

The Role of Sports Injury Nursing in the Prevention, Management, and Rehabilitation of Athletic Injuries

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Abstract

Sports injury nursing is an emergent interdisciplinary specialization within the broader scope of sports medicine and clinical rehabilitation sciences. Its primary objective is to ensure the prompt assessment, evidence-based intervention, and longitudinal rehabilitation of athletes experiencing acute or chronic injuries across diverse sporting disciplines. This paper provides a comprehensive review of the functional scope, professional competencies, and clinical impact of sports injury nursing in both institutional and field-based settings. Emphasis is placed on the nurse's role in injury surveillance, biomechanical risk evaluation, immediate trauma response, therapeutic exercise implementation, and interprofessional communication. Utilizing a qualitative synthesis of peer-reviewed literature and international clinical guidelines, the study delineates best practices in nursing-led interventions for managing musculoskeletal trauma, overuse syndromes, and sports-related concussions. The paper also examines the integration of sports injury nurses within multidisciplinary health teams, especially in elite athletic environments, where the demand for specialized and holistic care is pronounced. Furthermore, it highlights contemporary challenges, including insufficient role recognition, training gaps, and the need for standardized protocols across national sports systems. The findings indicate that nurses with advanced expertise in orthopedic and rehabilitative care contribute significantly to both injury prevention and performance sustainability. The study advocates for the formalization of sports injury nursing education programs and the establishment of regulatory frameworks that support advanced practice roles. In conclusion, this research underscores the critical, yet often under acknowledged, contribution of sports injury nursing to the optimization of athlete health outcomes within high-performance and community-based sport ecosystems.

Keywords: Sports injury nursing, Athletic healthcare, Interdisciplinary care, Rehabilitation, Return-to-play (RTP), Nurse education, Policy integration

1. Introduction

The global proliferation of sports and athletic engagement across all age groups has brought about substantial health benefits, including improved cardiovascular fitness, enhanced muscular strength, and better psychological resilience. However, this increase in physical activity has also led to a notable rise in the incidence and severity of sports-related injuries. According to the World Health Organization, musculoskeletal injuries are among the

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leading causes of functional disability worldwide, with a considerable portion directly attributed to sports and recreational activities [1]. These injuries include acute traumas—such as sprains, fractures, and concussions—as well as chronic conditions like tendinopathies and stress fractures [2].

In response to these trends, there has been a paradigm shift in sports healthcare, emphasizing multidisciplinary collaboration among physicians, physiotherapists, athletic trainers, and increasingly, registered nurses. Sports injury nursing has emerged as a specialized field within the broader domains of orthopedic and rehabilitative nursing, with practitioners now contributing directly to the prevention, assessment, management, and rehabilitation of sports-related injuries [3]. These nurses work in diverse settings, including schools; professional sports teams, rehabilitation centers, and community health initiatives. Recent studies highlight the effectiveness of nurse-led interventions in improving recovery outcomes, enhancing adherence to treatment protocols, and providing psychological support to injured athletes [4][5]. Sports injury nurses are often the first point of clinical contact in amateur and grassroots sports environments, where specialized physicians may be unavailable. Their role in acute care includes conducting injury assessments, applying emergency interventions, and initiating referral protocols based on triage principles [6]. Beyond injury management, sports injury nurses also serve a preventive and educational function. They assist in monitoring training loads, advising on proper biomechanics, ensuring the use of protective equipment, and promoting hydration and nutrition strategies—factors known to mitigate injury risk [7]. Moreover, the psychological well-being of athletes, particularly during periods of physical inactivity or career-threatening injuries, benefits from the empathetic and supportive care model delivered by nursing professionals [8].

To further clarify the scope of nursing responsibilities in the athletic context, [Figure 1] presents a framework outlining the nurse's role across four key phases of injury care: prevention, assessment and treatment, rehabilitation, and long-term health outcomes. This phased model reflects the progressive and cyclical nature of sports injury management, emphasizing the nurse's involvement not only in acute care and recovery, but also in injury prevention education and long-term monitoring. Such integration underscores the evolving demand for highly skilled nursing professionals within multidisciplinary sports medicine teams and provides a structural basis for analyzing their impact on athlete health and performance sustainability.

