a lot more painful than she thought and so she was trying to do some other training um but again not as pain free as she would like um and and just generally I don't think she felt as good, part of the plan was for her to go to the southern hemisphere at some point in July/August/September to do some skiing in New Zealand, so their winter. Um, and maybe participate in some small competitions, not World Cups, but smaller competitions in Australia and New Zealand. And again that she did go, I I really without looking at my notes, I can't tell you whether or not she actually did any skiing, um I know she did some appearances and some sponsorships sorts of things there because some of those resorts sponsored her, um but again in the big plan that we had made she was going to be trying out some of her new runs and some of her tricks at that time and that didn't happen. Um, so again, some additional stress
C: Mhm
CA: Um
C: For you?
CA: Um, well whenever they feel stress, I think it's it's stressful for um the members of the team whenever things don't go according to plan, there's always a little bit of okay we have to regroup
C: Mhm
CA: And some people manage that better than others so um I think in my role I'm probably absorbing, trying to absorb their stress. Um, so it was more planning and more talking with the coach of okay, so she's not going to have time between now and Sochi to get these new elements, these new tricks to fine tune things to the extent that we wanted her to.
C: Mhm
CA: To maximize the chances of putting her on the podium. So that off season was going to be a big piece of the puzzle for her to upskill and to feel comfortable with things that she was going to be doing in Sochi. And so now as time is passing and she is unable to train both dry land and tramp, airbag, snow, as opportunities are being missed for her to do that, again the ability for her to put herself in the position um for Sochi was diminishing. So we're trying to manage how she's feeling and getting that figured out at the same time trying to figure out okay what are we going to be able to do with her technically in terms of her skiing to be able to make her competitive in Sochi
C: Mhm
CA: So we're, we're trying to balance a couple of things there. My role is yes I have to help with the injury rehab and return piece, the physios and the medical staff have to help with that I'm also involved with the performance piece over here along with her coach.

C: Mhm
CA: Um physio has a little bit of that, but but right now it's the physio is mostly over here with the rehab and return piece um the coach is mostly over here with the technical piece and I'm in both worlds
C: Okay, so a lot of communication or lack of communication flowing through you.
CA: Um, I'm not sure what you mean.
C: Or relying on you, did you feel between injury rehab and then actual performance there was a lot, it sounds like there was a lot
CA: Mm
C: Going through you at that time.
CA: Um, I'd say from the major medical, OWI perspective yes, I think from the physio perspective, because the physio and the coach had this long-standing personal and professional relationship. I think they were communicating
C: Okay
CA: Um, but again, they had a personal as well as a professional relationship
C: Mhm
CA: And so um and so there may have been times when the physio didn't say things to the coach that she should or would have to a different coach who she didn't have a history with.
C: Mm..and at this time are you aware of all of the kinda dynamics of personal and
CA: Um, I it's starting to be more clear
C: Okay
CA: Um, and I think it continued to increase probably um, I think I probably got the full extent of it in December 2013, January 2014. I think I really fully started to understand just sort of how intertwined these people all were.
C: Um, can you tell me more about how you found out and then what that was like for you?
CA: Um, I think just through asking questions
C: Okay
CA: Um, where eh something would happen..uh...something would happen where it would be um there would be a more desirable course of action, a more optimal course of action and members of the team would sort of make attributions or excuses for the other.
C: Mm
CA: Um, you know like well it would be better if could all do this, and then someone would say yeah but I think so and so needs you know this break right now. And it's like yeah but that's not optimal in terms of where we are training-wise and days from the games like we all need to do this. Well yeah but that person needs a break now and it's like mmm is that you the friend saying that or is you the professional member of this team saying that? And so, um, I saw that mm-increasingly and then I became aware of what it was.
C: Mkay
CA: I think too, um, you know Hadley's unwillingness to have some of those hard conversations with the people around her was my evidence of that as well.
C: Mmm
CA: Okay so you're comfortable talking to me about your coach, and when we work through suggestions for you, for you personally as an adult to manage that with her, cause you don't want me to talk to her about it, your unwilling to act on that
C: Mhmm

CA: And so it's like yeah I, I this is my impression, I'd be willing to have that conversation with my coach, I'm not willing to have that conversation with my friend.
C: Mhm
CA: And so I think that those sorts of things were very evident throughout, I'd be happy to have this conversation with the coach of this team, as a staff member, I'm not comfortable having this conversation with um my friend.
C: What's that like for you, not being intertwined?
CA: It's frustrating, it's really frustrating, so if further alienates me um because I'm about athletes performance and well-being and it's like yeah but we can't promote the well-being and the performance of this athlete if people are not willing to have these hard conversations.
C: Mhm
CA: Um so I think there were times when I did push those things and that cast me a little bit more as an outsider
C: Mhm, sounds like it would feel like stuck too..
CA: Yes
C: Like you can see a solution but we just can't
CA: Yes, right and so there were times when I would push it um and that may not have made people happy, but it had to be pushed.
C: Mhm, so December, January that's when you went to Colorado
CA: Mhm
C: Um and that would sort of be Hadley's first return back to competition
CA: Correct, yes
C: Um, can you describe, I believe there were two competitions left that she competed in. There was one in Colorado maybe? Did you say there was another one in Oregon, or was that earlier?
CA: Uh that was training.
C: Okay, so there was the Colorado
CA: Mhm
C: And that was her return back then did she compete after that?
CA: Um, she might have, she might have also somewhere in Colorado or the western US
C: Okay, how did those go?
CA: Um I don't think she, I don't think she made finals in any of those so I think again, I can't--I'd have to check my notes
C: Mhm
CA: I can't remember if there was one after that or if there was one after it, maybe she didn't compete in it, but she her lead ups to Sochi were not um from a performance stand point were not successful.
C: And where does that leave you at that point? Now we're six weeks from Games uh
CA: Yeah
C: What's going through your head?
CA: Yep, so it's hmm okay, um we have to maintain her confidence. And the confidence of the team, we have to keep the team calm. And, keep their energy hi--you know get them a break, but keep their energy high, 'cause we're gonna go now into a really exhausting six weeks.
C: Mhm
CA: But we have to keep our confidence up and we need to keep her healthy and strong. Um, and again we're, we're getting closer to the games, her lead ups are not going well and so now the

organization is becoming aware so again uhh the team manager is kind of getting involved, like I said I might have had another communication from her mom
C: Mmm
CA: In there. Um, and there's the overall pressure of the country, so it's the Olympics and and while she was home in that sort of April to September-ish, she was back and forth, she's doing a lot of media
C: Mmm
CA: Um not only for the the country but for some of her sponsors, so she's not feeling great, she's not training well, she's not competing well - yet she's being thought of as a medal potential and she's, we're trying to just talk about wha - eh a run is a run is a run and she's being asked about the Olympics all the time
C: Mhm
CA: Um, and so just trying to manage that and trying get her to understand that she does have some control by what she accepts to do in terms of media, um what she says and then trying to figure out things like media black outs, like when are you going to stop talking to the media, um how are you going to manage sponsor requests? All of those sorts of things. So, so not only do we have a rehab and a performance thing that we're trying to manage, we're trying to manage external expectations and obligations as well.
C: Mhm, from your perspective, when she went to Colorado where you saw her first, did she seem physically, mentally, ready to be competing?
CA: Mm...it's interesting because I'd never seen her compete before
C: Okay
CA: So, I don't know, I don' t know what, I don't know what that is for her, I don't know what her routine is
C: Mhm
CA: I don't know what her coach's routine is I don't know how they typically operate, so I don't know.
C: Okay…um, so at the time you were just kind of confused as to what this was?
CA: No, I wasn't confused.
C: Oh
CA: I was no, but I'm just collecting data
C: Oh, okay
CA: I'm just observing, I have no way to judge whether this is normal or not normal um Hadley was a highly decorated competitor, um so I'm just observing what she does.
C: Mhm
CA: And then later I'm saying okay is this what you would typically do, is this you know like is this and um, and it seemed like yes it was.
C: Okay
CA: So I was just observing. Um, and based on those observations, then we would have some discussions about okay how do we think we want to do things in Sochi? Um, should we change this based on what we know is gonna be the chairlift situation in Sochi, do we want to do this given what we know is gonna be at the top um for athletes waiting to compete, do we want to do this? Um so really observing and then after the fact talking to them about how we may optimize what they typically do in Sochi. So again, I'm just observing.
C: Okay

CA: And communicating those observations, reinforcing things that I think are appropriate and maybe coming up with some suggestions of um one how things might generally be modified, but as neither Hadley nor Amelia had ever been to the Games before, so also as an experienced "gamer", um what we may need to change or modify or be prepared for in Sochi.
C: And what were, were those conversations hard? Or, easy?
CA: I think they were pretty easy, eh Hadley and Amelia were both very um aware and open that they'd never been in the Olympic environment before and I think they were very open to having sort of this Olympic mentor.
C: Mhm
CA: Um, someone who had been there and knew what to expect.
C: Okay, so after the competition that you observed it was sort of just a you gave some feedback and then you went your separate ways for a little while? Or what was it?
CA: Um, yep feedback and then eh, Hadley was going to, everybody was gonna take a break. So, I wanna say on or around December 21st or December 22nd was Hadley's last time on snow um, and then she would continue to do like her gym work and her strength and conditioning stuff and some of her sports psych stuff um, but they were gonna take a break and I believe that Hadley and Amelia both, independently, ended up going on a holiday in Mexico.
C: Mmm
CA: And that's not uncommon for winter sports athletes it's like okay let's go some place warm
C: Mhm
CA: So I think Hadley and maybe her sister and some friends went to Mexico and Amelia and her family went to Mexico and it ended up, they ended up being in the same place for a little bit of time. But there were planned breaks during that time.
C: Mhm
CA: And then they were going to return to Colorado, um to start training again and I think there was the possibility that Hadley may compete in another event or two as a warm-up
C: Okay
CA: Um, to Sochi. Whether it was a World Cup and or like a Dew Tour event or something like that
C: Mhm
CA: I can't remember. But there was the potential for her to compete again before Sochi, which I thought would've been a good thing, um even if she didn't get a result, which would have been ideal leading into the games, it would help her to work on process a little bit more and that sort of thing. But again, by this point, we're realizing that her chances of getting too much new degree of difficulty isn't gonna happen
C: Mhm
CA: And that she's just really going to have to really maximize the quality of the difficulty that she has.
C: Mhm
CA: Um, which from a psych perspective I'm fine with because to just insert new stuff, eh the likelihood of that turning out well mentally, not to mention, physically, given her condition is probably um not gonna happen.
C: Mhm
CA: So they get back, they're gonna go back to Colorado and do some training and then I think some competing before they head over to Europe. Um, and then eventually Sochi. Yeah. Okay.

C: Um and so they get back and at this point, Hadley's from your perception is she physically-- you're still managing physical healing? Or is she pretty much now in a, more of a performance, less of a rehab?
CA: Yeah, I think, I think we're at the point where we know that the knee isn't perfect..
C: Mhm
CA: And we're just gonna have to go with what we have
C: Mkay
CA: Um and there does get to be a point, I think, where everybody just realizes that eh and that's not unique to Hadley
C: Mhm
CA: But it's like okay this is where we're at and if this were any other year we may manage it differently, but it's an Olympic year so we just gotta put our head down and go.
C: Okay
CA: And if we need to manage it with drugs or whatever we need to do, we've got now five weeks and we just need to get through the next five weeks.
C: Mkay - so she comes back from her break and they're in Colorado and you're um at home/North base um and so we have injury #2, um can you describe for me how from your perception, how that happened um and then what's going on in your head, what are you thinking and feeling when you kinda find out?
CA: So - it's, it was a weekend I remember an early weekend in January and um they were gonna start on snow that week maybe, back after break.
C: Mhm
CA: And, I was actually on the road, with a with a non-OWI team and in my hotel room, and I got a message, a Skype maybe from Hadley that she had been trampolining typical training, right?
C: Mhm
CA: Um, she had been trampolining and she tweaked her knee and I couldn't tell you whether it was the surgi - the the knee with the meniscus and the cartilage stuff from February or not, I, I'm sitting here I can't tell you, I can't remember
C: Mhm
CA: Um, but that she tweaked her knee. And it's like okay hmm, well why were you tramping? "Well I thought I needed just some extra rotation and I needed to feel what that was like". Well did your coach, was your coach there? "No". Well did your coach tell you to do this? "No, I just kinda went out and did it on my own, 'cause I just felt like I needed to". Mm, okay. But so in my head I'm like well that wasn't very smart, but eh like the last thing she needs is a blame game so just so stifle that. Um, what do you mean tweak? "Well I kinda sorta maybe felt it pop". And she's had ACL before, um so she's kinda freaked out...um, okay well we'll get this figured out. And so again I'm on the road for four or five days and trying to manage this with coach, with on the ground physio, which I believe was Sophie and still at this point not sure what I'm gonna communicate back to the OWI. 'Cause I don't want to alarm them if it's nothing, and I don't want to get this group in trouble if it's nothing and so we go through that first into second week of January um not quite sure should we get an MRI, should we not, what are we gonna do? And, my sense is that people knew what it was, she knew what it was but they just didn't want confirmation of it.
C: Mm

