

MINI-REVIEW

From pain to care: men's help-seeking behaviour in sports-related musculoskeletal pain and injury

Jun Woo Kwon^{1,*} 

¹Department of Physical Education,
Seoul National University, 08826 Seoul,
Republic of Korea

***Correspondence**

forphd@snu.ac.kr;
bichoncontin@gmail.com
(Jun Woo Kwon)

Abstract

Sports-related musculoskeletal pain and injury are commonly discussed as clinical, biomechanical, or performance-related problems. This mini-review reframes these problems as a men's health and care-seeking issue in sports and exercise contexts. Before formal diagnosis, rehabilitation, or return-to-sport decisions occur, male athletes and physically active men may face an earlier and less visible process: recognising pain, interpreting its meaning, deciding whether to disclose it, and seeking appropriate support. Drawing on selected literature on men's help-seeking behaviour, masculinity, sport-related pain, injury disclosure, rehabilitation adherence, prevention, and return-to-sport decision-making, this focused narrative mini-review examines the transition from pain recognition to care-seeking and continued management. Direct evidence specifically examining men's help-seeking for sports-related musculoskeletal pain and injury remains limited; therefore, general men's help-seeking research and athlete mental health help-seeking research are not treated as direct evidence for musculoskeletal injury care-seeking. Instead, these related bodies of literature are brought together to develop a men's health-focused pain-to-care pathway. This pathway links pain recognition, symptom interpretation, disclosure or reporting, consultation or assessment, rehabilitation engagement, prevention adherence, and return-to-sport decision-making. Help-seeking is therefore considered not as a single act of asking for care, but as a continuing pathway shaped by access, trust, stigma, self-reliance, sport culture, communication, and perceived consequences of disclosure. This framing avoids assuming that all men respond to pain in the same way, while highlighting how sport environments may make timely care-seeking easier or harder. Placing sports-related pain and injury within a men's health framework draws attention to how male sport and exercise participants recognise health concerns, access support, and remain engaged with care. Future research should test this proposed pathway more directly in male sport and exercise populations. Supporting men's health in sports may require not only preventing injury, but also improving the pathways through which pain becomes visible, discussed, and is appropriately managed.

Keywords

Men's health; Care-seeking; Masculinity; Injury disclosure; Pain communication; Rehabilitation adherence; Sport culture; Return-to-sport decision-making

1. Introduction: reframing sports-related pain and injury as a men's health issue

Sports-related musculoskeletal pain and injury are often discussed as problems of tissue damage, performance loss, rehabilitation, or return-to-sport decision-making. That framing is necessary, but it is not complete. Before an athlete enters rehabilitation or receives a formal diagnosis, there is usually an earlier and less visible step: recognising pain, deciding whether it matters, and choosing whether to disclose it or seek help. For men, this early step is especially relevant to

men's health, because help-seeking behaviour has long been identified as a key issue in how men recognise health concerns, access health care, and respond to support needs [1–3].

The present mini-review approaches sports-related musculoskeletal pain and injury through the pathway from pain to care, rather than treating these problems only as clinical or sport-performance concerns. Musculoskeletal sport injuries can be conceptualised through epidemiological, biomechanical, and clinical perspectives, yet these approaches do not always explain why some symptoms are disclosed early while others are tolerated, normalised, or managed informally [4]. Recent work on sports-related pain and injury also suggests

that athletes' experiences are shaped by more than the physical sensation of pain itself; social context, support, uncertainty, and return-to-sport expectations may all influence how pain and injury are interpreted [5].

A men's health perspective can add to this discussion by focusing on help-seeking as a behaviour that is shaped by individual, social, and health-service factors. The point is not to assume that all men avoid care, or that men's responses to pain are uniform. Rather, the issue is that men's help-seeking has been repeatedly discussed as an important and sometimes problematic area of health behaviour, particularly in relation to self-reliance, service use, stigma, and access to support [1–3]. When this is considered alongside sports-related musculoskeletal pain and injury, a useful question emerges: how does the transition from pain to care occur for men who participate in sport or exercise?

The focus of this review is therefore men's help-seeking behaviour in sports-related musculoskeletal pain and injury. It draws together literature on men's help-seeking, sport-related pain, injury disclosure, rehabilitation, and return-to-sport decisions. By doing so, it reframes early disclosure and care-seeking as part of injury prevention and long-term men's health, rather than as a secondary issue after diagnosis or treatment has already begun.

