

Vulnerability in Sports and Orthopedic Medicine

By Kate Mihevc Edwards, PT, DPT, OCS

I am a former endurance athlete, physical therapist, author and educator helping physical therapists widen the lens on treating and caring for endurance athletes. Endurance athletes and those who care for them often believe that the definition of success depends on physical performance of their bodies and how well they do at a race. Through 11 years of successfully treating thousands of frustrated athletes while navigating my own injuries and health struggles, I know and believe that an athlete's success is so much more than their body or their sport.

FINDING EMPATHY

For years, my identity and emotional well-being were tied to the image of being an athlete, to the rituals of getting up for an early-morning run, to eating exactly the right fuel to perform well, to sleeping the exact number of hours to recover appropriately, to talking about my training run or my next race to my community of friends that shared the same passion. My athletic identity was ingrained in everything I did and everything I had become. Being a runner became the most important thing in the world to me. Running was not something I did; it was who I was.

Like so many runners, I suffered an injury that took me off the road once in awhile, but I always came back with a vengeance. On one such occasion, I injured my back running in the woods. I tripped over a root in the ground and flew forward, hyper-extending my back. I got up right away and shook it off. Then a few more miles into that 17-mile run, I began getting excruciating pain in my back and down my left leg. I ended my run early and limped home. It took months for me to get better and I became anxious, angry and depressed. I vividly remember my husband telling me I had to find another outlet; he didn't want me to be so miserable all the time just because I couldn't run. He also said it would be important to find something else besides running in case there was a time I would not be able to run again. I was so angry with him for even suggesting I may never run again. Imagining a world without running was impossible to me.

A TURNING POINT

But several years later, it happened. I was training for a Half Ironman and I began feeling terrible during my training runs. I got dizzy, nauseated, and light-headed, had palpitations, blurred vision, confusion, and more. Initially, I ignored these symptoms because in my mind

I was tough, I was an athlete, and I was “invincible.” I made up so many excuses: I was out of shape, it was too hot, or I didn’t eat enough. But these excuses could only cover up my illness for so long.

One morning, I went out for a five-mile run, and I felt terrible. I had to stop and catch my breath several times along the way; each time I grew angrier. I decided to sprint the last half-mile of my run almost as a punishment to myself for not performing well or perhaps to prove to myself that nothing was wrong. The moment I stopped running, I could feel my heart beating faster than it had ever done before. I became dizzy, disoriented and confused. It felt like my sports bra was strangling me, like it became three sizes too small within seconds. I couldn’t catch my breath and was having a difficult time putting one foot in front of the other as I tried to make it to my front steps. When I finally made it to the house, I was sure I would die. It was the scariest moment of my life. I kept thinking to myself, *If I go inside, no one will find my body for hours*. I was incredibly lucky that I did not die on my front steps that day, but part of who I was did.

DIAGNOSIS

After months of cardiac testing, appointments, worry, frustration and more anger, I was diagnosed with a rare genetic cardiac disease: arrhythmogenic right ventricular cardiomyopathy (ARVC). This is a cardiac disease that causes sudden cardiac death in athletes. For those of us with the gene, the number of cumulative exercise hours and intensity of exercise over time is a factor in developing the disease and the progression of the disease. Exercise is advised against; running, swimming, and cycling are particularly high-risk. I had spent most of my life exercising and taking care of myself, yet the very thing I thought was helping me was making me worse. This was a difficult concept

to grasp. During the most stressful and emotional period of my life, I lost my only coping mechanism—running—and my toolbox was completely empty.

During and after my diagnosis I had to learn other coping mechanisms. It was not easy for me to face the fact that I could no longer run or that I relied so heavily on running for my mental health and overall wellness.

I slowly learned that writing, meditation, and yoga were things that I could do to help mitigate my stress. I practiced letting go of my emotions rather than holding onto them or pushing them aside. I worked with a psychologist to retrain some of my self-limiting beliefs and thought patterns. One of the most healing practices was writing a memoir, [*Racing Heart: A Runner’s Journey of Love, Loss and Perseverance*](#). While challenging to take on such a large endeavor, the daily practice of writing allowed me to delve deeper into my journey, providing a unique set of insights and wisdom.

BECOMING A BETTER CLINICIAN

The work I put in to help me survive and cope made me a better clinician. My injury was not an orthopedic injury, but it still gave me great perspective that I use now when treating clients with orthopedic and sports injuries. As clinicians, patients come to us in illness, injury, and suffering. They come to us at their worst, hoping we can guide them through their physical injuries. Yet in our world of sports and orthopedics, little is said about the emotional toll injury and illness take on a person—or the connection between the emotional and physical injury.

I turned to running initially to manage and overcome the challenges of growing up with an alcoholic parent. It wasn’t until the book that I wrote was published a

few years ago—describing this connection between my childhood and running—that one of my cardiologists confided in me that he had never truly understood why running was so important to me or to his other patients. He went on to explain that learning about how my identity was so tied to my sport completely changed his view of his patients and how he interacted with them.