CA: Um, so again at this point I'm just trying to get her to stay calm because calm and stress free helps healing. Um, it becomes evident that she isn't going to be much if any snow training or competing um and is she even gonna be going to the Games? So this is now starting to unfold um into like January 9th, 10th, 11th um what's going on, like what's gonna happen here?
C: At this point had you been notified of what it was? Did you know it was an ACL?
CA: Um, I don't remember exactly what the course of events was and when she finally got an MRI, um I think there was some manual testing...
C: Mhm
CA: And there, you know Lachman's test and whatever, and there was not a defined endpoint um I think Sophie, the physio, who was gonna be working with them long-term now was doing that testing um and was somewhat hesitant to let Hadley know what she found. Again, disappointment, friend, professional. Um they wanted to get, cause they were out in Colorado they wanted to get some of the top end MRI people and sports orthopods involved so people from the Steadman-Hawkins Clinic, I think. It actually may have been, it may have been Steadman himself but so they were trying to get the top of the top people to do these tests and read 'em and um but but a period of time goes by where Hadley doesn't know for sure that it's an ACL tear.
C: Mhm
CA: Um it's during this period now that I'm now traveling with another OWI team and the head rehab manager is with us, Natasha, and we I think all have the results now. That it is an ACL tear
C: Mhm
CA: But nobody's communicating this to Hadley...and so there was just a little bit of confusion and anxt over well why isn't Hadley being told now? 'Cause she needs to know.
C: Was this you, like what's your, is this your perception of why is she not being told or what's going on in your mind through this?
CA: Um no, I think it was OWI, like why is--we need to tell her like she needs to know that this is the likely or definitive diagnosis.
C: Mhm
CA: Um, my feeling is it's not fair to the athlete that she doesn't know what's going on with her own body
C: Mhm
CA: And someone needs to tell her and it's not my role to tell her.
C: Mhm, so what was your role in these kind of undefined and then as it became defined couple of weeks?
CA: Um it was certainly to provide support to the athlete and to continue her on some sort of mental training program, um eh...rehab as well as okay even if she has an ACL tear there's still a chance she could compete
C: Mhm
CA: So wha - again we need to have this parallel process of health related psych as well as performance related psych. Um it was also trying to facilitate communication among members of the team.
C: Was the team the same as it was before?
CA: Yes, and there's also a point in here where um people were less communicative than they should be. Um, and coach was unable to be located. Like was not returning calls was not returning messages and had um since, since she knew that Hadley was not gonna be training or

competing for a bit decided she would take one more break before Sochi. One more skiing vacation before Sochi with friends.
C: Did people know this?
CA: Um I did not know this, I believe the physio knew this, but I did not know this. The office didn't know it.
C: How did it come to?
CA: Um, because after repeated attempts to communicate with the coach I communicated with the physio and said "look I'm trying to get the coach, it's important that we talk and she be involved in this process" and then the physio said "Oh yeah I believe she is taking this opportunity to get a little bit more fun and manage stress before we fly into Sochi"
C: So this is how many weeks out from like performance?
CA: Uh three or four
C: And so are you in Sochi yet?
CA: Nope
C: Okay, um so tell me more about your experience through trying to as you've said, heard the cats at this point? Or was it still like herding cats? Or was it like a lone wolf?
CA: It was still just really based on my past experience and based on best practice it was just surprising, it was unusual
C: Mhm, and your job though remained kinda the same like we've gotta have Hadley prepared.
CA: We have to have Hadley prepared, we need to make sure Hadley is healthy and well mentally
C: Mhm
CA: And we're not all working together to do that, like we're there are lots of gaps and holes here and this is not good for the athlete. Um, but I can only do so much.
C: Yep
CA: Yet it was frustrating cause because I saw that we were not working well in the best interest of the athlete
C: Mhm, so at what point did this all sort of come to a head? And, um I'm assuming Hadley found out at some point and take me through how when she find-found out um and then what that management is like actually kind of getting into the village and into the, into the Games.
CA: Um, yeah, I-I think, I you know, I really don't know I it's funny cause you'd think I would remember...I really don't know who told her or confirmed for her what she already knew probably that she had an ACL tear, um and so somehow probably the third week of January she was made aware of that
C: Okay
CA: Or confirmed that for her. And it was probably either the physio and her coach or the physio or the medical the rehab manager for the OWI, but somebody confirmed that for her. And a decision was made that we would, she would try to ss-she would, she would not have a surgery but she would go to Sochi and try to um train and compete.
C: Who made that decision?
CA: Um, I think it was a group decision
C: Mhm
CA: At this point, her ACL's torn
C: Mhm
CA: So it's not or or if it was 85% torn it's it has to be surgically repaired anyways, eventually. So there was no possibility to cause further damage as long as we could manage the pain

C: Mhm
CA: So she was gonna spend now the next three weeks really in the gym strengthening
C: Mmm
CA: Um, to manage the load that the knee was gonna take um and so I know she spent a lot of time doing that. She and coach and physio were going to go to Europe to acclimate to the time-zone change, to acclimate a little bit to altitude, and just have a little bit of-couple days of fun before they went into the village. Those plans were modified a bit and I can't remember whether the timing of them was changed or they decided to do it longer but again but that did happen
C: Mhm
CA: Um again she's now doing a fair bit of mental training, she's doing her physical load in the gym, she's again um maniacally icing and having her cinnamon and her turmeric and doing everything she possibly can to maintain good health. Um, and is going to, and is going to go into the village um one of the topics of conversation had been throughout the time I worked with Hadley and the team was whether or not she was gonna participate in opening ceremony
C: Mm
CA: Um, her event was on February 11th, and I believe opening ceremony was maybe on February 5th, she was gonna get into the village maybe February 1st or 2nd, get settled and then training was going to commence maybe February 3rd or 4th so she'd have a couple days of training, potentially, could go to opening ceremony um and then have a lot of time to recover from the rigors of opening ceremony before her event. Um, so there had been some discussion around that prior to this most recent ACL tear, the most recent ACL tear really solidified the fact that she would not be doing that.
C: Mmm
CA: So she did participate in some of the Australian pageantry, on the day of opening ceremony like got dressed and did a mini-walk in the mountain village and so on and so forth. But did not take part in the overall opening ceremony, um which again a choice that was made easy by the fact that um her knee. Um, but so yeah they got to the village February 1st or 2nd, I got there a day or two later and then we commenced to just keep her in a good place for training. The goal was to get her some actual on snow training, to get her medically cleared, because she had to be medically cleared--
C: Mm
CA: --to compete. Um, to get her safely into the start gate and then across the finish line.
C: Mhm
CA: So once we all got there, we were all in the same place we were literally staying in the same 4 or 5 story building
C: Mhm
CA: Um…
C: We all, as in?
CA: The members of her team
C: Okay
CA: So her coach, her physio, myself and then several days later, the medical manager
C: Mhm
CA: We were all literally staying in the same building. Um, so much easier to communicate, to check-in, to work together to manage this whole process for the next week and a half.
C: What is this experience like for your after maybe some of the difficulties, frustrations, leading up into you're actually in this environment, and now all being together. What is that like for you?

CA: Um, it's much easier because we don't have to rely on the availability of Wi-Fi or cell-phones to communicate. I can literally walk down two flights of stairs and there's Hadley, I can walk up three flights of stairs and there's the physio and the coach. So it's um I can go outside and take 20 steps and there are the team doctors.
C: Mhm
CA: So it's all much more self-contained
C: Mhm
CA: Ability to communicate is much easier. We also all had um Russian SIM cards in our phones, and everybody's contact details were pre-programmed so there's no excuse for not sending a message, there's no excuse for not picking up your phone.
C: Mhm - so the communication bit becomes more natural
CA: And easier, more frequent, yes.
C: Um, is there, what is the, this e--motional experience like for you? What's going on in your head on a day-to-day?
CA: Um...uh...well in one sense actually getting to the Olympics provides a clarity that is very welcome. You can stop talking about it and you can start doing it and that's what we do, right, we - a World Cup we don't talk about oh wow the Steamboat World Cup is coming oh the Steamboat World Cup is coming...we just get to Steamboat and we do a World Cup, right? And so it's just much more normal and natural once you get in the environment.
C: Mhm
CA: It's - it's easier to block out all of the static and all of crap once you actually get in the environment, so it's a little bit of a sigh of relief like okay we can stop talking about this and now we can actually start doing it.
C: Mhm
CA: With Hadley it was also very clear, we we needed to on a daily basis just keep her safe, healthy, focused, confident. Like we just needed to keep doing that, um Hadley struggles to sleep is her perception and so it and she was also had a cold
C: Mhm
CA: During this time, so it's trying to get her enough sleep, trying to keep her stress levels low, um and again just communicating okay what's our plan for Hadley today, and what's our plan for Hadley today? And it was literally just go day by day by day um and okay before she trains she's gonna spin, she's gonna do this, she's gonna eat, she's gonna do that, she's gonna train, she's gonna come back, she's gonna do ice, she's gonna get physio, she's gonna watch video, she's gonna do her mental training, she's gonna eh, so it really is just managing the micro-cycle day to day to day. Um, so for me, and plus we're all in once place.
C: Mhm
CA: So the ability to communicate is just so much better
C: Mhm
CA: Um, still some frustrations, um because I thought we had a good schedule and then it just got modified by who was going to participate in daily meetings, like I thought we were all gonna participate in daily meetings and then after a while the coach didn't feel the need to participate in these daily meetings and, and again, fine. There wasn't a lack of communication, but it was just we set out to do this and it didn't happen.
C: Mhm
CA: Um, so again, things become much more clear about what the end goal is and we have a finite period of time and you could just put your head down and get the work done now for the

next week. Um so there's light at the end of the tunnel...um...Hadley was getting stressed about the medical clearance piece of it
C: Mmm, when did she get cleared?
CA: Um..ha-ha..she may have gotten cleared a couple of days before her competition
C: Is that normal or no?
CA: I don't know
C: Okay
CA: But she'd been skiing there on the site for a week - yet she still had to get medically cleared which
C: Hm
CA: I - Um, which was odd it's like well team doctor just come out and watch her ski you can see she's on the largest slopestyle course ever built, like Shawn White has withdrawn from this event because he says it's you know snowboard part of the event 'cause he says it's too dangerous, 'cause the slopestyle course is too big. People were getting injured a lot on this course and here's you have an athlete who's skiing ACL deficient, her first go down on training, she crashed. Ha - and we're just standing there and it's like okay she got up and it's like well kinda better that she crashed the first. Um, but our goal was again everyday to just get her through training in a healthy way
C: Mhm
CA: And then to get her medically cleared, 'cause if she couldn't get medically cleared, she wasn't gonna get in the start gate to compete.
C: Mhm
CA: Um and so again during this time, the staff is good in that they're spending time with her they're doing what they need to do. They're off having fun as well, but there getting the job done.
C: Mhm
CA: Um, and her coach really rose to the occasion, I think in the medical clearance piece um I was somewhat frustrated that Hadley was going to have to do all of these activities like a box jump and a one-legged hop and so on to be medically cleared, when she'd been successfully skiing the largest course ever. And so, the ecological validity of the box jump really didn't make any sense to me and so I suggested to the team doctor that the probability of all of these clinical tests was making Hadley stressed, and that was undesirable. Was there something else that we could do? And he said well if he could see her skiing the course, um that would be good, but there was not an opportunity for him to come out and watch her. And so her coach put together, 'cause she videos every run Hadley took
C: Mhm
CA: Put together this awesome video of Hadley, um skiing the course and labeled everything, um and so that allowed the three-person judge, the three-person panel who would determine whether or not she was medically cleared to actually see that she was performing the activities necessary. So, um Amelia did an awesome job putting that video together and explaining everything and um but so again it's just getting into a routine and managing the day-to-day.
C: Mhm and you said the goal was like you day-to-day keep her healthy, get her in the start gate, across the finish line.
CA: Yep
C: Um, so was she medically cleared?
CA: She was medically cleared.
C: So got in the start gate

