

If you've ever been stuck on the sidelines nursing a dodgy knee or wrestling with persistent aches after 11 years in Scottish lower-league football, you'll know that pain is rarely as simple as it seems. Yet, the culture around football – the locker rooms, the away ends, and the grubby pitches – often treats pain like a badge of honour or an inconvenient secret. Coaches expect you to "play through it," teammates brag about bruises "that should have ended careers," and reporting pain can feel like confessing defeat.

In this blog, I want to cut through all the noise and jargon to explain what **pain education** actually involves, why it matters, and how understanding the science behind pain can change your approach to recovery and long-term joint health.

Football Culture and the Stigma Around Reporting Pain

From my days around the lower-league changing rooms, I've seen countless lads grimacing but "toughing it out" because speaking up about pain was often met with scepticism or even ridicule. There's a deeply ingrained belief that admitting pain is weakness, or that quick fixes (even illegal ones like certain banned painkillers or doping agents) are the only way to stay on the pitch.

This stigma doesn't just put players at risk in the short term; it lays the groundwork for long-term consequences such as:

- Early-onset osteoarthritis
- Chronic, persistent pain that just won't quit
- A cycle of injury and poor healing due to neglected treatment

Stigma aside, real change starts when players, coaches, and physios understand why pain is happening — not just trying to suppress it.

Understanding Pain Mechanisms: The Basics You Need to Know

Pain is your body's way of saying, "Something's off," but it's not a straightforward "damage meter" like most folk think. Let's break down some key concepts involved in *understanding pain mechanisms*.

1. Imperfect Healing and Cumulative Loading

Want to know something interesting? after a knock, tear, or strain, your body starts repairing tissue. But it's never a perfect process — especially if you rush back too soon or keep loading the area excessively. Over weeks and months, tiny amounts of damage can build up (cumulative loading), leading to:

- Tissue that's less elastic or weaker
- An area more prone to re-injury
- Ongoing discomfort that stubbornly refuses to fully settle

In football terms, that rotten tendon or creaky knee cartilage isn't just "worn out" — it's been pushed repeatedly beyond its current capacity without enough recovery.

[prescription not anti-doping exemption](#)

2. Central Sensitisation: When Your Nervous System Joins the Party

One of the trickiest bits of pain science to grasp is central sensitisation — where your nervous system becomes hyper-alert, almost like a smoke alarm stuck in “on.” Even after the original injury heals, the nerves can keep firing off pain signals because they’re over-sensitive.

This explains why sometimes the pain feels out of proportion to any visible physical damage. It can also cause the pain to spread or last longer than expected.



If you’re battling chronic pain after a football season full of niggles, central sensitisation might be part of what’s going on under the hood.

Long-Term Outcomes: Why Ignoring Pain is a Dangerous Game

Persistent pain and joint trouble don’t just impact your ability to play next week. They affect your life in the decades to come. Understanding this risk is vital, not just for players but for clubs and support staff.

Outcome What It Means Why It’s Relevant to Footballers Osteoarthritis (OA) Wear and tear of the joint cartilage causing pain, stiffness, and reduced motion. Even young players with repeated joint injuries are at risk; OA can limit lifelong activity and quality of life. Chronic/Persistent Pain Pain lasting longer than 3 months after injury, often involving nervous system changes. Can trap players in a cycle of ongoing discomfort, reduced function, and psychological distress. Reduced Athletic Performance Stiffness, weakness, or pain hindering speed, agility, and endurance. Neglected pain can undermine performance and risk further injuries.

What Pain Education Actually Looks Like

Pain education is more than “don’t push it” or “just rest it.” It’s a process of explaining in straightforward terms what’s happening inside your body and how pain works. Good pain education helps you:

- Understand why the pain persists
- Remove fear or misconceptions about pain being solely a sign of damage
- Learn practical, evidence-based steps to improve function and reduce pain

Step 1: Assess What Changed in the Last 6 Weeks

One of my pet peeves is vague advice like “rest and see how it goes.” Instead, we always start by asking: **What changed recently?** Did your training load spike? Did you tweak a muscle? Did your routine change? Understanding recent changes guides the rehab plan.

Step 2: Education on Pain Science Basics

Here, your physio or healthcare provider will chat through the mechanisms above — imperfect healing, cumulative loading, central sensitisation — but in everyday language, so it actually sinks in. For example:

“Your knee feels sore not just because the cartilage is worn, but because your nerves have become a bit jumpy after months of strain. That doesn’t mean you’re causing more damage by moving carefully — it means your body needs to relearn what’s safe.”

Step 3: Active Rehab with Graded Exercise and Strengthening

Passive treatments and rest only get you so far. Active rehab means tailored, gradual exercises designed to:

- Build strength in weakened muscles
- Train your joints to tolerate loading again
- Desensitise your nervous system through movement

This graded approach is about progression — starting with gentle moves and bumping up intensity as comfort allows. It’s a long game, but it’s the best way to avoid the injury-pain cycle that so many players fall into.

Step 4: Explore Adjunct Medical Pathways Responsibly

In some cases, after thorough assessment, clinicians may discuss advanced treatment options like medical cannabis — available through certain UK private clinics — as part of a wider pain management pathway. It’s important to stress:

- This is a carefully managed medical option, not a casual or recreational fix.
- It aligns with UK Anti-Doping (UKAD) rules and guidance, especially for athletes aiming to compete clean.
- It’s typically reserved for chronic cases where other approaches have been insufficient.

For more on UKAD’s stance and the legal framework, check their guidance here: [UKAD Medication Guidance](#).

Putting Pain Education into Practice — What Can You Do?

If you’re a player or a coach grappling with pain issues, here’s a straightforward routine to follow:

1. **Keep a pain diary** - Track what makes pain better or worse, noting changes in training or lifestyle.
2. **Ask specific questions** - “What changed in the last 6 weeks?” “Where exactly does it hurt?” “How’s your sleep and mood?”
3. **Find a physio or practitioner** who explains pain mechanisms clearly and avoids vague advice.
4. **Commit to active rehab** - No shortcuts; gradual loading will pay dividends later.
5. **Don’t misuse painkillers or shortcuts** - They mask symptoms without fixing the problem and increase risk of reinjury.

Final Thoughts

The culture around pain in football urgently needs to shift from “grin and bear it” to “understand and manage it.” Pain education is a vital step in that journey, empowering players to take control of their recovery and keep playing the game they love without sacrificing long-term health.



If you recognize any of the signs or stories here in your own experience, don't settle for vague advice or "just resting it." Ask questions, seek evidence-based guidance, and remember that persistent pain is not a personal failing — it's a signal to adjust the game plan.

Stay strong, stay informed, and let's change the conversation about pain in football for good.