I wonder: if other cardiologists, orthopedists and sports medicine doctors read stories like mine, would they be better able to see the humanity behind their patients' stories and foster a more authentic, vulnerable and empathetic relationship with them?

VULNERABILITY, EMPATHY AND HEALING

If you are not a runner, you may not understand what it is like to lose the ability to run. However, you can empathize and understand that running can be how someone relieves stress, socializes, connects with their partner, or manages their weight. Many athletes don't create a backup plan, because they don't know they need one. I had the opportunity to create one when I hurt my back, yet I still didn't do it because I never thought I would need it.

As clinicians, understanding the human experience and how to be compassionate and empathetic in the face of illness, injury and suffering may be our greatest value to our clients. I believe I have become a better clinician because of my experience with ARVC. I know that one loss is not greater than another loss. Every client I see values their ability and gifts in different ways.

The intersection of humanities and rehabilitation lies within every communication we clinicians have with our patients—from the moment they call to make an appointment, to the moment they walk out of the

office door. Rather than looking at our patients as a body part such as “a knee injury” or a disease such as ARVC, we must view them as human: full of emotions and past experiences we may not understand.

I believe that helping our clients find other ways to cope and manage their emotions while we treat their physical bodies is of the utmost importance to healing.

INTEGRATING THE HUMANITIES INTO ORTHOPEDIC AND SPORTS MEDICINE

My story of loss helped me become more vulnerable in my practice as an orthopedic and sports medicine physical therapist. It is no secret that there is a lack of understanding regarding vulnerability in orthopedic and sports medicine. It is a culture that values attitudes like “just do it,” “more is better,” and “push harder.” The value of recognizing vulnerability is often overlooked.

How can we cultivate vulnerability in orthopedic and sports medicine? I believe it has to start with clinicians creating a safe space and an environment of compassion and empathy. One way to do this is by sharing our experiences and telling our own stories. For many of us in the field, our love of sports brought us to our work. A number of us have been in our patients' shoes at some point in our lifetimes. Sharing our stories of loss, defeat, and resilience through blogs, journals, books, speeches, and other platforms creates credibility, connection and trust with our patients—upon which we can build stronger relationships.

I teach a course called “The Endurance Athlete.” In past years, I brought in a sports-medicine psychologist to speak to my class so that the students could better understand the connection between injury and the

mind. It has been interesting to observe the students begin to grasp the concept of an athlete's athletic identity. This lecture was a huge success, and I was encouraged by how much the students got out of it.

Last year, I took it one step further and had my students read my book. As their professor, this was incredibly vulnerable. But I wanted them to learn how to truly empathize with the athletes they may be treating in order to be better clinicians. I learned that the book helped my students integrate the emotional impact that losing a sport or ability has on a person with the physical injury they came in with. Sharing my story, it will create a safe space for them to open up and be more vulnerable in class. I hope it has helped teach them to be more open with their patients.

LISTENING AND HEALING

It has been my experience that the more vulnerable, present, and open I am with my patients, the more effective I can be as a clinician. Truly listening to our clients, instead of anticipating what they will say next, can build a strong clinician-patient relationship. In our fast-paced world, listening is becoming a lost art. Yet one of the most impactful pieces of advice I learned from my favorite mentor was that if we listen to our clients, truly listen, they will tell us everything that we need to know. The more present we are, the more we learn. Without listening, it is impossible to truly understand our client's story, and to be compassionate with them.

Athletes rarely admit to being scared or that they are hurting. It often takes a lot of trust to get many of them

to open up enough to treat them to the best of our ability. Cultivating vulnerability in sports medicine is not easy but it can be done, and clinicians have to be the ones to step up and lead the way.

About the Author



Dr. Edwards is a physical therapist, author, and educator helping healthcare professionals widen the lens on treating and caring for endurance athletes. Endurance athletes and those who care for them often believe that the definition of success depends on physical performance of their bodies and how well they do at a race.

Through 11 years of successfully treating thousands of frustrated athletes while navigating her own injuries and health struggles, she believes that an athlete's success is so much more than their body or their sport. She believes that connecting with the whole athlete requires the tools, knowledge, clarity, and confidence to grasp the complexities and depth of what these people need to perform and be well within and outside of their sports.

Dr. Edwards graduated from Emory University with a Doctorate in Physical Therapy in 2009 and received her Orthopedic Clinical Specialist Certification in 2011. She is the owner of Precision Performance & Physical Therapy in Atlanta, GA. She is adjunct faculty in the Department of Physical Therapy at Emory University. Additionally, she is the author of *Racing Heart: A Runner's Journey of Love, Loss, and Perseverance* and co-author of *Go Ahead, Stop and Pee: Running During Pregnancy and Postpartum*. She believes that without the humanities healthcare providers cannot reach their full potential in caring for and treating their patients.