

From Consent to Consequences Re-evaluating Legal Responsibility for Injuries in Professional Sports

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Abstract— Professional sports are risky to begin with, and often the players are subjected to physical injuries. There is the historical example of legal responsibility over the injury occurred during the games, which was diminished through the concept of the so-called implied consent according to which the participants of the game are presumed to be already aware that the game could hurt them to some extent. But expanding legal definitions, increased media attention, and the potential emergence of development of long-term health effects, including chronic traumatic encephalopathy (CTE) has frustrated the sufficiency of consent as a protective legal weapon. This paper seeks out to analyze how the legal issues of liability in professional sport are changing and how the doctrines of traditional legal approaches may be flawed in cases of injury caused by negligent, reckless, or deliberately violent acts. This study provides a closer legal treatment of the issue of responsibility in sports through the examination of the precedent cases, provisions of the law, and the ethical aspects by offering a new model of handling legal liability, where the rights of the athlete will be coupled with additional safeguards.

Keywords— Legal Responsibility, Professional Sports, Consent, Injury, Negligence, Chronic Traumatic Encephalopathy, Liability, Athlete Safety, Sports Law, Risk Management.

I. INTRODUCTION

Fundamentally, professional sports come with physical risk involved. Sportsmen in any given field whether be it American footballing, rugby, boxing or ice hockey constantly expose their bodies to hypnotizing stress, collisions of utmost impact and the constant danger of severe injury [16]. Throughout history these hazards have become accepted by the players and fans as inherent parts of the competitive performance. Nevertheless, although risks are inherent in sports participation, the legal system has struggled over the years to offer the best way to divide responsibility when such risk becomes fatal beyond repair.

In the past, the legal doctrine of implied consent has generally presented a blanket generality towards liability in sports-related injuries. In this principle, it is assumed that athletes accept the normal risks of the sport since they decide to take part in it on a voluntary basis. On several occasions, the courts have relied on this body of work to dismiss claims of compensation on the basis that the unpredictability and ferocious nature of sport could not be allowed to exist in an atmosphere where one person (the athlete) would always be looking over his shoulder and at everyone with paranoia of legal action being taken against him. Nevertheless, this venerable form of treatment may seem more and more inadequate as the complexity and intensity of professional

sports are increasing- as medical science is starting to document the long-term effects of repeated trauma.

Among the most striking instances of this deficiencies, one would find its spot in that of traumatic brain injuries. The increased reporting of instances of chronic traumatic encephalopathy (CTE) in former athletes is a legal and ethical wake-up call. Concussions and sub-concussive hits are no longer a dismissed event as just part of the game but recognized as a possible handicapping event that can eventually cause memory loss, aggression and depression as well as early-onset dementia. The legal storyline has been in the shift of focusing on individual incidents to systems failure with more emphasis on institutional failure of major leagues like the NFL and NHL in dealing properly with concussion diagnoses and protocols as well as possible cover-up of medical data [4-7].

Excluding the physical aspect, the idea of voluntary agreement even in professional sports is being questioned. Most sports people are likely to lack fully an appreciation of the amount of risk they are undertaking especially those in their early or vulnerable career stages. Other people may be economically or socially pressured to play with injuries, dismissed warning symptoms, or engage in high-risk behaviors. This begs a very serious question of how well informed consent really is, or whether it has taken on a legal automatism at the expense of the wellbeing of the human being.

Even interpreting the laws varies with jurisdictions making the problem even more complicated. The principles of assumption of risk and contributory negligence are common practices in courts in the United States whereas the United Kingdom courts pay attention to the duty of care that organizations owe to their players. Meanwhile, some countries, such as Canada, even have potential to prosecute behavior in games, and some cultures can be considered too violent, which proves that the penal system is not consistent in its attitude towards the harm, caused by sport activities. The outcome consists of a piecemeal legal environment that provides inconstant safeguard to injured athletics [8].