Direct evidence specifically examining men's help-seeking for sports-related musculoskeletal pain and injury remains limited. This review therefore does not treat general men's help-seeking research or athlete mental health help-seeking research as direct evidence for musculoskeletal injury care-seeking. Rather, it draws on these related literatures to identify an under-examined pathway from pain recognition to disclosure, consultation, rehabilitation, and return-to-sport decision-making. The objective of this mini-review is to synthesise selected evidence from men's help-seeking research and sport injury-related literature in order to clarify this pathway and identify practical and research implications for men's health in sport and exercise contexts.

2. Review approach

This article was designed as a focused narrative Mini-Review rather than a systematic review, scoping review, or meta-analysis. Literature was considered across areas relevant to the review question, including men's help-seeking behaviour, masculinity, sport-related musculoskeletal pain, injury disclosure, rehabilitation adherence, injury prevention, and return-to-sport decision-making. Sources were selected for their conceptual relevance to the transition from pain recognition to disclosure, care-seeking, continued management, and return-to-sport decision-making in male sport and exercise populations. The aim was not to provide an exhaustive synthesis of all available studies, but to integrate relevant bodies of literature in order to develop a men's health-focused pain-to-care pathway. For this reason, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagramming, Population, Intervention, Comparison, and Outcome (PICO) formulation, protocol registration, formal risk-of-bias appraisal, and quantitative synthesis were not applied.

3. Narrative synthesis of the literature

3.1 Men's help-seeking behaviour: from individual choice to health-care access

Men's help-seeking behaviour is sometimes described as if it were mainly a matter of personal attitude: whether a man chooses to ask for help or not. That view is too narrow. In men's health research, help-seeking is often treated as a behaviour shaped by social expectations, health beliefs, service availability, trust, stigma, and previous encounters with health care [1, 2]. This broader view matters for sports because pain and injury do not automatically lead to disclosure, consultation, or treatment. A person has to recognise the problem, judge whether it needs attention, and decide whether seeking help feels possible or worthwhile.

Masculinity is one part of this discussion, but it should not be used as a blanket explanation for all men's behaviour. Addis and Mahalik argued that men's help-seeking occurs within specific contexts, meaning that responses to health concerns may vary according to the type of problem, perceived severity, social setting, and available support [6]. This is particularly relevant in sport and exercise settings. Pain or injury may be interpreted differently depending on whether it threatens participation, selection, identity, work, social standing, or independence. Help-seeking, therefore, is not simply a private decision. It is also shaped by whether support is accessible, whether it is trusted, and whether using it feels acceptable.

Several reviews have linked delayed help-seeking among men to psychological and social factors, including self-reliance, stigma, low perceived need, and uncertainty about services [7, 8]. These findings should be applied carefully. They do not show that men are uniformly reluctant to seek help, or that masculinity always prevents care-seeking. A more defensible interpretation is that some masculine norms and expectations may make help-seeking less likely in particular circumstances, especially when a problem is ambiguous, embarrassing, or perceived as something that should be managed independently.

Recent evidence supports this more contextual interpretation. Research on Australian men living in non-urban areas suggests that masculinity and help-seeking are linked, but not in a simple or universal way; the relationship depends on social and regional context [9]. Similarly, work on self-reliance found that help-seeking did not mediate the association between masculine self-reliance and suicidal thoughts among men [10]. In male elite rugby players, masculine health-related values have also been associated with mental health help-seeking knowledge, attitudes, and behaviour, suggesting that these issues remain relevant in sport-specific male populations [11].

For the present review, the key point is not that men's help-seeking is always low. The more useful point is that help-seeking is a health behaviour shaped by context. When this idea is brought into sports-related musculoskeletal pain and injury, it shifts the question from "why did the athlete not seek help?" to a broader and more practical question: what conditions make early disclosure, consultation, and continued care more or less likely for men? This broader framing is more

consistent with a men's health perspective because it links individual behaviour with access, communication, trust, and the design of support pathways.

3.2 Why pain matters before injury: the overlooked starting point of care-seeking

In sport and exercise settings, pain often appears before a clear injury label is given. This matters for the present review because help-seeking usually begins in this uncertain space. An athlete may feel pain, stiffness, loss of confidence, or reduced function before knowing whether the problem represents tissue damage, overload, a minor complaint, or a more serious injury. If pain is treated only as a confirmed diagnosis, an important part of the care-seeking pathway is missed.

