

If you've been involved in football at any level — especially the gritty Scottish lower leagues — you know the culture well. “Play through the pain” isn’t just a saying; it’s an expectation. But what happens when that pain refuses to pack its bags after the final whistle of your career? When the knee aches and niggles don’t vanish but settle into a stubborn, persistent presence? Managing chronic pain isn’t about pretending it’s not there or waiting for a miracle fix. It’s about setting realistic, functional goals that help you live well despite it.

In this post, I’ll break down the realities behind chronic pain in football folks, explain why pain doesn’t simply “go away” after an injury, and help you understand how to manage persistent pain by focusing on achievable, meaningful goals tailored to your life. I’ll also touch on available pathways, including some medical avenues like private clinics offering medical cannabis, and recommend resources such as guidance from the UK Anti-Doping (UKAD) website for footballers curious about legal options.

The Stigma Around Reporting Pain in Football

Football culture—especially below the Premiership spotlight—has a tough-guy image. Pain? That’s weakness. Injured players are expected to “stay quiet” and “just rest it off” or “push through.” You might have heard coaches or teammates discourage reporting pain, fearing it makes you look soft or jeopardises your spot.

This stigma creates a dangerous cycle:

- **Ignoring pain delays proper treatment.**
- **Old injuries worsen over time.**
- **New injuries pile up due to compensation and altered movement.**
- **Long-term consequences like osteoarthritis or persistent pain syndromes develop.**

I've been around rugby and football changerooms for over a decade and still cringe when I hear lads brag about playing injured. This culture ultimately harms players more than helps them.

Why Does Chronic Pain Rarely “Go Away” Completely?

If you’ve tried resting or passing time, only to find your knee or ankle ache persists, there's a scientific reason behind it. Chronic pain isn’t just an injured tissue moaning. It can be a complex, multi-layered [pieandbovril](#) process involving:

1. Imperfect Healing

Unlike a neatly stitched cut, injuries inside joints or soft tissues often don’t return to their original state. Scar tissue, cartilage wear, and subtle biomechanical changes mean that the structure is altered, which can irritate nerves continuously.

2. Cumulative Loading

Football is brutal on joints and muscles. Years of running, tackling, twisting, sprinting, and even landing from headers rack up small amounts of damage that add together over time. This cumulative loading gradually reduces tissues’ capacity to handle stress without discomfort.

3. Central Sensitisation

This fancy term means your nervous system becomes hyper-alert to pain signals. After repeated injuries or ongoing inflammation, your brain “turns up the volume” on pain inputs — sometimes even when no fresh damage is present.

All of these mechanisms mean that complete elimination of pain isn’t always feasible. But the focus can shift to **managing** it effectively and improving your *function*.

Managing Persistent Pain: Setting Realistic Rehab Targets

Now that we know pain might linger indefinitely, it’s tempting to feel stuck or helpless. But here’s the truth: chronic pain can be managed. What changes is how we set goals.

Instead of aiming for “no pain” as a starting point (which invites frustration), aim for:

- **Function goals for chronic pain:** What activities do you want to do? Walk your dog for 30 minutes? Return to light gym sessions? Get down the stairs without sharp knee pain?
- **Reducing flare-up frequency or severity:** Pain might not disappear but can become less intense and easier to cope with.
- **Improving quality of life:** Sleep better, feel mentally stronger, and avoid unnecessary reliance on painkillers.

Active Rehab Is Key

The old advice to “just rest it” is rubbish. Total rest weakens muscles and stiffens joints, often making pain worse. Active rehab using graded exercise programmes and strengthening routines helps tissues adapt and nerves calm down:



1. **Graded exercise:** Starting with manageable low-intensity activity and slowly increasing depending on how your body responds (watch that flare-up doesn’t spike too high).
2. **Strengthening:** Target weak or unstable joint muscles — e.g., quadriceps, hip abductors, and core — to support damaged structures and distribute loading better.
3. **Movement retraining:** Fix gait or movement patterns that might be exacerbating pain.
4. **Pacing strategies:** Learn to balance activity and rest to avoid overdoing it.

Consistency and gradual progress are essential. This approach is supported by latest pain science and clinical guidelines worldwide.

Footballers and Medical Cannabis: Navigating the Pathway

For some chronic pain sufferers, traditional treatment options aren't enough. Medicinal cannabis has been gaining attention, and private clinics in the UK offer pathways for footballers and everyday folks seeking it legally.

Key points:



- Medicinal cannabis products are **prescription-only medications** in the UK and require an expert doctor's assessment.
- Private clinics can provide assessments and prescribe medical cannabis for chronic pain cases that meet criteria.
- If you're an athlete subject to anti-doping rules, check UK Anti-Doping (UKAD) guidance carefully on permissible use and TUE (Therapeutic Use Exemption) requirements. [UKAD medicinal cannabis guidance.](#)

Don't self-prescribe or buy unregulated products; the risks include contamination, unknown dosage, and possible anti-doping violations.

Tips for Setting Your Personal Function Goals With Chronic Pain

Here's a pragmatic checklist to help you build meaningful rehab targets without falling into the trap of "just rest it" or unrealistic expectations:

Step What to Do Why It Helps

1. Identify What's Important to You List daily or weekly activities you want to perform — walking, gardening, light football training. Gives rehab focus and motivation.
2. Measure Your Current Ability Note how much you can do safely without a huge flare-up. Provides a baseline and ensures realistic goal setting.
3. Set SMART Goals Specific, Measurable, Achievable, Relevant, Time-bound targets (e.g., walk 20 mins pain-free within 4 weeks). Increases adherence and tracks progress.
4. Build an Active Plan Include graded exercises and strengthening within limits, guided by a physio if possible. Rebuilds strength and function without overloading.
5. Monitor Changes and Adjust Reflect on what changed in the last 6 weeks regarding pain and function. Fine-tunes approach and prevents setbacks.
6. Seek Professional Help When Needed Physiotherapists,

MSK specialists, or private clinics for pathways like medicinal cannabis assessments. Ensures safe, evidence-based management.

Final Thoughts: Chronic Pain Is a Journey, Not a Sprint

You won't find many honest articles encouraging you to "just wait for it to heal" because, as a footballer with a dodgy knee, you know it rarely just does. Chronic pain is frustrating, yes, and it demands a mindset shift.

Instead of chasing the impossible goal of being pain-free, set targets that let you regain control and enjoy what matters. Use active rehab, work with healthcare professionals who listen, reject outdated stigma, and explore all appropriate treatments safely—including, if relevant, private clinic pathways for medical cannabis with due respect to anti-doping rules.

Remember, function goals with chronic pain aren't about perfection. They're about progress, resilience, and living your best life even with a nagging knee or that old ankle injury.

Recommended Resources

- [UKAD Guidance on Medicinal Cannabis and Sport](#)
- [NHS Advice on Exercise and Injury Rehabilitation](#)
- [Versus Arthritis: Managing Persistent Joint Pain](#)