

Why Young Athletes Delay Injury Care: What My Research Found

For young athletes, deciding whether an injury is serious enough to seek medical care can be surprisingly difficult. Pain may be dismissed as normal soreness, an important game or practice may be approaching, or an athlete may worry about losing playing time. These decisions can become especially complicated when athletic commitments compete with school, social expectations, and uncertainty about the severity of an injury.

I became interested in this issue after experiencing an athletic injury myself. That experience led me to a broader question: Why do some young athletes delay seeking medical attention even when they later believe they should have been evaluated sooner?

To investigate this question, I conducted an independent survey-based research study involving 75 student-athletes. The study examined several factors that could potentially influence delayed care-seeking, including injury recognition, attitudes toward playing through pain, athletic and social pressure, academic responsibilities, and attitudes toward healthcare professionals.

What did the study find?

Delayed care-seeking was common among the student-athletes surveyed. Forty-nine of 75 participants (65.3%) reported that they had delayed seeking medical attention for an injury they later believed should have been evaluated sooner. Another 53 participants (70.7%) reported experiencing an injury that caused pain, discomfort, or limited activity for more than one week.

Among the 48 participants who reported how long they waited to seek care, 30 (62.5%) waited one to two weeks, while 18 (37.5%) waited less than one week.

The reasons athletes gave for delaying care provide additional context. Among the 37 participants who answered the question about reasons for delay, the most common response was believing that the injury would heal on its own. Twenty-five participants (67.6%) selected this reason. Other commonly reported reasons included not wanting to miss sports or activities (45.9%), not believing the injury was serious (40.5%), concern about what a doctor might say (29.7%), being too busy with school (27.0%), and family-related reasons (27.0%). Participants could select multiple reasons.

These responses suggest that delayed care is not necessarily caused by a single factor. Instead, athletes may make decisions about injuries while balancing their perception of the injury with the potential consequences of seeking care.

Recognizing an injury may be part of the problem

One of the clearest patterns in the survey involved confidence in recognizing serious injuries.

Only 17 participants (22.7%) agreed or strongly agreed that they felt confident recognizing when an injury was serious, while 48 (64.0%) disagreed or strongly disagreed.

At the same time, 54 participants (72.0%) agreed or strongly agreed that most teenagers underestimate injuries.

This creates an interesting contrast. Many participants believed that teenagers commonly underestimate injuries, while relatively few felt confident in their own ability to determine when an injury was serious.

The survey also found that 51 participants (68.0%) agreed or strongly agreed that they usually wait to see whether pain goes away before seeking medical care. In addition, 40 participants (53.3%) agreed or strongly agreed that playing through pain is sometimes necessary to succeed.

These findings do not mean that playing through pain directly causes delayed medical care. However, they suggest that decisions about injury evaluation may occur within a larger athletic culture in which continuing to participate can sometimes be valued over immediately addressing symptoms.

Athletic and academic pressures

Athletic pressure was not the only potential barrier identified by the study.

Thirty-three participants (44.0%) agreed or strongly agreed that academic responsibilities make it harder to seek medical care. Social perceptions were also relevant: 38 participants (50.7%) agreed or strongly agreed that many students avoid care because they do not want to appear weak.

Scenario-based questions provided another interesting comparison.

When presented with a scenario involving five days of knee swelling and pain, 39 participants (52.0%) said they would seek medical evaluation immediately, while 19 (25.3%) would wait another week and 11 (14.7%) would continue playing.

However, when asked about a friend experiencing persistent pain and reduced athletic performance, 68 participants (90.7%) reported being moderately, very, or extremely concerned.

The difference between these responses is notable. Athletes may recognize concerning symptoms more readily when evaluating someone else than when deciding what to do about their own symptoms.

What did the statistical analysis show?

I also conducted an exploratory binary logistic regression to examine whether five selected behavioral factors were independently associated with delayed care-seeking.

The five predictors were:

- waiting for pain to resolve,
- attitudes toward playing through pain,
- confidence recognizing serious injury,
- academic constraints, and
- trust in healthcare professionals.

The overall model was not statistically significant (likelihood-ratio $p = .542$; McFadden pseudo- $R^2 = .042$). None of the individual predictors reached conventional statistical significance.

Confidence in recognizing a serious injury showed the strongest estimated association. Each one-point increase in confidence was associated with lower estimated odds of delayed care (OR = 0.66, 95% CI 0.41–1.07, $p = .091$). However, because the p -value was greater than .05 and the confidence interval included 1.0, this finding should not be interpreted as a statistically established relationship.

This distinction is important. The study provides evidence of behavioral patterns worth investigating, but it does not establish that any particular factor independently causes an athlete to delay medical care.

What could this mean for young WYHA athletes?

The findings suggest that injury decisions may involve more than simply asking, "How much does it hurt?"

An athlete may simultaneously be asking:

Is this actually serious? Will I miss practice? What will my coach think? What about school tomorrow? Will I lose my position? Maybe it will feel better next week.

Understanding these competing pressures may be important for improving injury education among young athletes.

Based on the survey findings and previous research, I developed a proposed Youth Injury Delay Assessment Framework (YIDAF). YIDAF organizes potentially relevant factors into several conceptual domains, including injury recognition and health literacy, athletic and social pressure, academic constraints, healthcare attitudes, and previous care-seeking behavior.

YIDAF is not a validated clinical tool, and this study does not establish that it can predict whether an individual athlete will delay care. Instead, it is a proposed framework that can be tested and refined through future research.

What comes next?

This study has several limitations. The sample consisted of 75 student-athletes and was not randomly selected, meaning the findings may not represent all young athletes. The survey also relied on self-reported responses, which can be affected by memory and individual interpretation. Most importantly, the exploratory regression did not identify statistically significant independent predictors of delayed care.

Future research should examine these relationships using larger and more diverse samples, validated measures of injury recognition and health literacy, and prospective tracking of actual care-seeking behavior. Researchers could also investigate whether injury-education programs help athletes recognize when professional evaluation may be appropriate.

The goal of this research is not to tell athletes that every painful symptom requires them to stop participating. Rather, it is to better understand why young athletes sometimes delay care and what information or support might help them make informed decisions about their injuries.

For athletes, coaches, and parents, recognizing that injury decisions can be influenced by athletic pressure, academics, social expectations, and uncertainty may be an important first step toward creating an environment where seeking appropriate care is viewed as part of being a responsible athlete and not as a sign of weakness.

Read the full article! Link to the full research document (figures included):

<https://drive.google.com/file/d/1llwIP0m8GskcMEeJqpEYIPH4JNn8BoyA/view?usp=sharing>