Recent pain research in sports has emphasised that pain should not be understood only as a direct marker of tissue damage. Hoegh and colleagues argue that not all pain in sports is caused by tissue damage, and that management may need to consider pain as a broader clinical and behavioural experience rather than only as a sign of structural injury [12]. In practice, men who participate in sports may not seek care at the moment an injury is diagnosed; they may first need to interpret whether the pain is meaningful enough to disclose. In this way, pain can be seen as the practical starting point of help-seeking.

Evidence from athlete populations supports this distinction between pain and diagnosed injury. Owoseye and colleagues found that the absence of injury does not necessarily mean the absence of musculoskeletal pain among collegiate athletes [13]. Similarly, musculoskeletal pain has been reported among amateur and professional athletes across different sports, suggesting that pain is not limited to elite or highly medicalised sport settings [14]. A recent prospective cohort study in amateur football players also showed that pain prevalence and intensity can be examined as relevant outcomes in both male and female players, further supporting the value of pain as a meaningful construct in sport injury research [15].

Pain is also experienced within a sports culture, not in isolation. Qualitative work suggests that athletes may interpret pain through expectations about training, competition, support, and return to sport [5]. Purcell and colleagues described sport-related pain as a distinctive experience shaped by the relationship between athletes, physiotherapists, and the sporting environment [16]. Taken together, these findings help explain why pain does not automatically lead to care. Pain has to be noticed, interpreted, and communicated. Each of these steps can be influenced by the athlete's context.

For this reason, the phrase "pain and injury" is intentional. Pain captures the earlier, sometimes ambiguous stage in which a person decides whether a problem is worth reporting. Injury captures the later stage in which assessment, diagnosis, rehabilitation, and return-to-sport decisions become more formalised. Epidemiological and clinical frameworks are useful for describing musculoskeletal sport injuries, but they are less able to explain how athletes move from symptoms to care unless help-seeking is considered [4]. In a men's health context, this means that sports-related musculoskeletal pain should not be treated as a minor preclinical detail. It may be the point at which help-seeking either begins or is delayed.

3.3 From pain to care: disclosure, consultation, and help-seeking in sport settings

The movement from pain to care is not automatic. In sport settings, an athlete may first notice pain, then decide whether it is worth mentioning, who should be told, and what the possible consequences of disclosure might be. This makes disclosure a central step in the help-seeking pathway. Research on musculoskeletal injury disclosure in adolescent athletes shows that intention to disclose is shaped by more than symptom presence alone, including attitudes, perceived norms, and the expected outcomes of reporting an injury [17]. Although this evidence comes from adolescent athletes, the broader point is relevant here: pain has to be communicated before it can become part of formal care.

Sports also create particular conditions around help-seeking. Athletes may have access to coaches, physiotherapists, athletic trainers, doctors, teammates, or family members, but access does not always mean that support will be used. Help-seeking depends on whether the athlete trusts the available person, expects the response to be helpful, and believes that disclosure will not create unwanted consequences. Studies of athlete help-seeking, especially in relation to mental health, have identified barriers such as stigma, uncertainty about services, concerns about confidentiality, and uncertainty about how others will respond [18, 19]. Although these findings are not specific to musculoskeletal pain, they help explain why support-seeking in sport should be understood as a pathway rather than a single decision. They should therefore be read as sport-context evidence on help-seeking barriers and facilitators, rather than as direct evidence of musculoskeletal injury care-seeking.

For men, this pathway may be shaped further by gendered expectations about self-reliance and acceptable forms of support. Recent work suggests that masculinity and help-seeking are related in context-dependent ways, rather than through a single universal pattern [9]. In male elite rugby players, masculine health-related values have been linked with mental health help-seeking knowledge, attitudes, and behaviour, which indicates that sport-specific male environments can shape how support is understood and used [11]. Self-reliance may also matter; however, help-seeking was not found to mediate the relationship between masculine self-reliance and suicidal thoughts among men [10]. These studies do not prove that men with sports-related pain will avoid care. They do, however, support the need to consider how masculine norms, sports culture, and available support pathways may influence disclosure and consultation.

The experience of pain itself may also affect whether care is sought. Qualitative research indicates that sports-related pain and injury can carry emotional and social meanings, including uncertainty about severity, concern about participation, and the need for support during recovery [5]. Athlete and sport physiotherapist perspectives also suggest that pain in sports may be negotiated within relationships and expectations, not simply reported as a neutral symptom [16]. This is why the phrase "from pain to care" is useful. It draws attention to the steps between feeling pain and receiving appropriate support.