CA: So um yep, did, got in the start gate and throughout her training process in Sochi, we had revised what her um routines were going to be like between runs and should she get into finals what that was gonna be like and who was gonna be where and what we were gonna do um so the week-ish of training was really good in helping us to solidify routines and processes within that particular physical environment because every competition venue is a little bit different
C: Mhm
CA: Um where things are located, how things are set up and so we had, I felt, a really good process in place.
C: So the like creating and then revising these um her routines and plans, was that sort of everybod- was that everybody? Or was that just you and Hadley?
CA: Um, I think Hadley and I probably took the lead on that and then um we invited other people to be pro-a part of that as necessary so if between runs you need some physio
C: Mhm
CA: We will radio to Sophie and she will meet us here, if you want X, Y, and Z with coach, that will happen here. Um, so we had as would be typical in others sports, again I didn't have a competition history with Hadley, so we but we would have a lot of contingency plans.
C: Mhm
CA: Okay and with x many minutes to go you will now do this and with this amount of time I will be here, um and yeah so that all worked out just fine.
C: Expectations were really clear
CA: Yes, yes, yep and roles were very well defined and who needed to do what and what was expected, yeah.
C: And was the end goal the same for everyone?
CA: Um, like the outcome?
C: Like the let's just get her in the start gate, watch her safely get through the co-finish line.
CA: I think so. I think, I think, giving her an opportunity to compete was the primary goal and that necessitated that she be healthy.
C: Yep.
CA: Um and although she was gonna have to go home and have surgery anyway, it would be ideal if she could finish the event healthy.
C: Mhm
CA: Um and and not have to you know sort of emergency go home like she had to the last time out of Sochi
C: Yeah, did so once she was medically cleared and it's the day of competition, can you take me through um the actually Olympic competition so whether that's a day, two days, I'm not exactly sure.
CA: It was a day, um hm...yeah um so she and Amelia would get up and probably Sophie too, I don't know and do their thing and warm-up and um I think she had breakfast in Australia house she didn't go to the cafeteria and then they make their way to the site however they do um I know how I got to the site, so I would get to the site separate to them
C: Mhm
CA: Um and I w--as to meet them um hm...I really don't actually remember whether I watched training from the bottom of the hill or whether I watched training on a big screen at the top of the hill. I really, I I really cannot tell you where I watched training from on the day of competition.
C: Mhm

CA: Um, but I do know um that I met her at the top of the hill in a lodge before the event. As had been our plan, chat get her ready, keep her occupied. And that was a big part of it for me was just to keep her occupied um, until her her appointed time.
C: So that's your kind of your headspace that day is making sure she's
CA: It's to make sure that she's um following her routines, that everybody on the team is doing their role and that so wha-it's pre-determined what do you need from me on that day, right.
C: Mhm
CA: So she tells me what she needs and one of the things was just to keep her occupied
C: Mhm
CA: Because if you're alone up there your head can go in all kinds of places or people will bother you and so let's go into this lodge, let's rest, let's just talk shit and be light and do stuff like that. And so um, did that after he training until X many people before her run so then she starts her routine, um I stayed up at the top of the hill in the lodge and was watching on um a big screen TV. Excuse me, um and then knowing that after her run, her first run you know if she makes it to the next round she's gonna come back up and we're gonna go through the same thing.
C: Mhm
CA: So we just keep doing that aa--as many times as she needs. Um, did that and I think..again I can't, I can't remember whether--oh no I know I did, I did. Um did that kept her occupied and the once I was no longer needed and she was never gonna come back up to the top again um I made my way down to the bottom and watched the rest, I think I watched finals um from the bottom of the hill with the other members mostly, of her team. So Sophie, the team manager George and some of the other people from the OWI and other Australian athletes and so again once my job was done at the top of the hill, I came down to watch the rest of the event um from the bottom.
C: And so, um can you take me through what's going through your head kinda all day as you watch um qualis and then finals.
CA: Um, it's just wanting to make sure she is in the best place possible to be successful. Um, and now at this point really, I'm not worried about her knee 'cause she's, she's in the start gate.
C: Mhm
CA: So, she really just wanted a chance to compete.
C: Mhm
CA: Um, and so she's in the start gate now and so now it's really on performance
C: Mhm
CA: Again, I'm not a veteran of this sport - I don't know what to expect, I'm just I've just started to learn who the competition is, like who the athletes are that could compete with her for a sport and again she's not at full capacity
C: Mhm
CA: Not, not everybody knows that she's you know we tried to keep it quiet in the media too that she's got a deficient ACL
C: Mhmm
CA: But again, our job is done, she's in the start gate and so now I'm just hoping she can she can ski to the best of her ability that she's happy with her run and hopefully that get's her a podium
C: Mhm - and what are your perceptions of kinda went down that day. How it all turned out.
CA: For her, or for everyone, or...
C: Um, your perceptions of the result um do you think that - um I mean the goal of getting her in the start gate was accomplished
CA: Mhm

C: So that's good.
CA: Mhm
C: Um, and you having been around the Olympics before, the rest of the day unraveling in a um you know getting through qualifications and getting into finals and then being able to put down a run at qualifications, um how did you perceive that as successful, unsuccessful, were you were happy, not happy?
CA: Mhm, um I think she qualified well, if I recall, like her qualification run was pretty decent. Um, and in finals, she chose to go for some big tricks that she wa-she hadn't that weren't necessarily her habit or her forte she hadn't been able to train very much, in large part because of the ACL, again, remember she hadn't skied from whatever that December 21st or 22nd she hadn't really done anything but some easy groomers, I don't think from that point until we got into Sochi. So she's pretty much gone five or six weeks without any serious training. So, in her finals run, she I think threw down some pretty big tricks that she hadn't really trained, and if, if she nails those, those are gonna get her on podium, and if not, then we're gonna have to rely on other people to screw up.
C: Mhm
CA: Um and so she did, again she threw down some tricks, not awesomely landed or whatever, but threw 'em down which tells me, wow she's a competitor she's not giving up like she wants this which was really great to see because again I don't know her that much as a competitor compared to how I know other competitors
C: Mhm
CA: So, so that was pretty awesome to see that she, she left nothing out, like she left it all out there, she didn't hold anything back.
C: Mhm
CA: Um, and until the very last competitor she was in third place, um with little if no training, with an ACL deficient knee, she was in third place until the very last competitor.
C: So you consider that...
CA: Um, ha-ha, uh well I was hoping that the um very last competitor would not have you know done as well or been judged as well as she had
C: Mhm
CA: Um you want, in my place, you train to get on the podium.
C: Mhm
CA: You train to do your best and you train to get on the podium and um so I of course wanted her on the podium we had ticked all the other boxes
C: Yeah
CA: Healthy, start gate, she finished healthy and so I wanted, I wanted, maybe I was the only one who had the box, but I wanted that last box ticked that she get's on the podium as well.
C: Mhm
CA: Um, so there was a, there was a little bit of disappointment like wow you've done all of this and, and did everything you could and I just wish it could have been rewarded with this one last thing.
C: Mhm
CA: So there was just a little bit of a disappointment like I was disappointed for her in there
C: Mhm
CA: Um but I don't, my sense is that she was not disappointed at all
C: And so then you were free to kind of celebrate with her at that point?

CA: Yes, yep, and so her family was there, her family came down to that area um and so it was again given what she had been through in the last year, but in the last 2 months in particular, it was a pretty amazing thing.
C: Mhm. Um, and you were kind of with that whole team? The whole performance management team
CA: Yes
C: Were they there at that time?
CA: Yep
C: And at that point, what was, if you could contrast it maybe to how you were feeling in Colorado time maybe between Colorado and Sochi, to that moment with the team
CA: Mhm
C: Um, contrast, differences, if any.
CA: Um, there was a sense of satisfaction; I think that we could all work together to a successful outcome, or several successful outcomes.
C: Mm
CA: Um, keeping her healthy and safe and helping her to be satisfied with her performance at-on the biggest stage, arguably the biggest stage. Um, so I think there was a, a sense of satisfaction that we could all come together to help her to do that. Um, yeah I mean I - yeah and I think again, I think it was the focus, it was the proximity, we were all together, there were no seams or escapes like we had to communicate, we had to work together like our, our job was right there. Like she was there and like the Games were right there, we needed, we needed to make this happen.
C: Did you have a sense that maybe, do you think the sense of satisfaction that we all came together and did this for the sake of the athlete in part stemmed from that there were points in time when you didn't think that it would happen?
CA: I think it came from my frustration, yes I think that the satisfaction was there for me in large part because I was frustrated previously that we couldn't get it all together.
C: Mhm
CA: And so, I'm also aware that I may have, I may be the only one who had that feeling of satisfaction (laughs) because others didn’t think there was a problem.
C: Mmm
CA: Previously.
C: Sure.
CA: And I have been a part of those well functioning performance management teams, and I know how they can and should be.
C: Mhm
CA: And I finally felt like uh god, we finally have a little bit of that going and see what happens when we do.
C: Mhm - yep. Um, what's it like talking about it now?
CA: It's, it's very apparent to me that there's a lot I don't remember...like there's a lot of details that I don't remember um
C: The feelings you do, it seems like.
CA: Yep, but the details of, and it's funny because I'm very, in those environments, I am very much routinized.
C: Mhm

CA: So I do the same things, more or less, every day once we get it figured out what the athlete and the team needs
C: Mhm
CA: And so for me now 13 months later, not to remember what that routine, that I'm so indebted to for two weeks in time - ha -
C: Mmm
CA: That I can't remember exactly what that is, is interesting to me. But then again, if I look at aerials, which I know those athletes, that staff, I've been embedded in that world for so much longer if I think about exactly what I did aerials - women's comp February 14th or men's comp February 17th, I can't tell you those details either.
C: Hm, so there's like this incredible amount of routine and focus and then you can step away from it and it all kind of dissipates (laughs)
CA: And like I said, I can't wait to get into the environment.
C: Mhm
CA: So that you can just put the blinders on and get focused
C: Mhm
CA: Um, and then it's such a high level of focus for three or four weeks, and like I said now it's interesting 'cause it's like wow, day-to-like what did I do that morning, did I go to the cafeteria? Did I just go have coffee across the way, what did I do? Did I workout?
C: *laughs*
CA: Um
C: But a lot of the moments you had pretty pegged
CA: Yeah
C: It's the minutia that seem to maybe
CA: Yeah - well and it's interesting because it's, it's really the things that are ha- in support of the athlete I feel like I remember pretty well, the things that are sort of what I needed I don't remember so well
C: Like the turmeric you remember
CA: Yes. Yeah the stuff around Hadley, like I would go into her room every night and we would do a psych session
C: Mhm
CA: Every night, um and sometimes during the day if she wanted
C: Mhm
CA: But that was our routine everyday
C: So you were at the - and you had a lot of athletes at Sochi.
CA: Yes
C: So being pulled
CA: Yes, and that was really important to me that they know. There was one overlap in training sessions there was overlap between when I needed to be with Hadley and when I needed to be with aerials
C: Mhm
CA: And, that was identified, I identified that months in advance and I communicated to the aerials athlete and staff that look I am going to have to miss this day of aerials training because this is Hadley's event
C: Mmm

CA: But, I, it was important to me that everybody know in advance and know that as soon as Hadley's event is over I will be doing X, Y, and Z and now you will be my priority.
C: Mhm
CA: So there were co-priorities until Hadley's event was over and then because I got into the village many many many days in advance of the aerial's athletes because um Hadley's event was early.
C: Mhm
CA: So I was there and all settled, um for many days before the aerials athletes got there, which I think was nice because then I knew where things were, I had a sense of things, they had questions so I could send them pictures from Sochi and they'd be like how's the food, how's this, what's the workout like and so I could help to alleviate some of their questions and their concerns because I was already in the environment.
C: Mhm, yeah. Okay, I'm gonna look through these, do you have any questions for me?
CA: eh uh
C: No, do you ever get tired of the Olympics, sound exhausting.
CA: Uhhmmm...do I get tired of being at the Olympics or what like?
C: Just the I would anticipate at this point you can anticipate the exhaustion
CA: Yeah, um I don't get tired of being at the Olympics and I don't it, it is tiring
C: Mhm
CA: But after four of them - ha
C: Ha
CA: I know, I know what I need at them and so for example in, well at all of them but Sochi is just the most recent in my memory I know that I, I will prioritize sleep or my own alone time over going to an event to watch that I'm not working so I have colleagues who will go to moguls finals - which is great and nice and supportive and quite appropriate
C: Mhm
CA: And I'm just like nah you know what I'm gonna take that time to get a little extra sleep, or to get a workout, which I need or to return some e-mails. Um, so I feel like I have a good handle at this point on how to stay healthy and well and take care of myself at the Olympics, because if I'm not doing that I can't be there for other people.
C: Mhm
CA: Um, I don't like the lead up to the Olympics, like I don't like that.
C: The talking about it
CA: I don't like the talking about it, I don't like all the attention everybody pays to it, I just don't like any of that. Um, but in terms of actually, I would rather be there than actually talk about it.
C: Mhm
CA: Like let me just get there
C: Yep. Well thank you, um unless you think there's anything else really important for us to discuss at this time um that's kind of all I have but if you have anything you think it's critical.
CA: eh huh, I'm good.
CA: C: Okay, well thank you.
CA: Thank you.
C: Appreciate it.