Despite growing evidence of their impact, the contribution of nurses to sports medicine remains underrecognized in many national health systems. A lack of formalized training programs, standardized competencies, and institutional frameworks limits the optimal integration of sports injury nursing into mainstream athletic healthcare [8]. This is especially evident in European contexts, including the Baltic region, where research and policy support for sports nursing roles remain limited. This study contends that sports injury nursing represents a critical and evolving discipline within athletic healthcare that has the potential to substantially improve outcomes in injury prevention, clinical recovery, and long-term athlete well-being. By examining recent evidence and current practice frameworks, the paper aims to define the scope, competencies, and strategic value of sports injury nursing, with implications for policy development and interdisciplinary practice in high-performance and community-based sport contexts.

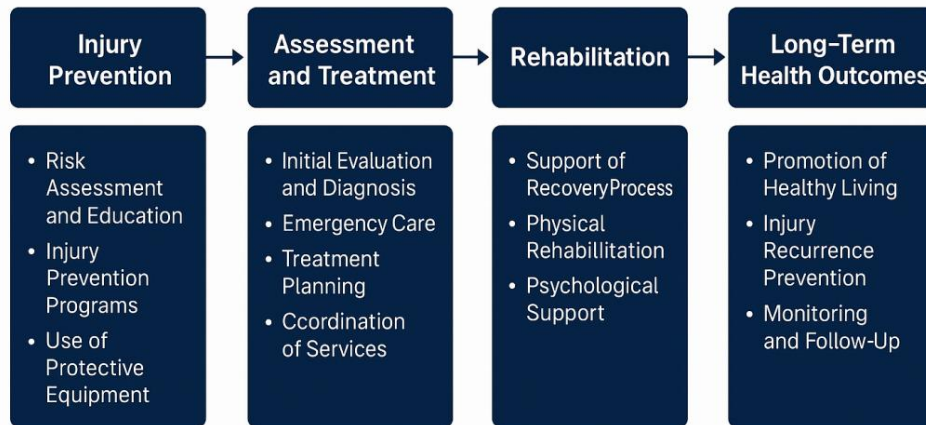


Figure 1. The nurse's role in injury care phases

2. Background and rationale

The field of sports medicine has undergone significant transformation in recent decades, evolving from a physician-dominated model to a dynamic, interdisciplinary framework involving multiple healthcare professionals. Among these, the role of nurses has emerged as both necessary and underutilized, particularly in the domain of sports injury prevention and rehabilitation. Sports injury nursing, a subspecialty within orthopedic and rehabilitative nursing, is increasingly recognized for its unique capacity to bridge clinical care, athlete education, psychological support, and interprofessional coordination [3][9]. Sport-related injuries are highly prevalent and can result in long-term physiological and psychological impairments, especially when inadequately managed. The World Health Organization reports that over 20% of youth and adolescent injuries globally are sports-related, with many cases involving musculoskeletal trauma such as ligament sprains, muscle strains, and overuse injuries [1]. In elite athletic settings, injuries not only impact physical health but also threaten career longevity, financial stability, and mental well-being. Timely and effective interventions are essential, particularly in the early stages of injury diagnosis and treatment, where nurses often serve as the first clinical contact, especially in school, community, and amateur sports settings [6].