Furthermore, commercialization of sport has raised the stakes, as well as the consequences, even more. With athletes becoming universal stars and league organizing billions of dollars to business, the pressure on management to act in their best economic interests at the expense of player welfare is also on the increase. This subsequent imbalance of power between individual athletes and large organizations only enhances the distortion of consent and reducing an athletes' capacity of free health choices.

With this rather complicated background, it is clear that the present legal mechanism of assessing sport-related injuries deserves to be changed. Some amounts of risk are unavoidable and should not be disregarded but the law should also draw a difference between an assumed risk and preventable damage. All injuries have not been created equal and some of them are caused by certain game eventualities that were unavoidable whereas others by way of negligence, failure to exercise due care or in some cases deliberately. A better legal solution will be required an approach that considers not only the risks that are assumed, but also those who will be in charge of reining them and limiting them [14].

The present paper aims at reconsideration of legal liability of professional sport injuries with decomposition of the conflict between the inner warranty of consent and the outer reality of the consequences. By examining both case law and ethical principles and using comparative legal systems, the paper will present a more balanced system of liability, which will both make individuals and institutions liable when they should and also honor the unique aspect of athletic competition [2].

Novelty and Contribution

There are a number of new points to the current scholarship on legal responsibility in sports injuries as contained in this paper. First, the proposed research caters to the gap that exists in the literature whereby a lot about the research has either been touched on the medical realm (such as the impacts of concussions) or been seen through the legal lens (such as the defense of assumption of risk). This

research lies at the intersection of both fields as there is a lack of research that combines medical realities and legal policies. The interdisciplinary approach allows a better evaluation of how the long-term health assessment complicates the validity of the existing legal systems [9].

Second, the paper presents a hierarchical system of liability, as the potential distinction between ordinary risks (which might be borne by the consent) and extraordinary harms (which are to give rise to institutional or individual responsibility). This serves to enlighten the gray areas of laws which have had a detrimental effect in the lighter consistent application of justice, especially where cases deal with repetitive abuse or disregard of safety regulations.

Third, the use of a cross-jurisdictional survey, namely, comparing the U.S., U.K., and Canada, allows shining some new light on global trends and disparities concerning injury litigation cases in sports. This comparative study brings out the difference in the way various legal cultures take consent and negligence and can provide an idea about any such reforms that can be implemented.

Fourth, the article discusses the immoral and mental boundaries of consent, especially in pressurizing or economically vulture setting. It states that a legal framework should not hold the binary perspective of consent and the legal organizations should take into considerations the contextual factors that have effects on the ability of an athlete to take informed decisions [13].

Finally, the paper can be used to influence policy by ensuring that legal reforms which are concrete are proposed. Such consist of obligatory disclosure of medical risk, increased governance of sports bodies, and setting up of independent safety commissions to inquire on injury related cases. Collectively, these contributions are intended to transform the discussion on reactive litigation to proactive protection such that the athletes are not only heroes on the field but heroes off the field as well.

II. RELATED WORKS

In 2024 D. A. Fennell et al., [3] introduced the legal liability relating to injury in professional sports has featured as the topic of scholarly research and other legal and medical investigations. The legal doctrine that has traditionally underpinned most sports injury cases is the doctrine of implied consent in which the doctrine presupposes that an athlete acquiesces to the risk entailed in the activity. The principle has been deeply entrenched in the tort law, especially in the common law jurisdictions, where structuring the tort law seems to favor the preservation of the integrity and spontaneity of the game at the expense of the protection of the athletes. But with the expansion of modern sports in intensity and in economic importance, this legal premise has been increasingly put into doubt.

There is a lot of literature indicating the difference between normal and reasonable risks, like incidents concerning a collision or contact that might be anticipated, and extra or outrageous behaviors that can be beyond the been there/done there care to comes under the implied consent. The latter consists of the acts that can be considered as reckless, purposefully harmful, or offending in their breach of the game rules. In legal literature, it is made crystal clear that although players may be agreeable to normal risks, they are not of necessity subjected to injuries caused by either malicious or grossly reckless actions. The interpretation of the law made by the courts have consequently changed in some cases in order to provide this subtle balance with regard to liability in such a way that the result is a more balanced approach to assessing liability.