A care-seeking pathway in sports may therefore include several linked stages: recognising pain, judging its seriousness, disclosing it to someone trusted, obtaining assessment, accepting referral if needed, and beginning appropriate management. At each stage, the process can move forward or stall. For men, these stages should be viewed through both sport and men's health perspectives. Early disclosure is not just a communication issue. It may be the point at which a manageable pain problem becomes visible, treatable, and less likely to develop into a more persistent injury or incomplete recovery. Fig. 1 summarises this proposed pathway from pain recognition to return-to-sport decision-making.

3.4 Beyond first contact: rehabilitation adherence and return-to-sport decisions

Seeking help is not a single moment. In sports-related musculoskeletal pain and injury, the first act of disclosure or consultation is only one part of a longer care pathway. After an athlete reports pain or receives an assessment, the process may continue through treatment decisions, rehabilitation, injury prevention exercises, and return-to-sport planning. For the present review, this means that men's help-seeking behaviour should not be understood only as the decision to make initial contact. It also includes whether care is continued, whether rehabilitation is followed, and whether return-to-sport decisions are made with appropriate support.

Return to sport is especially important because it is not determined by physical recovery alone. The 2016 consensus statement on return to sport emphasised that return-to-sport decisions involve a continuum, including return to participation, return to sport, and return to performance [20]. This framework is useful here because the pathway from pain to care does not end once symptoms are acknowledged. A man may enter care, but still face uncertainty about readiness, risk, performance expectations, and the timing of return. These decisions can be clinically complex, but they are also behavioural and social.

Psychosocial factors are repeatedly identified as relevant to sports injury rehabilitation. A mixed-studies systematic review found that psychological and social factors are associated with rehabilitation outcomes in competitive athletes [21]. Similarly,

adherence to sports injury rehabilitation has been linked to psychological factors, including motivation, confidence, expectations, and emotional responses to injury [22]. Together, these findings widen the meaning of help-seeking. The issue is not only whether an athlete asks for help at the start, but also whether he remains engaged with care when recovery is slow, uncertain, or inconvenient.

The meaning of injury may also shape this process. For elite athletes, injury can threaten identity, routine, selection, and future opportunity, rather than only producing physical limitation [23]. Although this experience will vary by sport level and context, it suggests that rehabilitation and return-to-sport decisions are not neutral technical steps. They may be influenced by how athletes understand the injury, how much they trust the recovery plan, and how they balance health against participation. In men's sport and exercise contexts, these issues may interact with self-reliance, perceived toughness, or reluctance to depend on support, although such links should be examined rather than assumed.

Premature or poorly supported return to sport can also carry consequences. Evidence from anterior cruciate ligament reconstruction indicates that time to return to sport may be relevant to the risk of second injury, illustrating why return decisions should not be reduced to motivation or desire to resume activity [24]. Psychological factors after anterior cruciate ligament reconstruction have also been associated with rehabilitation and recovery processes [25]. These injury-specific studies should not be overgeneralised to all musculoskeletal problems. Still, they provide a useful example: recovery is shaped by more than tissue healing, and return-to-sport decisions require attention to risk, readiness, and support.

Prevention and adherence are part of the same pathway. Injury prevention programmes can only be effective if they are actually used, and adherence may vary across settings and participants [26]. For this reason, care-seeking should be understood as a continuing process that includes reporting pain, entering care, following rehabilitation, engaging with prevention, and making informed return-to-sport decisions. In a men's health framework, improving early help-seeking is therefore not enough on its own. The larger goal is to create care pathways that men are willing and able to enter, continue, and trust.