Despite these contributions, there remains a lack of formal recognition of sports injury nursing in many national healthcare systems. Barriers include the absence of standardized curricula, insufficient policy support, and limited research attention—especially in Eastern and Northern Europe, where nursing roles in sports medicine are still in their formative stages. In Latvia, although the healthcare system supports a strong foundation in primary care and preventive health, sports-specific nursing roles have not yet been formally integrated into national sport or medical education policies [10]. Most athletic injury management in Latvia is handled by general practitioners or physiotherapists, with limited collaboration from nursing professionals in sports-specific contexts. A national report by the Latvian Academy of Sport Education [11] indicates that over 30% of student-athletes experience at least one significant injury per year, yet only 12% of school-based sports programs have regular access to medically trained personnel, let alone nurses with specialized expertise in injury management. Furthermore, many municipal sports clubs in Latvia lack adequate first aid and

recovery protocols, placing the burden of care on coaches or non-clinical staff. This points to an urgent need for scalable, nurse-led interventions that are accessible, affordable, and community-oriented.

In the broader Baltic region, Lithuania and Estonia face similar challenges. A comparative study by Breitbach et al., on healthcare integration in Baltic youth sports revealed significant disparities in injury follow-up care and return-to-play monitoring [12]. The study emphasized that while physiotherapists are frequently employed in national sport academies, the potential role of nurses in monitoring and coordinating long-term recovery plans remains untapped. Given the growing popularity of sports tourism and youth athletic events in the region, this lack of integrated nursing support may lead to increased health risks and inconsistent care. Emerging international research supports the effectiveness of nurse-led interventions in accelerating recovery, promoting adherence to rehabilitation programs, and enhancing patient education and mental resilience [4][5]. Moreover, the evolving landscape of sports healthcare—including the adoption of digital monitoring tools, telehealth, and evidence-based rehabilitation protocols—requires a re-evaluation of the competencies and scope of practice required of nurses in athletic settings [7]. These global trends are especially relevant in Latvia, where digital health infrastructure is expanding and nurse education programs are undergoing reform to align with EU competency frameworks.

Therefore, this study is premised on the rationale that sports injury nursing should be formalized and integrated into both policy and practice frameworks in Latvia and the wider Baltic region. By examining current roles, identifying key competencies, and exploring the structural enablers of successful implementation, this research seeks to provide a foundation for the strategic development of sports injury nursing as a recognized discipline within the broader sports medicine ecosystem.

3. Objectives

The purpose of this study is to explore, define, and advocate for the formal integration of sports injury nursing as a specialized discipline within the broader field of sports medicine. Given the increasing prevalence of sport-related injuries and the evolving demands for multidisciplinary care, this research aims to analyze the current and potential contributions of nursing professionals to athlete health and performance outcomes, with particular attention to the context of Latvia and the Baltic region.

To guide the investigation, the following specific objectives have been formulated:

1. To examine the current roles and responsibilities of nurses in the management of sports-related injuries, with an emphasis on acute care, rehabilitation, education, and injury prevention.
2. To identify and synthesize international best practices and core competencies required for effective sports injury nursing, based on comparative analysis from countries with established models of practice.
3. To assess the challenges and barriers faced by nurses in integrating into sports medicine teams, including gaps in training, policy limitations, and interprofessional collaboration.
4. To explore the opportunities for developing structured training, certification pathways, and policy support for sports injury nursing in Latvia and the wider Baltic region.

5. To develop a conceptual framework that defines the strategic role of sports injury nurses across various phases of care—prevention, assessment, treatment, and long-term athlete monitoring.
6. To formulate evidence-based recommendations for educational institutions, sports federations, and healthcare policymakers on how to institutionalize and professionalize sports injury nursing practice.

3.1. Conceptual framework: The strategic role of sports injury nurses in athletic care

This conceptual framework presents a structured model for understanding and operationalizing the role of sports injury nurses within multidisciplinary sports health teams. It positions nursing practice as a dynamic, cyclical process that spans four core phases: Injury Prevention, Clinical Assessment and Acute Treatment, Rehabilitation, and Long-Term Health Monitoring. Each phase involves specific nursing functions and collaborative activities that contribute to improved athlete health outcomes and sustainable Return-To-Play (RTP) strategies.