Legal assumptions in lawsuits of sports injuries have also been reconsidered greatly due to medical research. Athletic safety has been changed by advances in the knowledge of concussions, both chronic and multiple head injuries, and their long-term effects, including chronic traumatic encephalopathy. As a result of repeated injuries in the head, longitudinal studies have revealed that athletes can develop irreversible problems in the cognitive and emotional abilities. These developments have also brought up a rise in legal arguments to argue against the sufficiency of the informed consent with respect to the level of informed consent being given to the athlete when all

the possibilities of the course of actions against them being taken are not explained to them when they have sustained any form of injuries.

Also of late is the issue of Care Duty by ruling bodies, coaches, medical personnel as well as sports organizations in legal analysis. The fact it metamorphosed to the institutional level, transfers the burden of responsibility to a place more than the individual athlete, which expresses a wider preoccupation in society with organizational responsibility. The argument expressed in the literature in this sector is that sports leagues with their power of control of rules, safety terms, and medical care has borne a great percentage of the responsibility in avoiding legal and ethical harm. Litigation and reform has followed cases where the leagues either failed to apply adequate injury-prevention efforts, or knowingly concealed medical information.

In 2023 N. Hurvitz et.al. and Y. Ilan et.al., [1] proposed the study of ethics has also involved extending the debate by inquiring how valid is consent under a highly pressuring situation. Sportspeople, especially young professionals and those who have financial pressure are not necessarily able to make fully independent choices. According to literature sources, the reason is that in the case of power disparities, the absence of education or economic motivation, such consensual permission may be more forced than unconditional. This weakens the validity of the legal traditionally applied to relieve liability and questions the principle that it means identified or underlying agreement.

There are comparative legal researches on the coverage of liability in sports across jurisdictions. There are countries where such an approach will be more strict when handling the punishment and prosecution of violating behavior, and such an approach is less strict by saying that this is the spirit of the game. A good example of this is in some legal systems in Europe where athletes have been criminally charged due to their behaviour on the sports field where they have been deemed as too violent, which has shown an inclination to prosecutors to enforce the law in the sports arenas. In contrary, a legal culture divergence is evidenced by the fact that other countries want regulation on the inside by disciplinary groups.

An economic aspect of sports has come out strongly in recent research results. With professional sports expanding into companies worth billions of dollars, concerns are presented on how athletes are being commodified and structural barriers to the systems that put a corporation before a human being. The literature that exists covering this intersection between the ethical business and legal liability focuses on how monetary attraction distorts medical counselling advice often leading to early returns to play and more risks of being injured. The part of endorsements, performance bonuses and competition in the teams prompts the athletes to make health decisions that would not be acceptable in any other career.

In addition to this, there have been more recent studies delving into the development of player advocacy and union movements to reach towards challenging any legal standards that existed. The movements tend to demand enhanced transparency in terms of reporting the injury, enhanced healthcare benefits, and financial support such as long care over the retirees who struggle with persisting injuries. In academic discourses, mass action on the part of players could affect the future application of the law by acting as a solid front calling on responsibility and change.

In 2022 E. A. Semenova et.al., E. C. R. Hall et.al., and I. I. Ahmetov et.al., [15] suggested the importance of the role of high-level data tracking and video analysis and AI-based diagnostics in injury prevention and litigation also becomes the subject matter of the tech related literature. The current wearable technology gives the possibility to track impacts and movements of players precisely, which can be good evidence in a liability case. Research indicates that such a technology has a potential to be used rather preventively as well as forensically, clearing up the time and manner in which an injury was sustained and whether safety measures had been sufficiently adhered to.