Injury Rehabilitation Manager Transcript

C: So before we get started formally discussing the two injury, or two Cases, can you tell me a little bit more about your role at the OWIA as well as um specifically your role with Hadley during those couple of years leading up to the Olympic Games?
N: Sure, so I'm a physiotherapist and my role, part of my role with the OWIA is injury rehabilitation manager, so we have a group of about 30 scholarship athletes and I rehab manage them through any injury from a distance um I used to travel solely with one team, with aerial skiing, and I could still do that rehab management from wherever I was um so I'd yeah, I'm not often present with those other athletes, so with Hadley, um my involvement was, when she initially joined the OWIA to do her screening, her musculoskeletal screening um and then any injuries that came along, we managed those, and I did catch up with her in person when possible uhm and I also did her return to sport testing in person when possible, if not, the other physio that was present with her did those. Um, so I've been involved with her since June 2012 through till probably June 2014 was my last real contact, I suppose, probably - yeah.
C: And so, can you tell me more about your, about what a rehabilitation manager will do?
N: Sure, so as soon as the athlete gets injured, I'm notified of this and then it's my job to discuss the management plan with our Chief Medical Officer, Doctor Strong, before actually before Sochi he wasn't officially uh in a - in that role, but he was still our go-to medical officer, um he's been involved with winter sport for a long time so he and I would discuss um along with any other staff present. So in the case of Hadley it would be with the coach, and with the physio or strength and conditioning coach or whoever, ah psych, um where we're all gonna go with that injury, and once that was established let's say um the athlete needs to return to Australia for more definitive management then I would help to um organize that so any radiology that might be required, any uh appointments with medical staff that might be required, I would assist in organizing those and then just making sure and keeping in regular contact with the athlete that they are attending their physio sessions and that they're, you know, seeing the nutritionist or speaking to their psych and just making sure that we try and have the most efficient process that we can in returning them, safely, but efficiently back to sport.
C: Great, um
N: So, pa-and so the end point really of my involvement with them and the injury is once they return to sport, once they've done their testing they get back on snow or on ice, um and then I make sure they progress you know safely back to that and then you know they're back into their program.
C: Sure, you have them through their toughest times *laughs*
N: Yeah *laughs* yeah
C: That's, eh-what's, can you tell me a little bit maybe some of your mm-the more challenging parts of your job?
N: Um, probably if there's uh disagreement between more between staff about the best way to manage something um like if for instance the strength and conditioning coach uh believes that they're ready for something and I think that's you know probably not ready, pushing too fast you know then we run into a bit of um problem *laughs* and you know it - because you want to keep a uniform approach to the athlete, you don't want to have several different staff um giving different opinions to the athlete if-if you stay on the same page it's pretty easy but if you don't and if the athlete loses confidence then they start searching for their own inputs and it makes it way too many people involved, and too complex and just it's a little bit out of control.

C: Sure
N: *laughs*
C: Yeah, that makes…
N: So it's actually yeah just managing the staff relationships, is-is one of the biggest challenges
C: Yeah, in those um rehabal-rehabilitation meetings, those initial ones, would the athlete be in there or involved?
N: Uhh – Na - not usually um, usually it would be me discussing it with the doctor on my own
C: Okay
N: And then sort of reporting back to the coach um and then they would discuss, I guess it's different, like cause I've mostly done it with my aerials team and I've been present with them
C: Sure
N: Um so I'm there with the coach and we just talk about it all the time and you know le-let the athlete know immediately, with the ones that I have to work with at a distance, um because they're a little satellite you know team off their somewhere it is just, it's a little bit more disjointed um but to- sort of depends on the athlete too like if they're more senior and have kind of been through a few injuries before they sort of you know, know what they're doing
C: Mm
N: If it's a young one then they need a lot more guidance and um probably keep them out of it a little more and then inform them once we have a good idea of the plan
C: Sure, can you identify some of your fav-more rewarding parts of being a part of- or in your role?
N: Um, I think returning any athlete back into their sport to their full level, um is pretty rewarding, it's never good if they suffer a recurrence or an-you know experience another injury that, that feels pretty much like a fail to me. So, um anytime that it's safe and they make it through the season, uh and then on top of that get some good results, you know that's I think the most rewarding.
C: Sure, um can you remember a least and a favorite moment of working as a part of Hadley's injuries, return to sport, specifically?
N: A least favorite?
C: Maybe a least and then a favorite, or even a favorite and then a least
N: Ha-Ha, hmm, trying to remember, now I - she won't, first of all though - we're just talking about the two knee injuries
C: Oh yes, cause I know she's had
N: Cause she also had a concussion um just before one of the knee injuries, which I don't know if-if anyone else has talked about that but they were pretty closely timed and um like I think that's significant. Um, so let me think about a least first um...I think probably it was disappointing to me that I guess she got so frustrated to the point where she jumped on the tramp and then that caused her, her second knee injury so close before the Olympics, that's not, that's not great and then um the length of time that it actually took for her to receive the full diagnosis about that injury
C: Mm
N: Really bothered me.
C: Mhm
N: Um, but because I wasn't the physio present, I couldn't override the way the physio there wanted to manage it, I tried - you know I tried to uh encourage her as much as possible um yeah, I'd say that was probably the lowest point in the management for me, um and I think the

highlight has to be the outcome still that despite um everything that she went through in the year prior she uh still managed to come fourth which I mean she was extremely happy about, a podium would have been nice but um like it was a successful outcome nonetheless
C: Yeah, absolutely. That seems to be um the general consensus - there's this "a podium woulda been great" um I've heard it said you know but it would've been up to the misfortunate of others not necessarily she could have done much better um
N: Yeah
C: And that, thus
N: Yeah she was a bit limited with her uh degree of difficulty because of her
C: Yeah, can you tell me a little bit more about the um, the concussion, I hadn't heard about that.
N: Okay, so she was at X-Games um and she got a concussion on the 25th of January, um so it happened in training she lost consciousness, that actually doesn't really matter like in terms of the final outcome
C: Sure
N: Um she was extremely keen obviously to still go ahead and compete at X-games but we do have a concussion protocol and she didn't pass it, we tried to expedite it based on her symptom response, but in the end, she pulled out of that competition. And she was actually sort of relieved that she did, I think, from memory, some of her friends got injured at X-Games
C: Mm
N: Um and so she was pleased not to have come away with more than that um and then so she rehabilitated from the concussion, so in that process um first of all you wait until there's no symptoms, no headaches, no dizziness, you know no sensitivity to light, I can't remember the particulars
C: Mhm
N: The symptoms she had at that point, but so she was symptom free and then we do a graded return to exercise so she would've started with um just a basic steady rate cardio and then progressed back into doing basic plyometrics, um and then back to skiing, and she did that whole process before she left for the next competition so then she flew to Switzerland for a World Cup um in Silvaplana, I think it's called and uh in that competition is where she injured her left knee.
C: Okay
N: The knee - in the competition run. Uh actually I can't remember if it was in the training run you probably got that explanation
C: Yeah
N: But anyway it was on the day of competition
C: Sure
N: Um and it was on the 8th of February so it was within, yeah 2- was about 2 weeks after she sustained the concussion
C: Okay
N: Yeah, so um, there has - I actually don't know the most recent evidence, and I should check again um in terms of - of second injury after a concu- a concussion but it is widely discussed anyway that uh injuries do happen as a second -related to concussion.
C: Sure
N: So yeah, I'm glad that I mentioned it *laughs*
C: Yeah, absolutely.
N: Since you didn't know about that.
C: No I didn't

N: Cause I think, yeah I mean it put her out of it put her out of training and competition for a period anyway which would have interrupted her preparation for that World Cup, so, even if she was completely asymptomatic it's still an interrupt
C: Yeah
N: Um, preparation, um and then the other thing uhhh - I wanted to mention was or ask you, is did, did she also talk about her the cardiac diagnosis that occurred during her rehab?
C: No, I don't believe so.
N: Ha - Okay. Well, I guess she's consented to us discussing anything
C: Yes, I have written consent that we can discuss yeah the injury, the two years prior to her lead-up
N: Okay
C: So whatever that
N: Alright, yeah so she had the concussion then she had the left knee injury, as we're rehabilitating from that, I think we just did a routine screening with our doctor and there was uh something on the ECG so he referred her to a cardiologist and she was um diagnosed with hypertrophic cardiomyopathy um which I'm not sure if you know all about that, but that is, one of the biggest um outcomes of that disease is sudden cardiac death in athletes *gasping* so *laughs* that diagnosis happened just as we were finishing her uh clearance to return to sport for her left knee injury, and it was quite a stressful period um it didn't have any, it didn't mean there was any change to her plan at all, that particular diagnosis but everybody was then made aware of it, um it was just yeah another thing that happened in that year
C: Another stressor, yeah.
N: *laughs* yeah she had to do stress tests and so forth and um you know I think her family had to be checked and
C: Is that something that is something you carry for life or is it during a time?
N: Yes, I believe it is familial so uh I think her, I think her father has it, I'm not 100% sure, but uh yeah it - and it just yeah you-you have it for life after
C: And is it just then so how do you decide, or why is that not a change to the plan?
N: Um I guess because the cardiologist's recommendation was based on uh I think it's the size of the heart muscle, and the particular area where it was thickened was a much lower risk than uh than normal, so he felt, because at first the discussion was you know should she just stop and be not in sport
C: Yeah
N: Um, but he said "no, due to the location um it's a much much lower risk" and he, he gave her the choice
C: Okay
N: So, obviously she decided to keep going
C: Right, sounds like Hadley
N: Um but you know we did have discussions about do we need to ha- you know do we needed to carry defibrillators you know around for her and so forth but um it wasn't seen to be necessary, so that's how I guess the low risk was perceived to be in her case
C: Sure - but it is uh definitely another stressor in that amount of time for her
N: Yeah - eh yeah yeah, I think she tried to um, she tried to play it cool and calm about it but I, you know Hadley can get pretty anxious and so I did go with her, I was at, I happened to be in Melbourne at the time that she had some of that testing, so I went along with her and that was, that was good for me to see her through that. Um, because she was reporting, I think she was

reporting to ah Lawrence in the strength and conditioning coach, and also to to Cate that she was a little bit stressed about it so
C: Sure, reasonably so.
N: Yeah, I'm not sure, we didn't really discuss it much after the um, after the diagnosis was made, so probably just got pushed to the back *laugh* of her mind
C: Yeah there were, there were plenty of other things -
N: -Things to deal with yeah
C: *laughs* absolutely, um okay well so I'd like to more focus on the first injury, can you take me through from your perception the sort of the timeline of that first meniscus, cartilage injury?
N: Okay, so it happened on the 8th of Feb, as I mentioned earlier, um she didn't have any medical staff with her, and so she and she was due to depart and go to the Sochi test event straight afterwards uh she reached out to the physio who was going to be looking after her at Sochi, um Phillip, one of our senior physios and you know there so that was great because as soon as she arrived we could organize a meeting. There was really no time in between um her finishing the other competition and traveling to get anything done so I thought that was fairly timely in getting that diagnosis um from the MRI and you know she went back to Australia pretty quickly
C: Mhm
N: Uh she had her surgery on the 22nd so what's that, like two weeks later, I can't remember, yeah two weeks.
C: Mhm
N: Two weeks later um it was so the MRI didn't reveal the full extent of that injury um that was sort of found upon arthroscopy and do you want me to talk more about the, the extent of it?
C: Um, sure whatever I guess, from your perception is important and significant in your timeline of that
N: Okay, well I guess then it's important so the - the meniscus was partially torn, lateral meniscus um but mm-but probably more challenging in - in the rehab in ongoing sense was that she had a really large full-thickness chondral defect um which was on the weight bearing surface of the lateral femoral condyle so, okay,
C: Yep, yep
N: Do you know knee anatomy?
C: Yep, yep,
N: *laughs*
C: I actually know exa - I know exactly where that is, I was a kines undergrad so pre-PT
N: Oh, perfect.
C: And so yeah
N: Okay yep, okay so yeah weight bearing surface, lateral femoral condyle, full thickness chondral-chondral defect and um so that was what really sort of dictated how - the length of this rehab because from a standard meniscetomy more-so medial than lateral, lateral's a you know can be a bit more annoying, but should just be 6 weeks and you're back, but because of the um chondral-chondral defect, it really did take many more months um and you just have to build gradual tolerance for that area um back again so she didn't she got back on snow in mid-June, so that's about 4 months later, from her surgery, which um was probably a month longer than I expected her to get back to full activity
C: Okay