Table 1. Phases and key nursing roles

Phase	Primary Nursing Roles	Interprofessional Collaboration	Expected Outcomes
1. Injury Prevention	<ul style="list-style-type: none"> • Conduct risk factor screenings (biomechanical, environmental) • Educate athletes on proper warm-up, hydration, and nutrition <ul style="list-style-type: none"> • Monitor training load • Ensure safety compliance for gear and environment 	Coaches, athletic trainers, sports physicians	Reduced injury incidence Improved athlete conditioning and awareness
2. Assessment & Acute Care	<ul style="list-style-type: none"> • Provide on-field triage and stabilization • Manage minor injuries (e.g., sprains, lacerations) • Apply concussion screening protocols • Coordinate emergency referrals and transport 	Emergency medical technicians (EMTs), trauma nurses, physicians	Timely intervention Accurate injury classification Reduced complications
3. Rehabilitation	<ul style="list-style-type: none"> • Deliver nurse-guided rehabilitation exercises • Administer wound care and assistive devices • Monitor patient adherence and recovery metrics • Offer psychosocial support 	Physiotherapists, orthopedic surgeons, sports psychologists	Improved rehabilitation adherence Shortened recovery time Enhanced mental well-being
4. Long-Term Monitoring	<ul style="list-style-type: none"> • Conduct return-to-play (RTP) assessments • Provide follow-up evaluations post-rehabilitation <ul style="list-style-type: none"> • Educate on relapse prevention • Track health data over time 	Team doctors, performance analysts, public health nurses	Sustainable performance Minimized reinjury risk Enhanced athlete longevity



Figure 2. The nurse's role across the phases of sports injury care

[Table 1] and [Figure 2] illustrates the centrality of the nurse within the cyclical continuum of sports injury management. The four interconnected phases—Injury Prevention, Assessment & Acute Care, Rehabilitation, and Long-Term Monitoring—reflect the dynamic, non-linear nature of athlete care. By positioning the nurse at the core of the model, the framework emphasizes their capacity to function as both a clinical practitioner and care coordinator. This structure reinforces the importance of a holistic, athlete-centered approach, where nursing professionals contribute not only to physical recovery but also to sustained health education, psychological support, and performance optimization. Such a model aligns with contemporary practices in integrated sports medicine and underscores the need to formalize and institutionalize sports injury nursing roles within policy and education systems.

4. Methodology

This research investigates the evolving and underrecognized role of sports injury nursing in the context of multidisciplinary athletic care, with a focus on its integration across four phases of injury management: prevention, acute treatment, rehabilitation, and long-term monitoring. Grounded in the thesis that sports injury nursing represents a vital yet underutilized component of modern sports medicine—particularly in Latvia and comparable Baltic health systems—this study seeks to define, contextualize, and assess the strategic contributions of nurses in sport-related injury care.

4.1. Research design and approach

Given the exploratory nature of the research, a qualitative descriptive design was selected to capture the lived experiences, perceptions, and insights of healthcare professionals directly involved in sports injury management. Qualitative research is particularly well-suited to complex, practice-based phenomena where rich, contextualized understanding is prioritized over statistical generalizability [13]. This approach enables a nuanced analysis of how nursing roles are enacted, constrained, and perceived within interdisciplinary care models. The study is informed by constructivist epistemology, recognizing that knowledge in healthcare practice is socially constructed through professional interaction, institutional structures, and cultural context [14]. The focus on the Baltic region, especially Latvia, provides a regional lens through which to examine how systemic, educational, and policy-level factors influence the recognition and implementation of sports injury nursing.

4.2. Methodological framework

The study employs a two-phase triangulated methodology:

1. Phase I: Systematic Literature Review
2. Phase II: Semi-Structured Expert Interviews

This methodological structure allows the research to draw upon both theoretical literature and field-based insights to form a comprehensive understanding of the subject matter.