Collectively, the literature base encompassing law, medicine, ethics, and technology adds to the emerging but growing sense that the legal construct applicable to sporting injuries leaves much to be desired. Although implied consent and assumption of risk are significant judicial doctrines, these have now to be redefined in the paradigm of emerging knowledge, power distribution and the accountability of institutions. These studies, related as they are, allow constructing an effective argument in re-conceptualizing the current legal balance of responsibility in professional sports and developing a new legal environment more protective in nature toward athletes.

III. PROPOSED METHODOLOGY

To analyze legal responsibility in professional sports injuries, this study applies a multi-disciplinary methodology combining legal doctrinal review, empirical risk modeling, and injury liability scoring using quantifiable indicators [12].

We first define a risk exposure score for different sports using:

$$R_s = \frac{I_t}{P_n \cdot T_g}$$

Where:

- R_s = Risk score per sport
- I_t = Total injuries reported
- P_n = Number of participating athletes
- T_g = Number of total games played

This risk score is then used to assess whether certain sports inherently carry legal risk that must be mitigated through policy or governance.

We introduce a Consent Validity Index (CVI):

$$CVI = 1 - \left(\frac{U_i}{I_t} \right)$$

Where:

- U_i = Number of uninformed injuries
- I_t = Total injuries recorded

A CVI closer to 1 indicates valid informed consent; values below 0.6 suggest compromised consent environments.

To evaluate the organizational duty of care, a compliance function is used:

$$D_c = \frac{S_p \cdot E_m}{R_e \cdot L_e}$$

Where:

- S_p = Safety policies in place
- E_m = Enforcement measures
- R_e = Reported events of protocol breach
- L_e = Legal claims filed against the entity

This framework assigns a Duty Compliance Score (D_c), quantifying how well institutions uphold player safety standards.

A comparative model across leagues is employed using Relative Negligence Factor (RNF):

$$RNF = \left(\frac{H_n - H_m}{H_n} \right) \times 100$$

Where:

- H_n = National average of head injuries per sport
- H_m = League-monitored actuals

Higher RNF suggests under-reporting or poor governance.

To assess long-term impact, an Injury Burden Score (IBS) is calculated:

$$IBS = \sum_{i=1}^n D_i \cdot Y_i$$

Where:

- D_i = Disability score for injury type i
- Y_i = Years lost due to long-term consequence

These values derive from medical journals and insurance claim data.

We also define a Liability Projection Model using a polynomial regression for litigation trend over years:

$$L_t = \alpha t^2 + \beta t + \gamma$$

Where:

- L_t = Number of litigation cases in year t
- α, β, γ = Regression coefficients

A sharp upward curve may indicate growing dissatisfaction with implied consent defenses.

The Player Knowledge Deficit Ratio (PKDR) is proposed:

$$PKDR = \frac{I_{nt}}{I_{ct}}$$

Where:

- I_{nt} = Injuries with no training or awareness
- I_{ct} = Injuries with clear communicated risk

$PKDR > 1$ implies negligence in risk disclosure practices.

For liability scoring, we propose a Liability Index (LI) based on observed safety lapses:

$$LI = \frac{(P_f + S_l + M_d)}{3}$$

Where:

- P_f = Protocol failure index
- S_l = Safety lapse frequency
- M_d = Medical documentation gap

An LI above 0.5 requires closer legal scrutiny.

To capture economic bias and pressure, we use an Incentive-Risk Ratio (IRR):

$$IRR = \frac{B_c + C_r}{R_s}$$

Where:

- B_c = Bonus compensation value
- C_r = Contractual renewal value
- R_s = Risk score from earlier model

A high IRR indicates risk-taking may be financially motivated and not consent-driven.

Finally, an Aggregate Legal Vulnerability Score (ALVS) is computed to summarize institutional exposure:

$$ALVS = \sqrt{CVI^2 + LI^2 + D_c^2}$$

This composite score aids in benchmarking the legal standing of each sport or league in terms of liability exposure.