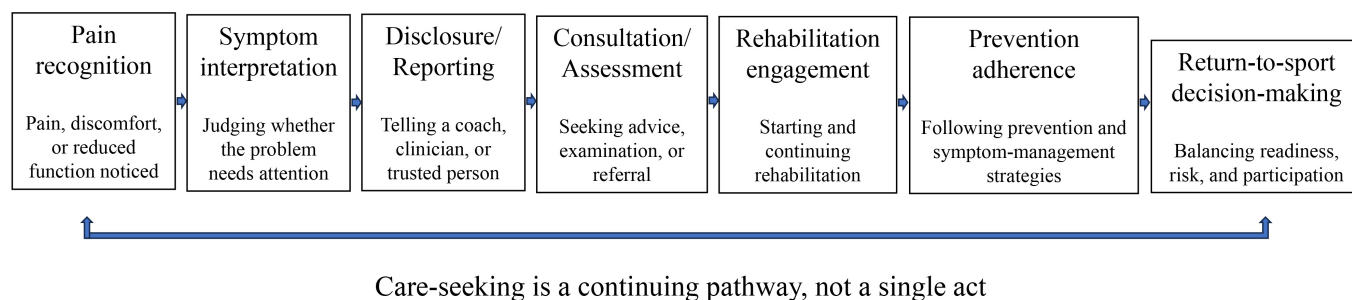


FIGURE 1. Proposed pathway from pain to care in men's sports-related musculoskeletal pain and injury. The figure illustrates a conceptual pathway in which pain recognition may lead to symptom interpretation, disclosure or reporting, consultation or assessment, rehabilitation engagement, prevention adherence, and return-to-sport decision-making. The pathway is not intended to represent a fixed or linear process for all men. Rather, it highlights that care-seeking may progress, pause, or break down across different stages.

4. Discussion

4.1 Practical applications: making care-seeking a normal part of men's sport participation

One practical implication is that care-seeking should be treated as a normal part of men's sport participation, not as an exception that occurs only after injury becomes severe. If pain is the point at which the care pathway begins, then sport environments need to make early disclosure easier. This does not mean that every minor symptom needs to be medicalised. Rather, it means creating conditions in which men can report persistent or concerning pain early enough for appropriate advice, monitoring, or referral.

One useful shift is to frame care-seeking as a preventive behaviour. In many sport settings, prevention is already discussed through warm-up routines, load management, strengthening exercises, and injury prevention programmes. The same logic can be extended to disclosure and consultation. If athletes are expected to complete prevention exercises, they should also be supported to report symptoms before these become harder to manage. Evidence on injury prevention exercise programmes shows that adherence is a practical challenge, even when the programme itself is available [26]. This suggests that implementation depends not only on knowledge, but also on how acceptable, feasible, and routine the behaviour becomes.

Communication is another practical issue. Athletes may be more willing to disclose pain when they know who to speak to, what will happen next, and whether the response will be supportive rather than punitive. Research on athlete help-seeking points to the importance of access, attitudes, confidentiality, and previous experiences with support [18, 19]. In sports-related musculoskeletal pain and injury, these issues are likely to matter as well. A man who expects that reporting pain will immediately threaten selection, playing time, or social standing may delay disclosure. A man who expects a clear, proportionate, and confidential response may be more willing to seek advice.

Coaches, physiotherapists, athletic trainers, and sport organisations are therefore central to this pathway. Care-seeking is often discussed as an individual decision, but practical change usually requires a supportive environment. Injury disclosure research suggests that reporting intentions are shaped by attitudes and perceived norms, which means that the surrounding sport culture can either support or discourage early reporting [17]. Implementation work in sports also shows that injury prevention and management are affected by communication, organisational context, and the perceived feasibility of proposed strategies [27]. Even though this evidence comes from amateur female sport, the implementation point is broader: evidence-based recommendations have to fit the real setting in which athletes train, compete, and seek support.

For men's health, messaging should also be handled carefully. Simply telling men to "seek help earlier" may be too vague. It may also miss the social meanings attached to pain, independence, and participation. A more useful approach is to present care-seeking as part of responsible sports participation: noticing symptoms, asking for advice, following rehabilita-

tion, and making informed return-to-sport decisions. This framing may be especially relevant where masculine norms, self-reliance, or sport-specific values shape attitudes toward support [9–11].

Practical strategies should therefore focus on the whole pathway. Sport organisations can clarify reporting routes, normalise early conversations about pain, protect confidentiality where possible, and avoid making disclosure feel like an automatic loss of status or opportunity. Clinicians can ask about sport demands, perceived barriers to care, and the athlete's concerns about participation. Coaches can reinforce the idea that early reporting is not the opposite of commitment. It is one way to sustain participation. In this sense, making care-seeking normal is not only a clinical issue. It is a men's health, prevention, and communication issue.

4.2 Strengths and limitations

A strength of this mini-review is that it connects bodies of literature that are often discussed separately, including men's help-seeking, sport-related pain, injury disclosure, rehabilitation adherence, injury prevention, and return-to-sport decision-making. This allows sports-related musculoskeletal pain and injury to be considered not only as clinical or performance-related problems, but also as men's health and care-seeking issues. The review also has limitations. It was designed as a focused narrative Mini-Review rather than a systematic review, and therefore did not aim to provide an exhaustive search, formal quality appraisal, or quantitative synthesis. Direct evidence on men's help-seeking for sports-related musculoskeletal pain and injury also remains limited. The proposed pathway should therefore be understood as a conceptual framework requiring empirical testing, rather than as an established causal model.