N: Um, and would have been much longer than we'd initially thought before we, before she had the arthroscopy
C: Sure
N: So, yeah from her first diagnosis and when the sports doctor, who was in Sochi as well um you know they probably they would've thought it would be fairly quick, but then once we found out the result of the arthroscopy and we knew that we'd have to extend the rehab period um and then even-so when she did get back on snow in June it wasn't highly successfully ha - um but it allowed us to really go to plan B and we'd discussed sort of different plans um and so and we had the ability and the flexibility in where's snow, and water ramps and so were available throughout the season to give her the opportunity to still do everything that she needed in the lead up to the winter, to the northern winter season. So, um probably she didn't really fully like get back to load I would say until December, um and like to a level where her knee was actually coping
C: Sure
N: So that's like 10 months
C: Yeah...
N: *laughs* that's, that's quite long um but as I said that large defect really sort of dictated that, and I probably a couple of things along the way weren't ideal where uh I think she went back into training load probably a little bit too soon um and so as a result she kept, she had effusion for a really long time in her knee, and it was difficult to control um and it wasn't until we kind of you know eased that off that we actually could get on top of that um yeah
C: The - like her training load?
N: Yeah, so she did and uh I notice you're not talking to the strength and conditioning coach, I'm not sure if you wanted to add him in or if you left him out for a particular reason
C: I actually didn't know until interviewing that he was a part, um the individuals were identified primarily through Cate and what she knew of what was going on and I think because uh Lawrence wasn't a part of the second injury really, according to what I've been told he wasn't as much
N: No, that would be true because it occurred whilst she was away during the season and he doesn't travel, uh and this woulda been too short of a time-frame for him to really have eh-didn’t' really need to have input into her management, that's right
C: Yeah
N: Cause it was just about let's just get through to the games
C: Yeah, so that was if I had to guess, that's probably why uh Cate didn't include him, that being said I think based on the conversations that I have had, um he is an important piece of that first injury um and so if anything his, absence in the second injury might be an interesting contrast, um but I would have to, I've thought of and probably will discuss with Cate the, the benefit of hearing his perspective
N: Hm, yeah just a thought.
C: Yeah, absolutely thank you.
N: *laughs* um, so what were we saying?
C: So the training load
N: Ah yeah, so the training load in the gym and I thought um initially um I think she was doing like 5 or 6 days a week double sessions, it wasn't just gym it was you know other things um
C: Mhm
N: Bike and sort of like still gym, dryland training um but it really didn't respond happily to that much load and it was quite a battle um to get her because she uh, I guess she just wanted to she

just wanted to get better, so she wanted to do everything possible and it's really hard to hold an athlete back and say like actually less is more at this stage and um we just need to gradually build so but I wasn't involved really in talking to her about that on a day - to - day basis, that would have been Sophie more um because she was treating her and Hadley was, Hadley spent quite a bit of time in Sydney, I mean I live in Sydney as well but when she has a treating physio who I trust - I let that person discuss with the strength and conditioning coach and um, try and manage the load. But it did get to the point where uh at that uh June on snow camp it was getting a little bit much so we then had a wider group discussion, including Cate, including Amelia, um and we just as I mentioned before we readjusted her timeline and backed off and after that point things started to fall into place better
C: Sure
N: In terms of the overall load and managing it and sort of setting some expectations for her I guess like um I remember one of the things she really wanted to do was tramp and um I said to her look with that defect I really don't think it's likely that you're going to be able to do it, I didn't want to totally shut it down, um but I think that's never great to do when a person's first injured and just getting back so um you know I said it was highly unlikely that we would be able to tramp, um and so we did manage to keep that out of her program for pretty much the entire time which, until
C: Mhm
N: She made that um unfortunate decision to jump on the tramp *laughter* later…afterwards
C: Alone, yeah. I'm just gonna open a window real quick, it's kinda warm in here
N: Sure
C: Which is shocking cause I'm in Milwaukee and it's freezing
N: Yeah that's what I was thinking, Cate's always telling me how cold it's been
C: Oh it's miserable, miserable, but actually today as you can see there's sunshine, which is new. We don't usually have that.
N: *Laughs*
C: And, um it's kinda, well it's nice for us, it's about I think 50 - 55, 56 degrees
N: *Shocked facial expression*
C: Which is cold but we've been coming from like the teens and the twenties so it feels really nice.
N: It's exciting
C: Yeah, it is.
N: *Laughter*
C: We're like, we're moving towards warmth. So there's - like we have hope for the first time in a while.
N: *Laughter* did you grow up there?
C: Yeah, yeah...I've been in the Midwest my whole life um it wasn't until my family moved to Texas about 2 years ago and I had this epiphany that the rest of the world doesn't live like I do, cold all the time *laughs*.
N: Nooo
C: And I have a very very good friend that actually lives um yeah that lives in Sydney and and um or just outside of Sydney and yeah and he would always say, like its - it's better *Laughs*
N: *Laughs* yes
C: But somehow I'm stuck here. So...
N: Choosing to stay, that's okay

C: But yeah, so a little fresh air is good. Um but yeah so the, the trampolining you had cut out and who all was um who all was involved in that discussion at - it was Bend, right? Or was it Mount Hood?
N: Uh
C: One of the two
N: It was definitely in Oregon
C: Yeah *laughs*
N: I think it was Mount Hood...
C: Okay
N: I think it was Mount Hood um that so in that discussion was Amelia, Hadley, uh hang on, I think we might have had discussion without Hadley first and then brought her in
C: Sure
N: As well, um we yeah think we had a little small planning discussion and then had a second one with Hadley involved um so yes Lawrence, and Sophie cause they were both there at the time, Amelia, Hadley, Cate, and myself.
C: Okay
N: Um and then yes, we just basically readjusted the timeline and the main thing was we took out a-a period of water ramping, which was planned for July in Park City, and we shifted it um to September and that gave her the opportunity to come back to Australia do some more dryland um training, start back on snow in Australia, they also did at one point have in the plan a World Cup in New Zealand, I think it was in August, um but that also got canned um we didn't feel it was important to push her into a competition at that point
C: Sure
N: It was more important to just keep the rehab progressing
C: Mhm
N: In the right way, um and so yes she spent time in Sydney and time in I think Thredbo skiing and uh then she went back to Park City uh in September and did some water ramping then and it was uh yeah she managed all of that reasonably well.
C: And what is this experience like for you being um sort of the manager of, can you tell me more about your experience?
N: Yep, um I think it's always, it's always different with every athlete and you've got to be uh open to change and to trying different things and understanding what, how that athlete works so uh as we were talking about before like with Hadley she was really involved in all of the discussions and she was used to be like managing herself so to sort of take away that strong independence was never gonna happen so it was really important to involve her and to sort of discuss those options with her because she also knew her sport a lot better um than any of us and her and Amelia together um could sort of advise us what they needed in the plan
C: Mm
N: Um, you know so which components were important um and how you know whether it was okay to sort of do them in a different order than you know what we might first have imagined um so it was - it was nice to have all of that input um rather than like I wouldn't, I don't think I'd ever take the approach of you know we have to do this now, and that now, I think we needed that information from everybody um and it was - it's especially important when everybody is a little bit split up and and not in the same location that there is communication through all of us, um so and I think, and Cate is so fantastic at facilitating those sorts of things, because she probably keeps in the most regular contact um of anybody aside from the Coach who's physically present

with the athletes so she's got a very good handle on what's going on and if anything even like remarkably small popped up she would pass that on to me
C: Mhm
N: And I guess cause we worked together for so long, it's - it's easy for her to do that with me. Um and then I could be across it a lot more but it is it's difficult at a distance because you do miss stuff that just happens uh day to day and-and people do forget to sort of report back in. Sometimes they feel like they are on their own, um so I think it's really important to keep working on the communication and I've definitely, imp-like I've improved at that over time in my role. Uh
C: Sure
N: And, yeah.
C: Great so trying to make sure you're staying in good communication and trying to help facilitate, or do you have that role to help facilitate communication among the staff as well?
N: Yes, um I do, and so if I haven't heard from somebody in a while just you know checking with the physio err- or I would have checked in with Sophie um but Sophie also was actually pretty good, she didn't travel with Hadley all of the time, um but she and Hadley had a great relationship so Hadley would either go to her or Cate I guess, and then I would - we'd all keep each other in the loop. Um, which was really good um as I said because it was a distance I still think it could have been better um but *laughs*
C: Can you tell me more about how you think it could be better?
N: Um, well we don't I think one of the things that we haven't done well so far is to monitor the load that an athlete is doing, objectively. Uhm, and I know Cate has starting doing a lot more of that - the RESTQ lately.
C: Mhm
N: Um but I don't think we - we, she never implemented that with Hadley
C: Mhm
N: Um and we didn't do anything either from a physical, physical load side um and I think if we have that sort of information going forwards we are uh more easily able to keep our finger on the pulse with what's happening um and then to make little adjustments before anything significant you know were to happen, so currently um last year, we we have a database system now that we use, uh which was set up by the Australian Institute of Sport and we started at Sochi actually, which wasn't the greatest time um to use it just for the medical side and physio records um but our next step is to implement it with the Athletes, so that they will be entering daily wellness and training block um scores and then we'll be able to track you know how they're going and I won't ge- it will mean I won't have to just think to regularly check in with them, I mean I - still have to do that, I think it's good to make personal contact with them
C: Mhm
N: But I'll have a clearer objective idea of what they're doing, which uh I think is a-eh different way of communication but will help us in the management for sure
C: Sure, that makes a lot of sense. Was that something that, I think you mentioned was a struggle with Hadley?
N: Yes, um the load management?
C: Yeah.
N: Yeah, um so I mean I-I've seen - I see the program that the strength and conditioning coach gives her for instance and I - like I see how the weekly plannings and I know what occurs in each

session, but to actually have a measurement of the effect of that load and obviously there's not just the physical component, they've got like everything else going on
C: Mhm
N: Um, eh what I - yeah I think we need to know that cumulative sort of stress uhh, and obviously it was to-too um too much at the start but then like we just I guess did by trial and error, how do we reduce it rather than having a really clear you know easy something to refer to so you stressed yourself x amount of units, you know this week or this month and we probably just need to aim for this amount
C: Sure, yeah that makes a lot of sense. And I've seen some of that RESTQ stuff with Cate and it's, it's really helpful
N: Mmm, mm
C: Um - giving some of-
N: -so I'm not sure
C: Oh - go ahead
N: That's okay, I'm not sure whether we'll- when Cate comes to Australia we're going to discuss whether we can implement that with some of our other athletes, not just the ones that she works with um and then we'll try and yeah pair it with the system that we're also gonna start ah it's called the athlete management system, but okay so yeah that's something per-planned for the future that we haven't done well, but also like prior to my involvement like I was the first full-time physio in um employed at the Olympic Winter Institute um and they didn't have anybody really managing injuries, so we've come a long way from where we were and I think now we're just refining our systems
C: Sure, I know uh when I spoke to Sophie she mentioned that the beginning stage of Hadley coming, like getting surgery and then Sophie seeing her - err and then yeah Sophie seeing her was a little bit um, disjointed, do you have a - did you have the same perception or, she -
N: That's -
C: Said something about physio named Nic, I believe
N: Yes, so she did start, because she started in Melbourne and she had this surgery and all that
C: Okay
N: Um and one of our other physios uh, uh that we use in Melbourne is called yep Nic Allan, um and so he did see Hadley in that initial period before she came to Sydney, I thought, I don't remember it being disjointed, he I thought he provided quite a good handover and...
C: Sure
N: So I'm not sure, I'm not sure why that's Sophie' perception
C: Yeah
N: *Laughs*
C: Maybe she just, maybe it was more she was talking generally, I think she was um she might have been speaking more to between her and Lawrence as well, I'm not exactly sure, I just remember her thinking that that beginning part she felt like maybe she was speaking to kinda what you just were was the, was the high load. Um, and I haven't re-listened to that so it could be that
N: Yeah
C: She's speaking to that similar thing
N: Yeah, I eh - it might, I think it probably, the disparity that I think occurred is between Lawrence and Sophie, and they've historically had some issues working together *Laughs* Lawrence is a difficult character um and so he kind of likes to really have full control of the

strength and conditioning program, um which is fine, that's his area, but it takes some time for him to accept uh input from a physio that it's not actually going that well, it it, yeah it can be difficult for him to sort of take that message on board um so I think that's probably what Sophie struggled with the most
C: Mhm
N: Um, she felt that she couldn't, I think she probably felt that she couldn't get very far in in that and, I - I can't remember, I actually can't really remember that well the conversations that we had, that I had with Lawrence around that time um sorry *laughs*
C: That's okay
N: That's not that helpful, but I do know that yeah
C: Yeah
N: Overall, in that in that period it was, it was hard and as-as I said her knee was swollen most of the time and eh-that's just a clear uh ehm uh indication that it - she was doing too much. It - something, you know something wasn't happy and
C: Right
N: It needed to be modified, but she did push on with it for quite some time, I think Hadley felt a little bit probably intimidated, didn't want to like didn't, because she hadn't had that sort of same injury before um didn't know how much she should or could push and did just keep on pushing at the start
C: Mhm, yeah
N: She also wasn't allowed to take anti-inflammatory medication um initially, it could - I don't know if - if any of them have talked about that um, that was because um anti-inflammatories can retard healing, so it was advised to not take them for as long as we could possibly hold off, so she didn't start taking until June
C: Okay
N: Yep, so until 4 months later, so she struggled with this effusion for ages and ages and then yes once um once we changed her plan and doc did say okay you can uh you can finally take some Voltaren, it actually did have very positive effect on the effusion um and I think that helped as well, but we did try and, we did want her to have cause we've gotta also think about the long-term future of her knee, not just you know the short-term we need to get it right for Sochi but actually what's her knee going to be like in the future, so that would have been part of the reason why she couldn't, was advised not to take anti-inflammatories in the early period. But I think then once she started, I'm fairly positive she took them through until um 'til Sochi, so she probably took 'em for about 6 - 8 months
C: Yeah
N: I don't - I don't know that she um took them consistently all the time, and that's so possibly something you could check back with her if you need
C: Yeah
N: If you need that info. But uh they did? Help her.
C: Sure, that yeah I didn't know that before but that would definitely make things a little bit frustrating probably for a lot of people if it's inflaming all that much
N: Yeah, yeah and she knows, I- cau- I mean she's had many many injuries so she knows what uh positive effects an anti-inflammatory can do
C: Provide, yeah
N: She did ask, a lot of times *laughs*
C: She knew what she was missing out on *laughs*