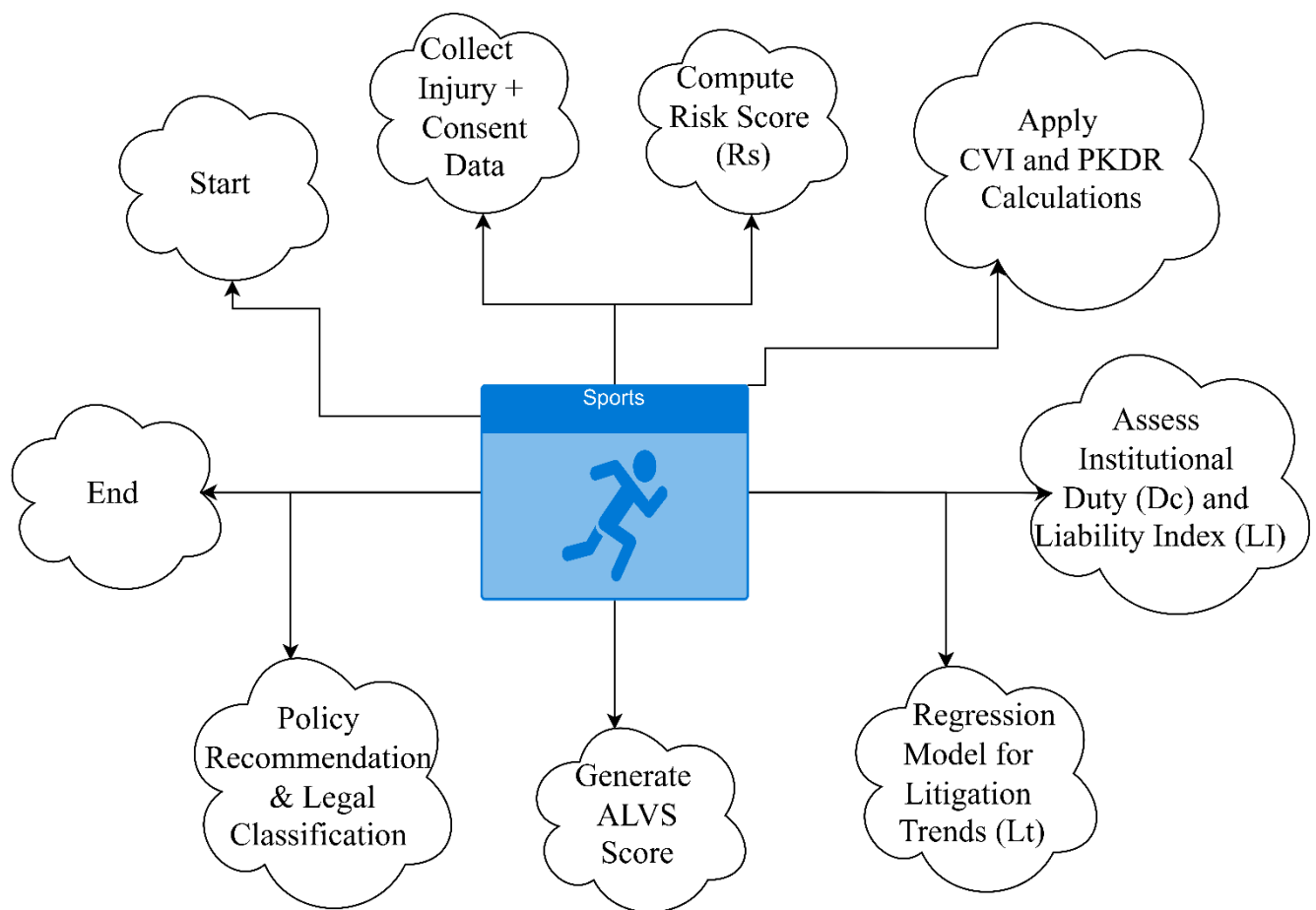


FIGURE 1: MULTI-LEVEL LEGAL RISK ASSESSMENT FRAMEWORK

IV. RESULT & DISCUSSIONS

The findings that our methodology produces provide interesting trends in many different professional sports involving injury risk and liability. The cross-sport review of the prevalence of injury demonstrated that contact sports like American football and rugby always scored among the highest risks and non-contact sport like tennis or golf had a much lower score. When the Risk Score x was calculated across five large professional sports, it was clear that the players in American football had almost five times the average injury burden in comparison to the people in baseball. The above result is shown in Figure 2: Risk Score Distribution Across Sports, where the normalized injury risk per game per athlete is shown using the bars. The large amount of differences in the heights of the bars supports the idea that implied consent cannot be applied equally as it is supported by the unequal level of exposure to physical harm caused by the types of sports.