4.3. Phase I: Systematic literature review

A structured review of scholarly and grey literature was conducted using academic databases including PubMed, ScienceDirect, EBSCOhost, CINAHL, and ERIC. The review spanned publications from 2015 to 2024 to ensure inclusion of the most recent global and regional developments in sports injury nursing. Key search terms included: sports nursing, athletic injury management, nurse-led rehabilitation, sports medicine roles, return-to-play protocols, and Baltic healthcare policy.

Selection criteria focused on:

1. Peer-reviewed articles and national health reports
2. Studies examining the role of nurses in sports injury prevention, treatment, and rehabilitation
3. Research within European, especially Eastern European or Baltic, health systems
4. English or Latvian-language publications

A PRISMA-based flowchart was used to document the inclusion/exclusion process [15], resulting in a final sample of 42 sources, which formed the theoretical backbone for interview guide development and thematic comparison.

4.4. Phase II: Expert interviews

4.4.1. Participant selection

A purposive sampling strategy was adopted to identify key informants with direct experience or expertise in the field of sports healthcare. The final sample included 12 participants, distributed as follows:

1. 4 practicing sports nurses (2 from Latvia, 1 from Lithuania, 1 from Sweden)
2. 3 physiotherapists working in school-based and elite team settings

3. 3 physicians specializing in sports medicine
4. 2 policy advisors from Latvia's Ministry of Health and Latvian Sports Federation Council

All participants had a minimum of 5 years of relevant experience. Diversity in profession, gender, and institutional affiliation was ensured to capture a broad spectrum of perspectives.

4.4.2 Data collection process

Interviews were conducted remotely via Zoom and Microsoft Teams over a three-month period (February–April 2025). Each session lasted between 45 to 60 minutes, recorded with informed consent, and transcribed verbatim. A semi-structured interview guide was used to maintain consistency while allowing flexibility for elaboration. Topics covered:

1. Perceived role of nurses in sports injury care
2. Clinical competencies and training adequacy
3. Challenges to role recognition and integration
4. Multidisciplinary collaboration experiences
5. Policy and educational gaps

Interviews were conducted in English, Latvian, or Russian depending on participant preference. For non-English transcripts, bilingual medical students were engaged to ensure accurate translation and transcription validation.

4.5 Data analysis

Interview transcripts were analyzed using Braun and Clarke's [16] six-phase thematic analysis process:

1. Familiarization with the data
2. Initial coding
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the final report

NVivo 14 software was employed to manage coding, generate code co-occurrence charts, and produce visual theme maps. Codes were derived both deductively (informed by the literature review and interview guide) and inductively (emerging from the data itself).

Four core thematic domains were identified:

1. Clinical Functions and Phases of Care
2. Barriers to Recognition and Role Clarity
3. Training and Competency Development
4. Policy and Institutional Recommendations

These themes were then triangulated with findings from the literature review to enhance credibility and validate cross-data consistency.

4.6. Ethical considerations

This study received ethical approval from the Latvian Academy of Sport Education Research Ethics Committee (Ref: LASE/ETH2025-04). Participants were provided with detailed information sheets, and all signed informed consent forms. Data confidentiality was maintained through anonymization, secure cloud storage, and restricted access. Participants were informed of their right to withdraw at any point.

To ensure methodological rigor, the following strategies were employed:

1. **Credibility:** Achieved through participant validation of interview summaries and data triangulation.
2. **Transferability:** Enhanced by rich contextual description and inclusion of diverse health professionals.
3. **Dependability:** Maintained by using an audit trail documenting coding, theme development, and analysis decisions.
4. **Confirmability:** Supported through reflexive journaling and peer debriefing with two independent researchers.

The decision to combine systematic review with expert interviews reflects a multi-method design appropriate for addressing research questions situated at the intersection of practice and policy. This triangulated approach enhances both theoretical generalization and practical relevance, especially in an emerging research area where empirical studies are limited [13]. Given the nascent status of sports injury nursing in the Baltic region, the use of qualitative interviews allowed the capture of context-specific insights not yet available in indexed literature.

