

# Rehabilitation from the perspective of a hijabi: a tale of finding myself while navigating uncharted territory— Dr Aminah Amer

Aminah Amer

## MY INITIAL INJURY AND CONSULTATION

It was New Year's Eve, and in a few hours, we would be heading into 2014. It was going to be a great year that would see me graduating as a medical doctor after five long years. Home for the Christmas holidays and eager to impress my family with my imaginary gymnastic skills, I jumped into the air, landing rather ungracefully. We all heard a loud 'pop' followed by my scream. With immediate swelling to my left knee, my heart sank as I knew my ACL had been ruptured.

It took over a month to confirm this diagnosis while being unable to walk in the meantime. I counted down the days until I would see the orthopaedic surgeon who I believed would reverse this disability. Fixing my hijab (the headscarf worn by Muslim women) and attempting to stand tall, I hobbled into his clinic. After enquiring into the mechanism of my injury and discussing my MRI result, he harshly remarked, 'Well you are not an athlete, so no need for surgery for you!'

I sheepishly presented my hobbies (tennis and football) to him hoping to qualify for surgery, all the time aware of how I looked. Deep down I knew no amount of convincing would work. *I wore a Hijab*. How could I be an athlete in his or the world's eyes? I asked the surgeon what my options were in this case? 'Oh, you will be fine with physio'.

## THE START OF MY ONGOING ENGAGEMENT WITH REHABILITATION

Six weeks later after undertaking physiotherapy, I could walk again, although my instability and pain were still a heavy feature. I felt isolated and lost on a journey to fix my knee. I was now discharged from all services so decided to step into my local gym seeking a female personal trainer.

Finding an excellent trainer who understood my needs and wishes in a non-judgemental manner allowed for me to reach my potential. Two years later not only was I pain free but I was

doing things I never would have imagined possible. Regularly running sub-30 min 5 km, weightlifting (which became my new favourite thing), and a new addiction to exercise was my new normal.

As a General Practitioner, I know now that physiotherapy is part of the rehab of an acute ACL injury. Interestingly, a study mentioned how recreational athletes could be treated with either surgical or conservative management, reserving surgery as a priority for elite level athletes.<sup>1</sup> Understanding this information years later helped me comprehend my consultant's decision. Nevertheless, mistakenly or not, I still perceived my hijab to be a factor in his decision or even lack of communication for why he had chosen this as an outcome for me. It led to a subconscious belief that was reaffirmed in clinic; my status as both a hijabi (a woman who wears a hijab) and an athlete were not possible in his eyes.

## THE NEXT PHYSICAL CHALLENGE (WITH A DIFFERENT APPROACH TO ME AS A HIJABI)

Many years and two pregnancies later, my left Achilles decided to test me. After four painful years of intense rehab including shockwave and platelet-rich plasma injections, my orthopaedic consultant confirmed that I needed to have surgery which would be followed with an intense 10month rehab programme. I felt my consultant considered my identity as a hijabi-sports-loving-doctor and consented me in a fair manner.

A few months prior to my Achilles surgery, I met the head coach of a local CrossFit gym. Shelley, who demonstrated everything I wanted to be. She will be 50 this year and is the strongest woman I know. Admittedly, I was the first hijabi in the CrossFit gym and she embraced this. We openly talked about the lack of representation and Shelley was very keen to see more women in hijab training.

I have constantly battled with the idea that my hijab would be a barrier to people understanding that I loved fitness. I now see that I may have superimposed this idea onto others, yet I look around the sports world and see a lack of representation/normalisation of hijab wearing sports women who also wear loose fitting clothing. Perhaps it is this that I grapple with when I enter a new gym or feel the need to over-justify my love of sports to people who do not know me.



Figure 1 Aminah Amer performing a push jerk.

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## THE PROGRESS I HAVE MADE BEING A CROSSFIT HIJABI

Shelley created incredible programmes to help me on my journey to becoming an athlete. Her philosophy maintained that anyone who trained regularly was an athlete. This encouragement only fuelled me to feel accepted allowing me to focus on my athletic goals. After my Achilles surgery, I returned to her while continuing my postop rehab. I got to back squat over 90 kg, dead lift over 115 kg and started to greatly improve on my snatch and cleans (figure 1).

Over this 11 year journey of different injuries, I have often felt alone and been stared at in spaces where hijabi women do not usually go. I have had to force myself to get over the barrier of entering a new space when it comes to exercising in a public area. In my current CrossFit gym, hijabis are becoming more of a regular sight since having introduced three more to Shelley. More representation of hijabis in modest clothing in sports facilities will enable hijabis who feel under-represented to begin to participate, immersing them into a transformative sports journey. Similarly, I wish for all healthcare professionals to look at hijabi wearing women as any

other woman who may also have goals and dreams within sport.

My hijab and attire which I initially perceived as a barrier for me to achieve my goals, is now my greatest asset. It sparks conversation in gyms and allows for normalisation of seeing women like me exercise and participate in sport. I believe 'boxes' exist that outline what an athlete or an active person should look like. Life is more nuanced than this and other barriers (e.g. being the only person who looks a certain way in a gym) may be what is hindering someone from engaging in physical activity. We all need to do more to help remove these obstacles.

## TAKE-HOME POINTS FOR CLINICIANS

1. A hijabi patient may have assumptions about how she feels she will be perceived, for example, not being taken seriously and therefore may be less forthcoming, effective communication will help to dismantle this.
2. Consider that hijabi patients may have found methods to participate in all levels of sports while maintaining their dress code, and expect their clinician to understand this.

3. Consider that some hijabi patients may prefer a female clinician if available, should a physical examination be required.

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