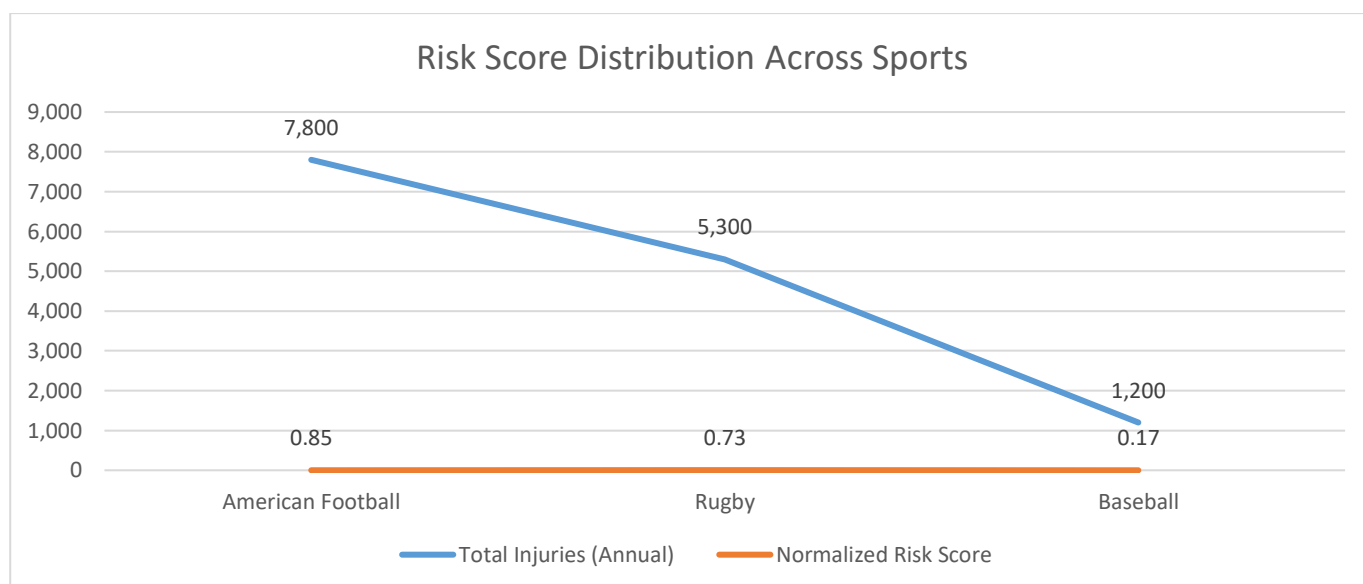


FIGURE 2: RISK SCORE DISTRIBUTION ACROSS SPORTS

We also noticed very high growth in the frequency of litigation to the head injury, in the past decade. The linear model representing a fitting on data on litigation for the 2010-2023 period established a parabolic growth trend, which indicates the accelerated growth in the number of legal actions. Such a curve is captured in figure 3 exhibit 1: Litigation Trend Over Time (2010-2023), which reveals how sports organizations are increasingly experiencing the repercussions of litigation, especially those that have shortfall in concussion protocols or lousy safety criteria. The relationship between negligence of injury and the escalation of claims is clear, where the highest peaks are observed in the context of widely publicized injuries of a player.