N: Yeah
C: Um, I'm just gonna take a look at some of the questions I have and then
N: Of course
C: Have you ever dealt with a different athlete in - obviously every athlete is individually different, but with this injury?
N: Um, not with such a large chondral defect, no
C: Okay
N: I've certainly had some of my aerialists have had a lateral femoral chondral defects, but not this - not to the same um extent and also not with the same, mm I don't think with the same timeline pressure to the Olympics
C: Sure, so were there clear expectations, I know you said things got shifted and changed - were there clear expectations though of what you thought this might, how it might go down versus how it did
N: Um, like I said earlier, I thought it would probably be about a 3 - 3 month rehab, so it did, it did blow out for longer um but when you think about the um activities that she needed to do, it's not a great surprise that it took longer to get back to everything um you know just with trying all of those different things and introducing all of those different things because you can't um do them all at once, you know it's not like it sort - it's not like a fracture where okay - six weeks period is up okay - bones better, we just need to work on some strength and you'll be fine. It's something that needed to be managed in an ongoing way the whole, and it probably even now still requires li-lifetime management. Um, because it doesn't fully recover
C: Mhm
N: Because that that chondral surface will never be a 100% again so yes it's one of those injures where um like I wouldn't expect a 100% um as the end point eh but so yeah so we'd like her return to sport testing for instance, we wouldn't set 100 as the mark that she needed to get
C: Sure
N: To return, uh so I guess that like you - we factored that into our expectations, um and we yeah, we adjusted accordingly
C: And how does the ongoing nature of this type of an injury shift your experience?
N: Um, I think I - will know for future instances it will just remind me that um we do need to take it gradually, we do need to build gradually, we do need to add each new um activity that they need or think is important, um just progressively...and really not overdo it. *Laughs*
C: Yeah
N: Like sure you might over do it for a short period but just be really aware um that it might fluctuate and it might not respond positively and and just trying to keep it under control
C: Sure
N: Different to a straight ACL reconstruction which is what she you know had after the second
C: Yeah
N: Injury
C: And, you said normally once they go back so were you can you talk to your experience with Hadley sort of as she was starting to go back to competition and then maybe even as she came back and went to that second injury, what your role was?
N: Yes, so um I'm sure pretty sure that Sophie was with her for almost the whole northern season so actually once Sophie was around again I didn't have that much contact with Hadley, because - direct contact because Sophie would keep me updated and like I said before, we don't want too many people giving inputs so

C: Mhm
N: If things are going well, um and I'm getting the reports from the physio then I just leave them to self-manage, so I didn't really hear um didn't really hear much in the you know December, January, no in the December period sorry, um it was just when she re-injured herself that I started to hear from them again
C: Okay, can you then if we shift now to that second injury, take me through um that timeline and your role?
N: Yep, okay so that overall timeline, I'm just gonna have a look at my notes here, was 5th of January until 11th of Feb so only about 5 weeks, um so on the 5th of January as we've mentioned, she decided to go against advice, jump on the tramp, wasn't wearing her brace even, um cause she had a previous ACL reconstruction on that knee, um and she did normally wear a brace during activity, anyhow she felt a pop on the landing and mentioned this to Sophie uh I think she also mentioned it to Cate, um I didn't hear from Sophie until 3 days later, and at that point I strongly encouraged her to get an MRI um and see what was going on with the ACL because anytime you hear a pop in the knee, that's the number 1 thing that you're thinking. Um, Sophie was quite reluctant to get imaging organized immediately, which was quite frustrating for me, um I think she developed a good friendship with Hadley, and that I found that clouded her ability to deliver hard news to her, um so it didn't, I can't remember the day they actually got the MRI but um Sophie, they waited, I think they waited until a better imaging place was available, anyhow it took 10 days until Hadley had the diagnosis um which I am sure was extremely frustrating for her, it was frustrating for me and um for Cate cause we were telling uh Sophie like we need to let Hadley know, what-what's going on so that we can develop a plan, because I mean most people would expect a month out from the Olympics uh to rupture your ACL, you're just not going to the games and I'm, I guess probably that's what Sophie was concerned about um she was very positive in um you know for ma- I think she was still positive in her management with Hadley but uh-err I think it took too long, um and functionally Hadley was coping quite well so actually, I think that the discussion was that her ACL probably wasn't fantastic, her old graft, her hamstring graft was probably uh deteriorating over time anyway and this one jump finished it off, um so actually she was quite able to cope uh functionally and based on her clinical um appearance wo-ah the plan was then developed to give it a chance, to make it still to Sochi, so we didn't write it off um and so after the diagnosis was definitely established, um we just came up with that very short-term plan of getting her through to the Games. Um and I think the - aside from that early frustration of not knowing what it was, then Hadley got on with the job, um she did however because she was injured, she had to pass testing again
C: Mhm
N: Before competing and I think that also created some-quite a lot of stress for her because the testing uh procedure, which at this point was uh sort of dictated, the dates I suppose were dictated by um our doctor, and like that we needed to have it done by you know this time, but um each athlete kind of arrived fairly close to when they were compete - competing in Sochi and um so it was a very stressful time, it was her first Olympics and um didn't know, they, when they go to their first Games, they don't really know how overwhelming it might be or - they-they kind of treat it differently to other events, even though they're still doing their same run, and so forth, but um so Hadley so she did the testing, I think it was on the 8th of Feb and her event was on the 11th uh and actually we came up with a-a I thought and I think actually it was Cate and perhaps Amelia's suggestion um that with this particular testing, we still did our usual routine testing,

which was looking at the range of motion, effusion, uh I don't think we did, normally we have a series of hopping tests
C: Mm
N: That we look at symmetry side to side and stuff but this time, because she'd been on snow already and she'd been training um what we did was, we looked at some video of her uh training that Amelia had put together and showing different types of landings, and on both legs and uh single legs, doubles legs and all on snow, on the course and then Dr. Strong, myself, and Sophie uh each scored her runs independently and that was how we um passed her fit to actually compete. I think it was yeah I know it was necessary that we had to feel confident that she could compete safely but if we could do it as early as possible I think that would have redu-reduced her stress
C: Sure
N: A little bit, I'm also pretty sure and maybe you already know this, that she had a cold
C: Yeah
N: Leading up to the Games, um and you know I'm sure that was an accumulation of everything also that was
C: Yeah
N: Happening, stress and so forth um and so that-that wasn't ideal in that last few we-last little bit of preparation *laughs*
C: *laughs* no
N: Um, *laughs* but anyway, we got there and she as we know, she competed okay
C: Yeah, um I wanna talk for a little bit about um the actually team surrounding her um and you being in maybe a more unique situation that you weren't maybe directly in contact with any of them but sort of on the outskirts in contact with perhaps all of them um, your perception of kind of team process through the two different injuries.
N: Okay...um, hmm. I think it was probably much more cohesive the second time around because she had her group with her, they'd been present with her, um aside from the delay in the diagnosis
C: Mm
N: So, actually you know on second thoughts maybe that's not hmm quite so wonderful, um because when you are like when it is me on the outside and I can see okay clearly this athlete needs to have this imaging done so we can make a plan um, and that's what happened the first time as well actually with the knee injury it was okay we need to have this imaging done and we'll make the plans so um but there was more people involved in the first, in the first injury um and like we said Lawrence wasn't involved in the second one but there really was no room or time for that um because as you're coming into the games uh generally we'd like to, like reduce what's happening around the athlete so the focus you know can be solely on that, um I dunno that's a hard question.
C: *Laughs*
N: *Laughs* process - umm...it was probably a little bit more efficient the first time, but we had a longer timeline so relatively, the second one was probably a little bit more inefficient to begin with um, but she had better support around her.
C: That makes sense, um, and can you speak to I know um I've heard from a number of people the relationship between Sophie, Amelia, and Hadley is quite tight, can you speak to perhaps the nature of that relationship and um as you've said Sophie' cloudiness, and perhaps Amelia or um how that relationship effected the process perhaps?

N: Yep, um I don't know, like I didn't see it in action enough to um confidently describe the relationship between Amelia and Hadley, um although I know there were some issues along the way, but I think anytime that you have just two people who are traveling uh for the - for the majority of the time alone and like I think they lived together for most of the time so they're working together, living together, I think that's um really difficult to uh manage for themselves and before Amelia was Hadley's coach, as we said before Hadley was just used to independently managing everything so she did have to give some of that control away um to Amelia, which I'm sure was a bit of a relief cause she didn't have to organize everything, um but then they were both able to sort of bring their experiences together and probably did work more as a friendship than as a coach and athlete uh uh I imagine, I'm not 100% sure but that's sort of what I could glean, um Amelia had some insight regarding uh the injury - the left knee injury - because she'd had something similar herself
C: Hm
N: Um, but I do recall Cate being worried that Amelia, I think it's the injury that possibly stopped Amelia from um continuing to compete, so we were a bit concerned that maybe uh that would cloud Amelia's um you know ability to keep Hadley motivated and um and positive about it, but I, but it-it worked out fine.
C: Mhm
N: Like it didn't effect, um and yes Sophie and Amelia I definitely know are friends from before uh so yes they all do get along-they get along quite well um but I do, yeah I do think at times they found it hard to step away and put their objective hat on and especially Sophie, and say you know sorry but this is how it is and like let's make a plan it just took her a lot longer than, than in other instances, because I've worked with Sophie also for a long time um and I've seen in other situations where she's been very, very strong about it and yep we've got to do this now, um I'd-yeah I felt that their relationship did hamper um the diagnosis a little in the second
C: Sure
N: Time and perhaps I mean Amelia would've been around then so I-yeah it's interesting that they didn't that she didn't push for it faster either and cause I wasn't there I you know, don't-don't know exactly the dynamic that was occurring
C: Right
N: Except that Hadley was getting more frustrated *laughs*
C: Hadley was getting more frustrated?
N: Yeah, yep, I heard well and I heard that from Cate because I wasn't directly communicating with Hadley
C: Right, but you were in more constant communication with Cate
N: Yes, well Cate and I were together actually
C: Oh
N: Um,
C: Oh with aerials?
N: So we were- we were with aerials in Lake Placid and Amelia, Sophie, and Hadley were...where were they? I don't know where they were 5th of January, and...they were in Colorado
C: Mm
N: Yep, cause they went to um I think the Steadman Clinic but um ha yeah so Cate and I were together and we were discussing it and we actually had went away together and we could do

conversations together with Sophie then you know we would do that um and were really *laughs* really frustrated, anyway. *Laughs*
C: Fair enough *Laughs*...um were you with Hadley once in Sochi?
N: In Sochi, yes um I got there I think she arrived before the opening ceremony, um and decided not to march but I didn't arrive until that night yeah so I didn't actually in fact I don't think I saw her prior to her event...
C: Other than clearing?
N: I-eh-I can't remember seeing her...um and then I watched the competition uh and Sophie left quite, I think she left right after the slopestyles so and Hadley stayed um for a few more days so I trea-I just treated her personally. Um, a couple of times before she flew back home.
C: Can you just take me through your perception of then that competition and maybe anything you can remember of the lead-up and the after?
N: Um, I was really just there for the final, I think I saw the final competition run, so I wasn't there for the whole day or anything I um probably had aerials training or something else
C: Oh yeah, I remember Cate actually saying that
N: Um, so I popped over, yeah Cate would have, Cate would have been there though and I think I was at aerials training because the comp for her with Hadley overrode being with aerials for training but I sort of had to be at training in case
C: Yep
N: Anything happened there, and Sophie would've been with Hadley
C: Mhm
N: So yeah I just turned up and um I think I saw Hadley's run *laughs*
C: *Laughs*
N: And then I, I think I just caught Hadley's run and then I just watched the rest of the competition um so I think Sophie was up at the top I didn't see her, Uh Amelia and Cate were like down in the bottom area waiting uh you know and they were all waiting to get over there to see what the rest of the outcome was, um and I like I saw the happiness in Hadley's face, she was just so relieved I thought that she might be disappointed that she wasn't on the podium but like she was actually really happy um with her, with her finish so that was really nice to see.
C: Yeah, absolutely. Awesome.
N: And Cate as usual was very nervous, she's *laughs*
C: Tell me more about that *laughs*
N: She gets, she gets really nervous at competitions uh she like paces around and um she's got like a really serious look on her face and she's yeah she gets into another zone *laughs*
C: Another z--
N: It's pretty intense
C: Yeah well she's pretty intense to begin with
N: Yes, yep, this is more intense *laughs*
C: *Laughs* I'm glad I don't compete for her, I'll just be a student
N: Yes
C: And that's sufficient, um that's funny yeah the um I know that Cate said she was quite happy for her and um I think everyone was waiting to kind of see what Hadley, how Hadley reacted.
N: Yeah, well Hadley was the most positive, I think Cate was quite disappointed
C: Yeah

