

Trimming is a technique of broad sequence that simplifies connection competencies such as collaboration for sports.

Michael Salata*

Department of Orthopaedic Surgery, USC Keck Medical School, University of Southern California, Los Angeles, California, U.S.A

Introduction

Modern sports injury rehabilitation is a specialized field, and as it has developed, it has inevitably brought together orthopedic surgeons, sports physicians, and sports physiotherapists. Concerns have been raised about the evolving nature of sports-related injuries and the dearth of rehabilitation facilities in many parts of India. The common athlete is frequently left on his own, while elite athletes have some protection [1]. The utilisation of contemporary rehabilitation protocols under qualified supervision, suitable and scheduled surgical treatments, and prudent and need-based use of pharmacological medications are essential components of successful sports injury rehabilitation protocols.

As sports continue to gain popularity around the world, the "sports industry" has become increasingly competitive and profitable for athletes, with many aspiring to the highest levels of professionalism. As a result, sports are now more physically and psychologically demanding, entail longer training and practice schedules, and put those who participate at risk for injury. In today's competitive sports, wounded athletes face pressure to compete again as soon as feasible. This pressure typically comes from the team management as well as the athlete. Due to the intense competition, athletes also run the risk of losing their spot on the squad and are consequently under more pressure to perform [2].

In a nation that favours cricket more than any other sport, hockey, football, and kabaddi leagues that were just recently established in India are becoming increasingly popular. The athletes that participate in these fast-paced, brief-duration sports frequently run a considerable risk of injury and exhaustion. The relationship between the demands of the sport and the dangers of injury is emphasised in studies from around the globe. Sport-related injuries may be of the acute or overuse variety and may result from contact or noncontact processes. Muscle, ligaments, or bone may be involved; stress fractures are rather specific to sports and overuse. Despite the increased understanding of injury processes, prevention strategies, and load monitoring techniques in athletes over the past 20 years, epidemiological studies have not found a statistically significant decline in sports-related injuries. In a study that lasted more than 16 years.

With a risk-free return to competition being the top aim of rehabilitation, it is clear that injuries and returning to the sport afterward are big concerns among athletes and their treating doctors. This study attempts to present the widely used evidence-based strategy to sports injuries, which includes effective interventions and protocols from the moment an acute injury occurs until the athlete is fully capable of competing again. As there is no perfect recipe protocol, it provides a framework on which readers can build customized rehabilitation plans for athletes of different levels.

The main goals are to prevent reinjury and return to sports at a physical and psychological level similar to before the injury. It is crucial to start with the end in mind, preferably using baseline measurements and player traits recorded before to involvement, and move backward from there. The rehabilitation program's major components should be developed and mapped out. In addition to therapy tailored to the specific injury, it's critical to identify and get rid of risk factors. The prevention of general deconditioning should also be taken into consideration while creating the rehabilitation programme [3].

Return to pre-injury levels of performance and function for this, it's critical to gather as many athletes' baseline data as possible, highlighting the significance of routinely examining athletes and recording their physical status. The majority of Indian sports, meanwhile, may not allow for these at all levels, and amateur competition is not one of them [4]. As we must take precautions against reinjury, strength and conditioning should seek to increase power, strength, and endurance a little bit from preinjury levels.

To ensure complete recovery, reduce time away from sports, and avoid reinjury, rehabilitation is essential after a sports injury. Traditional management protocols have been replaced by modern rehabilitation techniques, which are built on an active rehabilitation framework that requires equal engagement from the athlete and the entire rehabilitation team. Even though sports doctors are in charge of a safe return to competition, it's crucial to keep in mind that the athlete ultimately has the final say. Efforts are made to ensure the earliest RTP. The main work on a sportsperson following injury is done by the rehabilitation team. The role of surgical interventions and pharmacological needs is need-based and

*Correspondence to: Michael Salata, Department of Orthopaedic Surgery, USC Keck Medical School, University of Southern California, Los Angeles, California, U.S.A, E-mail: michaelsalata@gmail.com

Received: 01-Sep-2022, Manuscript No. AAJPTSM-22-77459; Editor assigned: 03-Sep-2022, PreQC No. AAJPTSM-22-77459 (PQ); Reviewed: 16-Sep-2022, QC No AAJPTSM-22-77459; Revised: 19-Sep-2022, Manuscript No. AAJPTSM-22-77459(R); Published: 26-Sep-2022, DOI:10.35841/aaajptsm-6.5.122

beyond the scope of this manuscript. Additionally, one must not disregard the importance of nutritional supplements and psychological therapy in helping athletes return to their pre-injury levels of athletic performance without suffering further injuries [5].

References

1. Ardern CL, Glasgow P, Schneiders A, et al. 2016 Consensus statement on return to sport from the First World Congress in Sports Physical Therapy, Bern. *British J Sports Med.* 2016;50(14):853-64.
2. Hootman JM, Dick R, Agel J. Epidemiology of collegiate injuries for 15 sports: summary and recommendations for injury prevention initiatives. *J Athletic Training.* 2007;42(2):311.
3. Dhillon MS, Garg B, Soni RK, et al. Nature and incidence of upper limb injuries in professional cricket players a prospective observation. *Sports Med Arthro Rehabil Ther & Technol.* 2012;4(1):1-4.
4. Orchard JW, Kountouris A, Sims K. Incidence and prevalence of elite male cricket injuries using updated consensus definitions. *Open Access J Sports Med.* 2016;7:187.
5. John R, Dhillon MS, Syam K, et al. Epidemiological profile of sports-related knee injuries in northern India: An observational study at a tertiary care centre. *J Clin Orthopaed and Trauma.* 2016;7(3):207-11.