4.3 Research gaps and future directions

Although men's help-seeking and sports-related musculoskeletal pain are both established areas of research, they are not yet fully connected. Men's help-seeking has long been discussed in relation to health-service use and the ways men recognise, interpret, and respond to health concerns [1, 2]. Later reviews have added that delays in help-seeking may involve psychological, social, and service-related factors, including perceived need, stigma, and uncertainty about available support [7]. Masculinity-related factors have also been examined, particularly in relation to help-seeking for mental health [8]. In contrast, sports injury research has developed its own literature on musculoskeletal injury definitions, pain experiences, injury disclosure, and return-to-sport pathways [4]. The remaining gap is that these areas are often discussed separately, leaving limited evidence on how men move from sports-related pain to actual care. This limitation is also the reason for treating the present review as a focused synthesis of related evidence, rather than as a claim that the pathway has already been fully established.

A first direction for future research is to examine the early stages of this pathway. Current evidence supports the importance of symptom interpretation and injury disclosure in sports, but direct evidence on men's care-seeking for sports-

related musculoskeletal pain remains limited. Research on musculoskeletal injury disclosure provides a useful starting point because it shows that disclosure is shaped by more than the presence of symptoms alone [17]. Future studies could examine when men decide to report pain, who they report it to, and what they expect to happen after disclosure. This would help clarify whether delayed care is linked to uncertainty about symptoms, concerns about participation, lack of access, perceived stigma, or previous experiences with support.

A second gap concerns the distinction between pain, injury, and care. Pain may occur without a clear injury diagnosis, which means that care-seeking should not be studied only after formal injury identification [13]. Sports-related pain may also have social and emotional meanings, including uncertainty about severity, pressure around participation, and the need for support during recovery [5]. Athlete and physiotherapist perspectives further suggest that pain in sports is negotiated within relationships and expectations, not simply reported as a neutral symptom [16]. Future research should therefore examine pain recognition, symptom monitoring, disclosure, and first contact with support as separate but connected stages.

A third direction is to study men's help-seeking across different sport populations. Elite athletes, adolescent athletes, amateur players, recreational exercisers, and physically active men outside organised sports may not experience pain or care access in the same way. For elite athletes, injury may threaten identity, routine, selection, and future opportunity [23]. In amateur or recreational contexts, other issues may be more important, such as work demands, cost, time, availability of services, or uncertainty about where to seek advice. Future studies should avoid assuming that one model of men's help-seeking applies across all sport settings.

A fourth gap is the need to move beyond simple sex comparisons. Studies comparing male and female athletes can be useful, especially for understanding pain prevalence, pain intensity, or symptom patterns in particular sports [15]. However, men's health research also needs to examine gendered expectations, self-reliance, health literacy, sports culture, and service design. Recent work suggests that masculinity and help-seeking are related in ways that depend on social context, rather than through a single universal pattern [9]. Self-reliance may also influence help-seeking pathways among men, although this should be tested carefully in sports-related musculoskeletal contexts rather than assumed [10]. In male elite rugby players, masculine health-related values have been linked with help-seeking knowledge, attitudes, and behaviour, which shows the value of studying sport-specific male populations directly [11].

Finally, intervention research is needed. It is not enough to describe barriers to help-seeking; studies should test ways to make early disclosure and continued care more acceptable and practical. Athlete help-seeking research suggests that access, attitudes, confidentiality, and previous experiences with support are important to whether help is used [19]. A broader review of athlete help-seeking also highlights barriers and facilitators that could inform sports-based interventions [18]. Injury prevention research shows that even when programmes are available, adherence can remain a practical challenge [26]. Implementation work in sports further suggests that communication, organisational context, and perceived feasibility matter

when trying to improve injury prevention and management [27]. Future interventions should therefore treat care-seeking as part of injury prevention, not as a separate issue that begins only after an injury becomes severe.

5. Conclusions

Sports-related musculoskeletal pain and injury should not be understood only after a diagnosis has been made or after rehabilitation has begun. For many athletes, the pathway starts earlier, when pain is first noticed, interpreted, and either disclosed or managed privately. This early movement from pain to care is important for men's health because help-seeking behaviour is shaped by more than symptom severity alone. It is also shaped by access, trust, social expectations, sport culture, and the perceived consequences of asking for support.