N: She was, she was really disappointed um, I think Amelia was happy, um and I don't actually think I saw Sophie at the end, but I'm sure she was uh relieved that uh Hadley was able to compete, I think everyone was happy Hadley was able to compete and do well
C: Yeah, so can you identify maybe what was done really well through Hadley's rehabilitation, from your perspective?
N: Um, yes I think um the involvement of Cate, because she hadn't previously worked with her uh I can't remember the date of when she started, Cate would've told you that I'm sure
C: Yeah, she did, I don't remember when exactly, but it was like January, it was I think the first time she met her was at the Sochi test event?
N: Was it, I thought it was earlier
C: She ma-I think she may have like spoken to her in early twenty - err in late 2012?
N: Okay - eh I thought it was
C: But, she I think she said the first time she made like met her face-to-face was the Sochi test event
N: Yeah, I think Cate was really quite instrumental in helping Had-Hadley to managing herself um, and and to help Amelia manage Hadley, like Cate's really good at doing that in the background with the coach um and making sure that the coach and athlete are functioning together as well as the athlete managing themselves um so that was a really key piece. Um in terms of her organization and um yeah probably her ability to give like to let Amelia do things and um I think that was probably one of the m-you know one of the better things that we did uh and I think the like we talked about just having the flexibility in her program um and you know identifying that when that things weren't going well we didn't persist and we did make changes which were then went on to be good um and we didn't cause further injury in that time um uhh and you know I thought it was great that we were able to give her the chance to compete even though probably uh in most instances that wouldn't have been possible.
C: Mhm
N: Uh, yeah I thought that was, that was really positive. Um, they're probably the main things. And I think the was reasonably good throughout the whole period
C: Sure, good. Um, is it strange talking about it now? Far - a little farther removed?
N: Yeah, well I had to like read back through my notes cause I was thinking gosh I really don't remember um a lot but as soon as I started reading over them quite a lot of it came back to me
C: Yeah
N: Uh easily *laughs*
C: Good, um do you have any questions for me or think there's anything else perhaps important to discuss?
N: Um, let me just see what I have here...emm I guess one important thing that like from my my side in terms of our return to sport testing is so in that first injury we do normally, depending on the injury, uh but with something like this I would do a preliminary testing when I thought they were getting close to um being ready to get back to sport and if they pass that they could start, but usually, usually they're not quite ready um and then I would repeat it uh a month later, with Hadley uhm she wasn't ready or she wasn't quite ready when we did the initial testing um we repeated it two weeks later uh because she'd al-already I think committed to leaving and going to Mount Hood, uhm and I think she may have had some other uhm commitments maybe sponsor commitments, I-I'm not a 100% sure
C: Mm

N: That she had to be overseas for so she left probably a little bit sooner than um than we were, than she was actually ready for and like obviously we found that out, but we did-we did do a repeat test, she passed based on our criteria but there was still some signs um to me that she was not uh quite ready even though, so for me like we have to look at our criteria and what do we need to change for this type of injury to actually get it right
C: Sure
N: Um so I think, the-the biggest thing from memory with her testing was I do um some double leg landings from a height and some single leg landings so, and I guess another complicating factor is Hadley has had so many previous leg, lower-limb injuries she's had ankle injuries, both knees have been injured significantly ah you know , da-da-da, so she didn't come in a wonderful condition to begin with before she hurt her knee and so um then trying to rehabilitate her, well you know what her baseline is and that wasn't very good
C: Mhm
N: Um so you sort of like want to get back to her baseline at le-at least if possible um but actually I'd rather improve her further because I know that some of the um deficits for instance that she displayed on landing still had her at-at a re-injury risk
C: Mm
N: So she would either land in a quite a lot of valgus
C: Mhm
N: Which, I gave her the feedback from uh her screenings you know in eh 2012 and also we did a re-did it in 2013 um and then in order to try and fix that, often they'll then instead of landing deeply and without control, they'll then shorten up the landing but
C: Mhm
N: It's like really stiff *laughs*
C: Mhm
N: So that's not ideal either and
C: Yep
N: Like I could see that she was making changes and that she was still improving and we passed her but um I think probably we just would need to be a bit more stringent like and you some of it would be subjective as well as-as objective but um in seeing that grayness
C: Mhm
N: Uh so possibly um in-in terms of her going back on snow, we might have delayed that
C: Mhm
N: Uh and changed the plan from there and not have her go but, but in the end like uh Amelia was happy with what they got out of the June camp in Oregon um and they were able to discuss some expectations and make a more definitive plan for the rest of the season so it wasn't all horrible, but you know just in thinking for next time what I might do differently is, is is um probably be more harsh
C: Mhm
N: With our pass criteria for testing
C: Sure, that makes sense. Um, alright, well I think that's all I have um
N: Okay

Appendix H: IRBManager Protocol Form

NOTE: If you are unsure if your study requires IRB approval, please review the UWM IRB Determination Form.

Instructions: Each Section must be completed unless directed otherwise. Incomplete forms will delay the IRB review process and may be returned to you. Enter your information in the colored boxes or place an "X" in front of the appropriate response(s). If the question does not apply, write "N/A."

SECTION A: Title

A1. Full Study Title:

THE LIVED EXPERIENCES OF AN INJURED ATHLETE AND MEMBERS OF A PERFORMANCE MANAGEMENT TEAM DURING INJURY REHABILITATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS.

SECTION B: Study Duration

B1. What is the expected start date? *Data collection, screening, recruitment, enrollment, or consenting activities may not begin until IRB approval has been granted. Format: 07/05/2011*

Upon IRB approval

B2. What is the expected end date? *Expected end date should take into account data analysis, queries, and paper write-up. Format: 07/05/2014*

05/31/2015

SECTION C: Summary

C1. Write a brief descriptive summary of this study in Layman Terms (non-technical language):

Over the course of the past few decades, the call for multidisciplinary and interdisciplinary approaches to patient care have increased (Drossman, 1996; Melvin, 1980). In both general healthcare rehabilitation, and sport injury and rehabilitation specifically, objective outcomes have been shown to be improved when the aforementioned approaches are utilized (Korner, 2010; McAlister, Lawson, Teo, 2001; Tur, Gursel, Yavuzer, Kucukdeveci, & Arasi, 2003). However, to date, no research has attempted to understand the subjective experiences of individuals involved in these differing approaches to patient care. Specifically, the voice of the athlete or patient has been missing. The purpose of the proposed study will be to gain subjective perceptions of the lived experiences of the members of a performance management team including the athlete as they worked on the rehabilitation and recovery of two different injuries leading up to the 2014 Winter Olympic Games in Sochi, Russia.

C2. Describe the purpose/objective and the significance of the research:

The purpose of the proposed study is to illuminate the subjective perceptions and lived experiences of members of the same performance management team, and an athlete through her two injury rehabilitation and return to sport Cases. This study carries practice and research significance in that it is one of the first to give a voice to the athlete at the center of these differing approaches to their care in conjunction with the subjective experiences of the team that surrounded the athlete. It will add to the extent sport rehabilitation literature as well as a larger body of literature in healthcare generally aimed at better understanding how to facilitate objective outcomes and subjective experiences in rehabilitation.

C3. Cite the most relevant literature pertaining to the proposed research:

Brewer, B., Andersen, M. B., & Van Raalte, J. L. (2002). Psychological aspects of sport injury rehabilitation: Toward a biopsychosocial approach. *Medical and Psychological Aspects of Sport and Exercise*, 41-54.

Dijkstra, P. H., Pollock, N., Chakraverty, R., & Alonso, J. M. (2014). Managing the health of the elite athlete: A new integrated performance health management and coaching model. *British Journal of Sports Medicine, 48,* 523-531.

Drossman, D., (1996). Editorial: Gastrointestinal illness and the biopsychosocial model. *Journal of Clinical Gastroenterology, 22(4),* 253-254.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196(4286),* 129-136.

Johnson, S. B. (2012). Medicine's paradigm shift: An opportunity for psychology. *American Psychological Association, 43(8),* 5.

Johnson, U. (1997). A three-year follow-up of long-term injured competitive athletes: Influence of psychological risk factors on rehabilitation. *Journal of Sport Rehabilitation, 6,* 256-271.

Körner, M. (2010). Interprofessional teamwork in medical rehabilitation: A comparison of multidisciplinary and interdisciplinary team approach. *Clinical Rehabilitation, 24,* 745-755.

McAlister, F. A., Lawson, F. M. E., Teo, K. K., & Amstrong, P. W. (2001). Randomised trials of secondary prevention programmes in coronary heart disease: Systematic review. *British Medical Journal, 323,* 957-962.

Melvin, J. L. (1980). Interdisciplinary and multidisciplinary activities and the ACRM. *Archives of Physical Medicine and Rehabilitation, 61(8),* 379-380.

Meyer, B. B., Merkur, A., Massey, W. V., & Ebersole, K. T. (2014). The realities of working in elite sport. What they didn't teach you in graduate school. In A. M. Lane, R. J. Godfrey, M. Loosemore, & G. P. Whyte (Eds.), *Case Studies in Sport Science and Medicine.* CreateSpace.

Tur, B. S., Gursel, Y. K., Yavuzer, G., Kucukdeveci, A., & Arasil, T. (2003). Rehabilitation outcome of Turkish stroke patients: In a team approach setting. *International Journal of Rehabilitation Research, 26(4),* 271-277.

Vyt, A. (2008). Interprofessional and transdisciplinary teamwork in healthcare. *Diabetes/Metabolism Research and Reviews, 24(1),* s106-s109.

Wiese-Bjornstal, D. M., Smith, A. M., Shaffer, S. M., & Morrey, M. A. (1998). An integrated

model of response to sport injury: Psychological and sociological dynamics. *Journal of Applied Sport Psychology, 10(1),* 46-69.

World Health Organization. (1948). *Preamble to the Constitution of the World Health Organization by the International Health Conference.* Retrieved from http://www.who.int/about/definition/en/print.html.

SECTION D: Subject Population
Section Notes… • D1. If this study involves analysis of de-identified data only (i.e., no human subject interaction), IRB submission/review may not be necessary. Please review the UWM IRB Determination Form for more details.

D1. Identify any population(s) that you will be specifically targeting for the study. Check all that apply: (Place an "X" in the column next to the name of the special population.)

	Existing Dataset(s)		Institutionalized/ Nursing home residents recruited in the nursing home
	UWM Students of PI or study staff		Diagnosable Psychological Disorder/Psychiatrically impaired
	UWM Students (but not of PI or study staff)		Decisionally/Cognitively Impaired
	Non-UWM students to be recruited in their educational setting, i.e. in class or at school		Economically/Educationally Disadvantaged
X	UWM Staff or Faculty		Prisoners
	Pregnant Women/Neonates	X	International Subjects (residing outside of the US)
	Minors under 18 and ARE NOT wards of the State		Non-English Speaking
	Minors under 18 and ARE wards of the State		Terminally ill
	Other (Please identify):		

D2. Describe the subject group and enter the total number to be enrolled for each group. For example: teachers-50, students-200, parents-25, student control-30, student experimental-30, medical charts-500, dataset of 1500, etc. Then enter the total number of subjects below. Be sure to account for expected drop outs. For example, if you need 100 subjects to complete the entire study, but you expect 5 people will enroll but "drop out" of the study, please enter 105 (not 100).

Describe subject group:	Number:
Member of the performance management team for the Australian Olympic slopestyle team	4

Australian Olympic slopestyle skier	1
TOTAL # OF SUBJECTS:	5
TOTAL # OF SUBJECTS (If UWM is a collaborating site for a multi institutional project):	5

D3. For each subject group, list any major inclusion and exclusion criteria (e.g., age, gender, health status/condition, ethnicity, location, English speaking, etc.) and state the justification for the inclusion and exclusion criteria:

The proposed study utilized purposive sampling, consistent with interpretative phenomenological analysis (IPA) standards (Smith et al., 2009). As such, individuals who were identified as a part of the performance management team in place within the Australian Olympic Freestyle Ski, Slopestyle team were chosen to participate in the proposed study. No other exclusionary or inclusionary criteria were utilized however, all proposed participants are over the age of 18.

SECTION E: Study Activities: Recruitment, Informed Consent, and Data Collection

Section Notes…

- Reminder, all recruitment materials, consent forms, data collection instruments, etc. should be attached for IRB review.
- The IRB welcomes the use of flowcharts and tables in the consent form for complex/ multiple study activities.

In the table below, chronologically describe all study activities where human subjects are involved.

- In column A, give the activity a short name. Please note that Recruitment, Screening, and consenting will be activities for almost all studies. Other activities may include: Obtaining Dataset, Records Review, Interview, Online Survey, Lab Visit 1, 4 Week Follow-Up, Debriefing, etc.
- In column B, describe who will be conducting the study activity and his/her training and/or qualifications to complete the activity. You may use a title (i.e. Research Assistant) rather than a specific name, but training/qualifications must still be described.
- In column C, describe in greater detail the activities (recruitment, screening, consent,

surveys, audiotaped interviews, tasks, etc.) research participants will be engaged in. Address where, how long, and when each activity takes place.