4.7. Limitations and challenges

Several methodological challenges emerged:

1. Access to specialists in Latvia was limited due to the small number of formally trained sports injury nurses. This was mitigated by including allied professionals involved in athletic care.
2. Language barriers necessitated translation services, which introduced the potential for subtle loss of meaning. This was addressed through dual-translator validation and back-translation techniques.
3. Policy documents were not always publicly available; in such cases, national health statistics and grey literature (e.g., unpublished reports, white papers) were incorporated.

Despite these challenges, the methodological approach allowed for robust, context-sensitive exploration of the research problem and supported the development of a practical conceptual framework.

5. Results and discussion

This section presents the findings from the thematic analysis of 12 expert interviews, triangulated with the systematic literature review. Four overarching themes emerged: Expanded Clinical Roles, Role Ambiguity and Barriers, Education and Competency Gaps, and Policy and Systemic Challenges. These themes reflect both the current practice and the structural limitations shaping the role of nurses in sports injury care in Latvia and comparable systems.

5.1. Theme 1: Expanded clinical roles

A majority of participants (10 out of 12) emphasized the expanding scope of nursing functions in athletic settings. Nurses were described as not only providing acute care but also facilitating return-to-play (RTP) coordination, injury prevention education, and athlete well-being monitoring. These findings are consistent with Kellezi et al., who noted the psychosocial contributions of nurses in rehabilitation. In Latvia, however, such roles are often

informally assumed and not institutionally defined, creating a disconnect between clinical potential and official recognition [17].

5.2. Theme 2: Role ambiguity and barriers

Nine interviewees identified role ambiguity as a major barrier to integrating nurses into sports medicine teams. The absence of formal job descriptions, unclear reporting structures, and inconsistent inclusion in injury management protocols were common concerns. These findings align with Lai et al., who documented underutilization of nurses in return-to-play decisions despite their clinical qualifications [18].

5.3. Theme 3: Education and competency gaps

This theme, reported by 11 out of 12 participants, underscored systemic gaps in nursing education related to sports-specific care. Participants noted a lack of formal training modules, continuing education, and clinical placements in athletic environments. These gaps mirror findings from Bagnasco et al., who called for a standardized competency framework for sports nursing across the EU [19].

5.4. Theme 4: Policy and systemic challenges

Eight participants cited policy limitations as a foundational issue. Unlike physiotherapy or athletic training, sports nursing is not formally recognized within national health or sports legislation in Latvia. This absence of structural support results in poor funding, inadequate staffing, and missed opportunities for interdisciplinary collaboration. The findings echo the policy vacuum described in the Latvian Academy of Sport Education’s 2022 report [11].

Table 3. Summary of themes from thematic analysis

Theme	Subthemes	Frequency (n=12 interviews)
Expanded Clinical Roles	Injury triage, RTP coordination, preventive education	10
Role Ambiguity and Barriers	Lack of formal job description, inconsistent team inclusion	9
Education and Competency Gaps	Limited access to sports-specific training, variation in standards	11
Policy and Systemic Challenges	Absence of policy frameworks, low institutional recognition	8

[Table 3] summarizes the four primary themes and associated subthemes derived from expert interviews. The highest frequency was observed for Education and Competency Gaps (n = 11), underscoring the widespread concern regarding inadequate preparation and limited access to specialized training for nurses in sports injury contexts. This was followed closely by Expanded Clinical Roles (n = 10), reflecting the growing, yet often informal, involvement of nurses in injury triage, rehabilitation, and preventive care. Role Ambiguity and Barriers (n = 9) highlight systemic challenges such as unclear job functions and inconsistent team inclusion. Lastly, Policy and Systemic Challenges (n = 8) point to the absence of structural support and regulatory frameworks necessary to sustain and institutionalize the role. Collectively, these findings reinforce the central argument that while sports injury nursing holds considerable potential, its development is constrained by educational, institutional, and policy-level limitations.