A men's health perspective does not require assuming that men respond to pain in one uniform way. That would be too simple. The more useful position is that men's help-seeking occurs within contexts that may make disclosure and continued care easier or harder. In sport and exercise settings, these contexts include the meaning of pain, expectations around participation, available support pathways, communication with coaches and clinicians, and the perceived acceptability of stepping back from activity when needed.

The phrase "from pain to care" captures this wider pathway. Pain may come before a formal injury diagnosis, while care may extend beyond initial consultation into rehabilitation adherence, prevention behaviour, and return-to-sport decisions. Reframing sports-related musculoskeletal pain and injury in this way can help shift attention from the question of whether men seek help to the more practical question of how sport environments can make timely care-seeking possible, acceptable, and useful.

Future research should test this proposed pathway more directly by connecting men's help-seeking with sports injury prevention and rehabilitation. Studies are needed that examine how men recognise pain, decide whether to disclose it, enter care, continue rehabilitation, and make return-to-sport decisions. Interventions should also test whether clearer reporting routes, trusted support, confidential advice, and prevention-focused messaging can improve the transition from pain to care. Men's sports-related musculoskeletal pain and injury should therefore be understood as part of a broader men's health pathway in which pain becomes recognised, disclosed, discussed, managed, and integrated into rehabilitation and return-to-sport decisions. The central implication is that supporting men's health in sports means not only preventing injury, but also improving the pathways through which pain becomes visible, discussed, and appropriately managed.

AVAILABILITY OF DATA AND MATERIALS

This mini-review did not generate or analyse new datasets. Data sharing is therefore not applicable.

AUTHOR CONTRIBUTIONS

JWK—conceptualisation; literature review; analysis and interpretation; writing—original draft preparation; writing—review and editing. The author has read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

ACKNOWLEDGMENT

Not applicable.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

The author declares no conflict of interest.

GENERATIVE AI DISCLOSURE

The author used AI-assisted tools solely for grammar and language refinement. The scientific content, analysis, and interpretation of the manuscript were developed and finalised by the author. The author takes full responsibility for the final content of the manuscript.