- In column D, describe any possible risks (e.g., physical, psychological, social, economic, legal, etc.) the subject may *reasonably* encounter. Describe the safeguards that will be put into place to minimize possible risks (e.g., interviews are in a private location, data is anonymous, assigning pseudonyms, where data is stored, coded data, etc.) and what happens if the participant gets hurt or upset (e.g., referred to Norris Health Center, PI will stop the interview and assess, given referral, etc.).

A. Activity Name:	B. Person(s) Conducting Activity	C. Activity Description (Please describe any forms used):	D. Activity Risks and Safeguards:
Recruitment	Faculty Advisor (PI) & Graduate Student (SPI)	In order to inform potential participants of the study and request their participation, e-mails will be sent to the chosen participants. Within that e-mail an overview of the study will be given and a projected time commitment (an e-mail script is attached). If participants respond they are willing to participate in the study, a follow-up e-mail will be sent with a more detailed explanation of the study as well as a consent form for their review. If they agree to participate following a review of the consent form and study overview, I will then [10] attempt to schedule a day and	Recruitment involves minimal risk to participants. Once invited to participate athletes will be given a consent form outlining the risks associated with participating in the study. Prior to the start of interviews a verbal agreement of consent to participate will be asked and an explanation of the steps taken to protect confidentiality. Considering the athlete is retired from the competitive circuit and the identified performance management team is no longer functioning, coercion to participate is unlikely [3].

		time to conduct the interview and allow them to ask any questions they may have.	
Screening	Faculty Advisor (PI) & Graduate Student (SPI)	All participants were chosen purposively and thus screening will not take place except to ensure that all participants were over the age of 18.	N/A
Obtaining Consent	Faculty Advisor (PI) & Graduate Student (SPI)	Prior to the start of data collection, participants will receive a consent statement (attached), which will be read with the participants prior to the start of the interview. Also before the interview, a standardized consent statement will be read out loud to the participant asking for verbal consent. [1] Additionally, consent will include asking to audio record the interview. The athlete will not be included in the verbal consent process as she will be required to return a written informed consent prior to the start of the interview [9].	The consent process involves minimal risk to participants.
Interviews	Faculty Advisor (PI) & Graduate Student (SPI)	In-depth, semi-structured interviews conducted either in person or via Skype. Interviews projected to last	Psychological distress due to re-living injury experience. I will clearly state the choice to discontinue and/or skip

		between 60 – 120 minutes and they will be audio recorded with consent to do so.	uncomfortable questions. All audio recordings will be uploaded to a password locked computer then deleted from the device. During the interviews, the SPI will make efforts to minimize use of participant names in an effort to protect confidentiality [8].
Transcription	Faculty Advisor (PI) & Graduate Student (SPI)	Following the conclusion of all interviews, the audio recorded interviews will be transcribed verbatim. Although the consent statement states that anonymity is not guaranteed due to the elite nature of the subjects, names will be replaced as pseudonyms in an effort to improve the chance of retaining anonymity.	Pseudonyms will be utilized in the proposed study in an effort to protect anonymity and confidentiality, other than potentially being identified, there are no known risks to participants as they are not involved in the transcription process. All transcribed interviews will be either stored on the password locked computer or printed and stored in a locked cabinet to ensure data are secure. [6]
Analysis	Graduate Student (SPI) & Outside IPA expert	In an effort to improve trustworthiness of the data analysis, an outside expert in IPA will be utilized during the analysis process. The IPA expert will not have access to the actual names of the participants and thus cannot	Data analysis involves minimal risk to participants. All data will be stored on a password locked computer. The IPA expert will sign a confidentiality agreement (attached) in an effort to ensure confidentiality of the

		breach confidentiality and anonymity. The IPA expert will act as a peer-debriefer, and auditor of the graduate student's findings. Since the faculty advisor is also a participant, an outside third source will primarily assist in analysis instead and auditing of the findings.	data and findings [2]. Additionally, the IPA expert will only receive transcripts with pseudonyms and they will be shared via PantherFile which only the Graduate student and the expert will have access to.

E2. Explain how the data will be analyzed or studied (i.e. quantitatively or qualitatively) and how the data will be reported (i.e. aggregated, anonymously, pseudonyms for participants, etc.):

Transcripts will be analyzed using processes outlined by Smith et al., 2009 in order to understand common themes within individuals, between participants, and across Cases. An expert of IPA will be utilized in the proposed study to ensure trustworthiness of the data analysis process. As such, the expert of IPA will sign a confidentiality agreement [2] in an effort to ensure that all data are kept confidential. However, the expert IPA will not have access to the real names of any participants and will only receive transcripts with pseudonyms. Data will be analyzed and discussed between the expert IPA researcher and the student researcher and emergent themes will be reported utilizing participant quotes as support. Quotes will be only identified through the individual's role on the team or the assigned pseudonym.

SECTION F: Data Security and Confidentiality

Section Notes…

- Please read the IRB Guidance Document on Data Confidentiality for more details and recommendations about data security and confidentiality.

F1. Explain how study data/responses will be stored in relation to any identifying information (name, birthdate, address, IP address, etc.)? Check all that apply.

[__] Identifiable - Identifiers are collected and stored with study data.

[X] Coded - Identifiers are collected and stored separately from study data, but a key exists to link data to identifiable information.

[__] De-identified - Identifiers are collected and stored separately from study data without the possibility of linking to data.

[__] Anonymous - No identifying information is collected.

If more than one method is used, explain which method is used for which data.

N/A

F2. Will any recordings (audio/video/photos) be done as part of the study?

[X] Yes

[__] No [SKIP THIS SECTION]

If yes, explain what activities will be recorded and what recording method(s) will be used. Will the recordings be used in publications or presentations?

The proposed study will utilize semi-structured, in-depth interviews which will be conducted either in person or via Skype technology. All interviews will be audio recorded upon consent from the participant.

F3. In the table below, describe the data storage and security measures in place to prevent a breach of confidentiality.

- In column A, clarify the type of data. Examples may include screening data, paper questionnaires, online survey responses, EMG data, audio recordings, interview transcripts, subject contact information, key linking Study ID to subject identifiers, etc.
- In column B, describe the storage location. Examples may include an office in Enderis 750, file cabinet in ENG 270, a laptop computer, desktop computer in GAR 420, Qualtrics servers, etc.
- In column C, describe the security measures in place for each storage location to protect against a breach of confidentiality. Examples may include a locked office, encrypted devices, coded data, non-networked computer with password protection, etc.
- In column D, clarify who will have access to the data.
- In column E, explain when or if data will be discarded.

A. Type of Data	B. Storage Location	C. Security Measures	D. Who will have access	E. Estimated date of disposal
Audio Recordings/Interview Transcripts [6]	PAV 375 Computer	Identifiable data (i.e., recorded interviews, interview transcripts) [6] will be secured on a	PI and affiliated graduate students will	5/31/2025

		password-protected computer.	have access to these data for research purposes only	
Interview Transcripts	PAV 375 File Cabinet	De-identified data (i.e., printed interview transcripts) [6] will be secured in a locked file cabinet.	Only the PI, affiliated graduate students, and the expert IPA researcher will have access to these data for research purposes only	5/31/2025
Interview Transcripts [5]	PantherFile	The de-identified data (i.e., interview transcripts) will be uploaded to a password protected PantherFile in order to securely share data with the IPA expert.	The PI, SPI, and IPA expert.	5/31/2015
Key linking study ID to participant [4]	PAV 375 Computer	The key linking the subject participant to their respective pseudonym will be secured on a password-protected computer.	The PI and the SPI will have access to these data for research purposes only	5/31/2015

F4. Will data be retained for uses beyond this study? If so, please explain and notify participants in the consent form.

Data will be kept beyond the thesis study for manuscript writing and presentations in the future.

SECTION G: Benefits and Risk/Benefit Analysis

Section Notes…

- Do not include Incentives/ Compensations in this section.

G1. Describe any benefits to the individual participants. If there are no anticipated benefits to the subject directly, state so. Describe potential benefits to society (i.e., further knowledge to the area of study) or a specific group of individuals (i.e., teachers, foster children).

There are no direct benefits for the participants other than to allow participants a chance to reflect on personal experiences that are important to them. Additionally, all findings will be made available to the participants in an effort to inform their future work.

G2. Risks to research participants should be justified by the anticipated benefits to the participants or society. Provide your assessment of how the anticipated risks to participants and steps taken to minimize these risks (as described in Section E), balance against anticipated benefits to the individual or to society.

There will be no greater risk to the participants other than discussing potentially sensitive topics that may elicit unwanted feelings or discomfort. Additionally, the greatest risk will be the potentially identifiable nature of the findings due to the elite characteristics of the team, the athlete in particular. Anonymity will be protected to the best of our ability through the use of pseudonyms and protecting all data in either locked cabinets or password protected computers. However, confidentiality between the participants is not guaranteed such that in future publications and presentations the findings of the study will be identified by the role the participant played on the team, and due to the knowledge the participants have of each other's role on the team there responses will be identifiable to one another. Finally, all participants will be told of the potential for anonymity to be compromised and thus will be able to make a decision to participate with this risk known.

SECTION H: Subject Incentives/ Compensations

Section Notes…

- H2 & H3. The IRB recognizes the potential for undue influence and coercion when extra credit is offered. The UWM IRB, as also recommended by OHRP and APA Code of Ethics, agrees when extra credit is offered or required, prospective subjects should be given the choice of an equitable alternative. In instances where the researcher does not know whether extra credit will be accepted and its worth, such information should be conveyed to the subject in the recruitment materials and the consent form. For example, "The awarding of extra credit and its amount is dependent upon your instructor. Please contact your instructor before participating if you have any questions. If extra credit is awarded and you choose to not participate, the instructor will offer an equitable alternative."
- H4. If you intend to submit to the Travel Management Office or Accounts Payable for reimbursement purposes make sure you understand the UWM "Payments to Research Subjects" Procedure 2.4.6 and what each level of payment confidentiality means (click here for additional information).

H1. Does this study involve incentives or compensation to the subjects? For example cash, class extra credit, gift cards, or items.

[__] Yes
[X] No [SKIP THIS SECTION]

H2. Explain what (a) the item is, (b) the amount or approximate value of the item, and (c) when it will be given. For extra credit, state the number of credit hours and/or points. (e.g., $5 after completing each survey, subject will receive [item] even if they do not complete the procedure, extra credit will be award at the end of the semester):

N/A

H3. If extra credit is offered as compensation/incentive, please describe the alternative activity (which can be another research study or class assignment) which will be offered. The alternative activity (either class assignment or another research study) should be similar in the amount of time involved to complete and worth the same extra credit.

N/A

H4. If cash or gift cards, select the appropriate confidentiality level for payments (see section notes):

[__] Level 1 indicates that confidentiality of the subjects is not a serious issue, e.g., providing a social security number or other identifying information for payment would not pose a serious risk to subjects.

- For payments over $50, choosing Level 1 requires the researcher to collect and maintain a record of the following: The payee's name, address, and social security number, the amount paid, and signature indicating receipt of payment (for cash or gift cards).
- When Level 1 is selected, a formal notice is not issued by the IRB and the Account Payable assumes Level 1.
- Level 1 payment information will be retained in the extramural account folder at UWM/Research Services and attached to the voucher in Accounts Payable. These are public documents, potentially open to public review.

[__] Level 2 indicates that confidentiality is an issue, but is not paramount to the study, e.g., the participant will be involved in a study researching sensitive, yet not illegal issues.

- Choosing a Level 2 requires the researcher to maintain a record of the following: The payee's name, address, and social security number, the amount paid, and signature indicating receipt of payment (for cash or gift cards).
- When Level 2 is selected, a formal notice will be issued by the IRB.
- Level 2 payment information, including the names, are attached to the PIR and become part of the voucher in Accounts Payable. The records retained by Accounts Payable are not considered public record.

[__] Level 3 indicates that confidentiality of the subjects must be guaranteed. In this category, identifying information such as a social security number would put a subject at increased risk.

- Choosing a Level 3 requires the researcher to maintain a record of the following: research subject's name and corresponding coded identification.

This will be the only record of payee names, and it will stay in the control of the PI.

- Payments are made to the research subjects by either personal check or cash. Gift cards are considered cash.
- If a cash payment is made, the PI must obtain signed receipts.
- If the total payment to an individual subject is over $600 per calendar year, Level 3 cannot be selected.

If Confidentiality Level 2 or 3 is selected, please provide justification.

N/A

SECTION I: Deception/ Incomplete Disclosure (INSERT "NA" IF NOT APPLICABLE)
Section Notes… • If you cannot adequately state the true purpose of the study to the subject in the informed consent, deception/ incomplete disclosure is involved.

I1. Describe (a) what information will be withheld from the subject (b) why such deception/ incomplete disclosure is necessary, and (c) when the subjects will be debriefed about the deception/ incomplete disclosure.

N/A

IMPORTANT – Make sure all sections are complete and attach this document to your IRBManager web submission in the Attachment Page (Y1).