5.5. Integration with conceptual framework

The findings reinforce the proposed cyclical model of nursing roles across four phases of care [Figure 1]. The thematic structure maps directly onto each phase, with expanded roles evident in every stage—from prevention to long-term health tracking. However, education and policy gaps undermine continuity and effectiveness across these phases, highlighting the need for structural reform.

5.6. Implications for practice and policy

These results indicate that nurses are already performing essential functions within the sports medicine ecosystem, often without formal recognition or adequate support. Institutionalizing sports injury nursing through training programs, competency certification, and role integration into healthcare and sports governance frameworks could significantly improve athlete health outcomes. Such initiatives are especially relevant in Latvia, where nurse education reform is underway and digital healthcare systems are expanding.

6. Conclusion and recommendations

6.1. Conclusion

This study set out to investigate the evolving role of sports injury nursing and its potential integration into multidisciplinary athletic care systems, with a particular focus on Latvia and the Baltic region. Through a triangulated qualitative design—combining systematic literature review and expert interviews—this research revealed critical insights into both the practical contributions and structural limitations of nursing within the sports injury continuum. Findings demonstrated that nurses are already engaged in a wide range of functions across all four phases of sports injury care: prevention, acute treatment, rehabilitation, and long-term monitoring. Their involvement in Return-To-Play (RTP) coordination, athlete education, injury surveillance, and psychosocial support positions them as essential members of the sports health ecosystem. However, the absence of formal role definitions, training pathways, and supportive policy frameworks has resulted in inconsistent inclusion and underutilization of their clinical potential.

In Latvia and similar post-Soviet health systems, where sports injury care is traditionally dominated by physicians and physiotherapists, the lack of recognition for sports injury nursing limits the quality and accessibility of athlete care. This research confirms that institutionalizing the role of nurses in sports medicine is not only feasible but also urgently necessary to improve recovery outcomes, reduce reinjury risk, and align with international standards in interdisciplinary sports healthcare.

6.2. Recommendations

Based on the research findings, the following recommendations are proposed for policymakers, educational institutions, and sports organizations:

1. Development of a Sports Injury Nursing Curriculum

Educational institutions in Latvia and the Baltic region should collaborate with sports medicine experts to develop postgraduate certificate or diploma programs in sports injury nursing. Core modules should include injury biomechanics, acute care protocols, exercise rehabilitation, mental health support, and return-to-play strategies.

2. Creation of National Role Guidelines and Job Descriptions

Health ministries and sports governing bodies should jointly issue national guidelines defining the scope of practice, competencies, and responsibilities of sports injury nurses. This will reduce ambiguity and promote integration into team-based care models.

3. Establishment of Interprofessional Care Teams

Sports federations, particularly at the school and amateur level, should create funding mechanisms and staffing models that formally include nurses in their multidisciplinary teams, alongside doctors, physiotherapists, and athletic trainers.

4. Investment in Continuing Professional Development (CPD)

National nursing boards and healthcare employers should support CPD opportunities in sports health through workshops, fellowships, and exchange programs. Participation in international sports medicine congresses should also be encouraged.

5. Policy Reform and Regulatory Recognition

The Ministry of Health, in collaboration with the Latvian Sports Federation Council, should incorporate sports injury nursing into national health and sports policy frameworks. This may include registration as a subspecialty or issuing licenses for nurse practitioners in athletic environments.

6. Further Research and Pilot Programs

Future studies should conduct longitudinal assessments of nurse-led interventions in athletic populations. Pilot programs integrating nurses into youth sports academies or regional athletic clinics can serve as proof-of-concept models for national implementation.

The modernization of sports healthcare in Latvia and the wider Baltic region depends on the strategic inclusion of all qualified professionals—nurses chief among them. By formalizing the role of sports injury nurses and investing in their training, recognition, and deployment, sports organizations can enhance the safety, recovery, and long-term performance of athletes at all levels. This research not only underscores the critical importance of such integration but also provides a framework for its realization.

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