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Mini Review

Enhancing Sports Performance Through Effective Team Communication: A Study on Building Cohesion and Collaboration in Health Sciences

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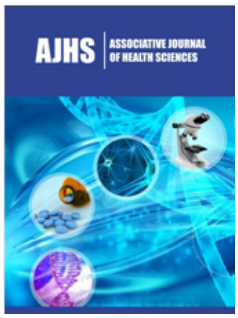

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Abstract

Currently, a gap in the literature and research exists to fully address the concern of rising injury rates of high school athletes. However, different circumstances must be considered to address this issue fully. The sports performance team, as constructed at the high school level in the United States, is currently under tremendous pressure to mitigate the risk of injuries while improving the sports performance of their athletes. Current research shows a breakdown in communication, specifically between the athletic trainer and strength and conditioning coach. As communication is diminished within the sports performance team, a measurable increase in both acute and secondary injury rates is observed. The breakdown of communication may create diminished outcomes from the break in continuity in their performance training and rehab protocols. This paper evaluates the current communication disconnect and the opportunities for improvement.

Keywords: Strength and Conditioning (S&C); Athletic Training (AT); Higher Education; Interprofessional collaboration

Introduction

There were over 7.8 million high school athletes in the United States from 2022-2023, according to the National Federation of High Schools [1]. However, chronic injuries are often the result of overtraining or insufficient healing from prior injuries. Thus, an important addition to the performance team is a Certified Strength and Conditioning Specialist (CSCS) [2]. For instance, sports-related injuries are categorized and reported by athletic trainers (AT), yet according to a 2022 poll conducted by the National Athletic Training Association, only 37% of high schools employ a full-time athletic trainer. Further evaluation into those numbers found that 92% of injuries reported were acute injuries, while 8% had been determined to be from overuse [3]. The numbers reported also found that 55.9% of the injuries were preventable as rehab protocol would include a smoother transition while remaining monitored for any imbalances by the S&C. Furthermore, a balanced sports performance team allows for baseline testing, managed load prescriptions, and well-planned periodization programs for all sports. Prevention, then, may begin with a collaborative decision-making process to include the AT and S&C. Traditionally, the AT is the professional to communicate with medical staff while the S&C communicates most commonly with coaching staff. The audience and partnership for members of the sports performance team therefore require different types of communication, which may then create a barrier in terminology, medical understanding, and return to play protocol.

Acute injuries are challenging in that they are not always preventable. However, chronic injuries are often the result of overtraining or insufficient healing from prior injuries; thus, emphasizing the importance of the addition of a Certified Strength and Conditioning Coach (CSCS) to the sports performance team [4], according to Pizarro et al. [2]. According to a 2024 letter from the NSCA to the Standard Occupational Classification Policy Committee (SOCPC), [5] there are 47,439 licensed CSCS worldwide; a concern considering the 26,727 secondary schools in the United States alone in 2025 according to Winograd [6]. As the number of worldwide certification holders is evaluated, it should be a consideration that many Colleges and Universities employ multiple CSCS coaches.

To further the evaluation of the impact of a high school having a CSCS in a full-time capacity, Judge et al. [7] created a school-facing survey of 245 high schools. The responding athletic directors shared that 37.1% of schools had a full-time dedicated person to the strength and conditioning facility. However, 27% of those employees lacked any type of certification, and only 9.4% had the CSCS certification. The low-reported number of professionals then adds to the concern for adequate athletic injury oversight.

Discussion

High school sports participation is at an all-time high, which then reflects that high school injuries are increasing as well, according to a study by NFHS [1]. The literature suggests a potential risk is the lack of a full-time athletic trainer and a full-time strength and conditioning coach, an issue often complicated due to the cost associated with these professionals. To counter this concern, further collaboration between the sports performance team must be considered. Communication is a vital part of attenuating the challenges faced by the sports performance team. ATs are trained within their degree paths to be able to communicate with doctors, nurses, and other medical professionals, as they also have a responsibility to diagnose injuries. Currently, of the top 10 athletic training programs in the US, only four require any type of strength and conditioning course, though only one has a course that is specific to all athletes, and not only an injured population [8]. To address the issue of communication, collegiate programs should consider collaboration within the health sciences, thereby providing S&Cs with a deeper understanding of medical terminology, injury evaluation processes, and return-to-play restrictions. This collaboration would also further support ATs in the methodology and periodization of exercise programming as well as to more effectively communicate patient needs back to the S&C. This shared model would further provide oversight to ensure all practitioners agree from the time an injury occurs up to the point when that athlete returns to play.

The challenges associated with the sports performance team begin and end with communication. As mentioned, most schools in the United States today are without both a full-time AT and S&C. This lack of staffing may then be compounded in injuries that go unreported altogether. In situations in which a school has both professionals on a full-time basis, the most common hurdle is communication as well.

Communication among health sciences professionals must start in higher education. Athletic training programs are cohort-based to ensure all benchmarks of their licensing have been achieved; the issue then is that S&C students are not able to take courses in injury, assessment, etc. ATs are also trained in college to understand medical terminology and have discussions with medical practitioners. S&Cs, on the other hand, worked directly with the coaching staff and the athletic director and designed training programs based on sport-specific needs.

Conclusion

The recommendation for university programs is to encourage collaboration within health sciences disciplines. Allowing students in both programs to have collaborative goals as well as key courses, allowing for better insight into the other practitioners' field to some capacity, will create a future generation of graduates who are better equipped to communicate with one another and who will collaborate between disciplines. The second recommendation would then extend to the practitioner in the field.

The Interprofessional Teamwork Innovation Model [9] created a shared decision-making model utilizing hospital staff, a comparison model as it incorporates multiple professions across different disciplines, like the sports performance team. What Li discovered was that when staff from multiple disciplines came together to discuss patient cases as well as operations, all staff reported a higher perception of being valued in the workplace. Arvinen-Barrow [10] found a positive correlation to the shared-decision model when applied to the care team. Taking this shared-decision model concept would easily become valuable within the school setting as it would create a logical team approach to rehabilitation through the return to play. This shared model would further provide oversight to ensure all practitioners are in agreement when injuries do occur [11].

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Conflicts of Interest

No monetary compensation was provided for this study. No conflicts of interest to report.

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