REFERENCES

- [1] Galdas PM, Cheater F, Marshall P. Men and health help-seeking behaviour: literature review. *Journal of Advanced Nursing*. 2005; 49: 616–623.
- [2] Smith JA, Braunack-Mayer A, Wittert G. What do we know about men's help-seeking and health service use? *Medical Journal of Australia*. 2006; 184: 81–83.
- [3] Smith GD, Hebdon M. Mental health help-seeking behaviour in men. *Journal of Advanced Nursing*. 2024; 80: 851–853.
- [4] Wang C, Stovitz SD, Kaufman JS, Steele RJ, Shrier I. Principles of musculoskeletal sport injuries for epidemiologists: a review. *Injury Epidemiology*. 2024; 11: 21.
- [5] Sheehan N, Summersby R, Bleakley C, Caulfield B, Matthews M, Klempel N, *et al.* Adolescents' experience with sports-related pain and injury: a systematic review of qualitative research. *Physical Therapy in Sport*. 2024; 68: 7–21.
- [6] Addis ME, Mahalik JR. Men, masculinity, and the contexts of help seeking. *American Psychologist*. 2003; 58: 5–14.
- [7] Yousaf O, Grunfeld EA, Hunter MS. A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review*. 2015; 9: 264–276.
- [8] Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM. The role of masculinity in men's help-seeking for depression: a systematic review. *Clinical Psychology Review*. 2016; 49: 106–118.
- [9] Piatkowski T, Sabrus D, Keane C. The relationship between masculinity and help-seeking among Australian men living in non-urban areas. *The Journal of Men's Studies*. 2024; 32: 199–218.
- [10] Requena SS, Pirkis J, Arya V, Nicholas A, Currier D. Does help-seeking mediate the relationship between the masculine norm of self-reliance and suicidal thoughts among men? *Social Psychiatry and Psychiatric Epidemiology*. 2025; 60: 1613–1623.
- [11] Ojio Y, Amemiya R, Oliffe JL, Rice SM. Mental health help-seeking knowledge, attitudes and behaviour among male elite rugby players: the role of masculine health-related values. *BMJ Open Sport & Exercise Medicine*. 2025; 11: e002275.
- [12] Hoegh M, Purcell C, Møller M, Wilson F, O'Sullivan K. Not all pain is caused by tissue damage in sports. Should management change? *Journal of Orthopaedic & Sports Physical Therapy*. 2024; 54: 681–686.
- [13] Owweye OBA, Neme JR, Buchanan P, Esposito F, Breitbach AP. Absence of injury is not absence of pain: prevalence of preseason musculoskeletal pain and associated factors in collegiate soccer and basketball student athletes. *International Journal of Environmental Research and Public Health*. 2022; 19: 9128.
- [14] Malam Moussa Ahmet H, Bika Lele EC, Guessogo WR, Bian WM, Guyot J, Ahmadiou, *et al.* Musculoskeletal pains among amateur and professional athletes of five disciplines in Senegal: a preliminary study. *BMC Musculoskeletal Disorders*. 2023; 24: 210.
- [15] Wezenberg D, Lindblom H, Sonesson S, Hägglund M. Prevalence and intensity of pain in male and female amateur football players: a prospective cohort study. *Journal of Science and Medicine in Sport*. 2024; 27: 222–227.
- [16] Purcell C, Fullen B, Walsh CB, Van Oirschot G, Ward T, Caulfield B. 'Another world of pain'—athlete and sport physiotherapist perspectives on the unique experience of pain in sport. *BMJ Open Sport & Exercise Medicine*. 2024; 10: e002020.
- [17] Cheever KM, Dewig D, Nedimyer AK, Register-Mihalik JK, Kossman MK. Determinants of intention to disclose musculoskeletal injury in adolescent athletes. *Journal of Athletic Training*. 2023; 59: 121–129.
- [18] Cosh S, McNeil D, Jeffreys A, Clark L, Tully P. Athlete mental health help-seeking: a systematic review and meta-analysis of rates, barriers and facilitators. *Psychology of Sport and Exercise*. 2023; 71: 102586.
- [19] Brown KR, Quinton ML, Tidmarsh G, Cumming J. Athletes' access to, attitudes towards and experiences of help-seeking for mental health: a scoping review. *BMJ Open*. 2025; 15: e097492.
- [20] Arderm CL, Glasgow P, Schneiders A, Witvrouw E, Clarsen B, Cools A, *et al.* 2016 Consensus statement on return to sport from the First World Congress in Sports Physical Therapy, Bern. *British Journal of Sports Medicine*. 2016; 50: 853–864.
- [21] Forsdyke D, Smith A, Jones M, Gledhill A. Psychosocial factors associated with outcomes of sports injury rehabilitation in competitive athletes: a mixed studies systematic review. *British Journal of Sports Medicine*. 2016; 50: 537–544.
- [22] Goddard K, Roberts CM, Byron-Daniel J, Woodford L. Psychological factors involved in adherence to sport injury rehabilitation: a systematic review. *International Review of Sport and Exercise Psychology*. 2021; 14: 51–73.
- [23] Reussner AK, Bursik J, Kühnle F, Thiel A, John JM. The meaning of injury to the elite athlete: a systematic review. *Psychology of Sport and Exercise*. 2023; 71: 102571.
- [24] Piusi R, Simonson R, Zsidai B, Grassi A, Karlsson J, Della Villa F, *et al.* Better safe than sorry? A systematic review with meta-analysis on time to return to sport after ACL reconstruction as a risk factor for second ACL injury. *Journal of Orthopaedic & Sports Physical Therapy*. 2023; 54: 161–175.
- [25] Nedder VJ, Raju AG, Moyal AJ, Calcei JG, Voos JE. Impact of psychological factors on rehabilitation after anterior cruciate ligament reconstruction: a systematic review. *Sports Health: A Multidisciplinary Approach*. 2025; 17: 291–298.
- [26] Lindblom H, Waldén M, Hägglund M. Adherence to injury prevention exercise programmes in amateur adolescent and adult football: a detailed description of programme use from a randomised study. *Sports Medicine—Open*. 2023; 9: 57.
- [27] Walshe A, Daly E, Ryan L. A qualitative exploration of perceived challenges and opportunities in the implementation of injury prevention and management in amateur female sport. *Frontiers in Sports and Active Living*. 2024; 6: 1430287.

How to cite this article: Jun Woo Kwon. From pain to care: men's help-seeking behaviour in sports-related musculoskeletal pain and injury. *Journal of Men's Health*. 2026; 22(9): 21–27. doi: 10.22514/jomh.2026.072.