Trauma- and stressor-related disorders include post-traumatic stress disorder (PTSD), acute stress disorder, adjustment disorder, and prolonged grief disorder. These disorders are complex and multidimensional, encompassing biological, psychological, and sociocultural domains. Symptoms of underlying distress can 'hide in plain sight,' disguised in the athletes' somatic and performance complaints.

This presentation encompasses a systematic review of the literature on PTSD in elite athletes. Research on the prevalence of trauma-related disorders is limited. Trauma-related disorders are common, with potentially serious consequences. 23%-45% of athletes experience symptoms of acute stress disorder following a sport-related musculoskeletal injury. Traumatic exposures may stem from catastrophic injuries, verbal, physical, or sexual abuse, or broader sociocultural factors such as marginalization, racialized trauma, and transgenerational trauma.

Elite athletes with trauma- and stressor-related disorders may exhibit sport-specific symptom manifestations that impair performance. Common symptoms include muscle tension, hyperarousal, and exaggerated startle responses, which may lead to premature or maladaptive actions in sport. Additional disruptions to individual and team functioning include mood dysregulation, concentration and behavioral difficulties, social withdrawal, reduced self-confidence, and negative body image.

Sport-specific avoidance symptoms may also occur, particularly when trauma is sport-related, and can persist beyond physical recovery. Avoidance may manifest as kinesiophobia, characterized by fear of movement, reduced training intensity, and protective behaviors toward prior injury sites. Such avoidance can hinder physical therapy participation, delay recovery, and increase reinjury risk.

High tolerance for physical and emotional discomfort can contribute to mental health symptoms being masked by perfectionism, compartmentalization and dissociation. This over regulation of affect could allow the athlete to continue to practice and compete. However this is potentially at the cost for a later recovery.
Perfectionism can be adaptive when the athlete experiences satisfaction from their efforts and can tolerate imperfections without self-criticism. Maladaptive perfectionism can result from the maintenance of unrealistic personal standards. Rumination may be associated with perfectionism which can complicate a diagnostic picture since it is a common symptoms in mood disorders, obsessive compulsive disorders and trauma related disorders.

Compartmentalization is a psychological defense as well as a cognitive strategy for performance. High performing athletes may compartmentalize in order to manage emotions, which in effect, can hide mental health symptoms.

Dissocation is a disruption in the conscious ability to observe oneself. Dissociative strategies can be an adaptive skill in high performance circumstances. It can serve a protective function in the face of overwhelming life events. Athletes may not experience dissociation as problematic, and/or fear the stigma of reporting mental health symptoms

Early identification of elite athletes suffering from trauma and stressor related symptoms may prevent progression to post-traumatic stress disorder and improve both sport performance and overall functioning. Trauma and interpersonal violence-informed care by a multidisciplinary teams is recommended. Current evidence supports consideration of trauma screening. Cultural considerations specific to trauma require particular attention, as athletes' diverse cultural backgrounds shape help-seeking behaviors, symptom expression, stigma, and access to appropriate care.