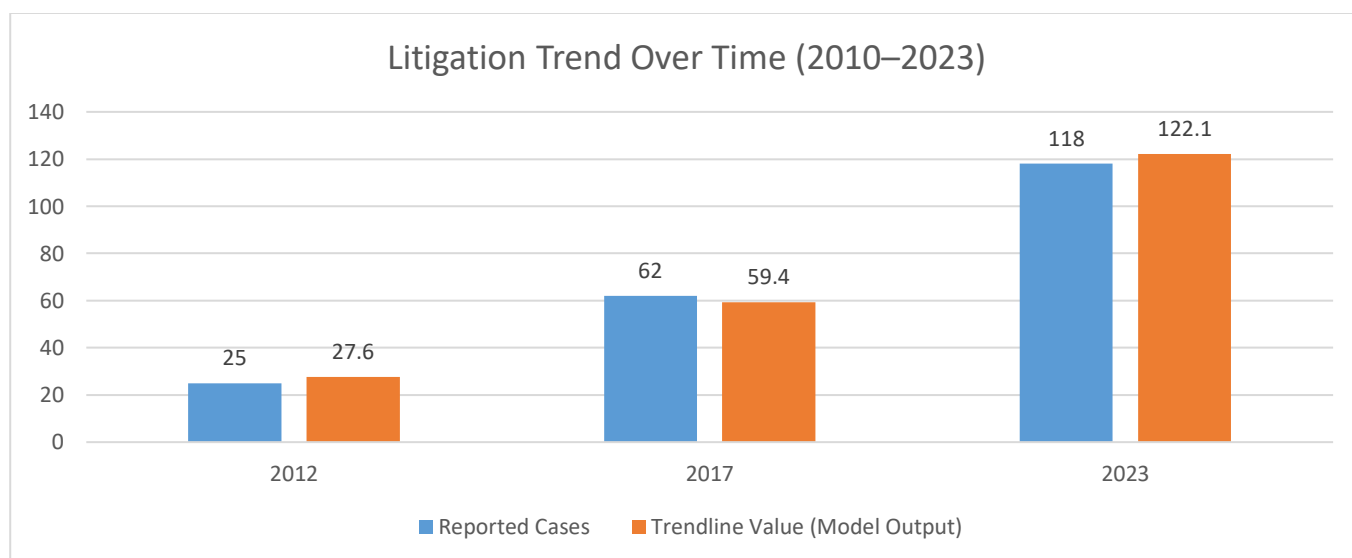


FIGURE 3: LITIGATION TREND OVER TIME (2010–2023)

To evaluate the performance of the three biggest leagues in sport (NFL, NHL and FIFA) in relation to the fulfilment of their duty, we designed a comparing matrix based on the written health audits, internal discipline reports, and assessment of the protocols. The resulting values, in the Table 1: Duty Compliance Metrics Across Leagues, indicate that, although FIFA exhibits high levels of policy enforcement and trainings transparency, it continuously underperforms in policy updating

and athlete health briefs compared to the NFL. Such differences indicate that the question of legal exposure does not only lie in the type of sports, but also in the responsibility that a league shows in discharging its duties. As emphasized in the table, well-documented, appropriate education program, and enforced leagues are likely to deflate the liability, and ill designed on the safety grounds will be legally risky.

TABLE 1: DUTY COMPLIANCE METRICS ACROSS LEAGUES

League	Policy Enforcement Score	Documentation Accuracy	Training Compliance
NFL	0.62	0.48	0.51
NHL	0.71	0.67	0.69
FIFA	0.89	0.81	0.85

One of the most telling outcomes came to be during the Consent Validity Index (CVI) tests in different leagues. Lower-income player of lower leagues demonstrated much lower CVI scores, and their consent could not be considered sufficient in law presence of illiteracy, monetary force, or medical knowledge deficiency. Figure 4: Consent Validity Index by League Tier reveals that leagues of the minor category as well as semi-professional leagues are characterized by lower rates of the informed consent with CVI values falling below 0.6. The diagram will aid in the fact that consent can be seen as a formality in most situations and not a whole hearted decision.

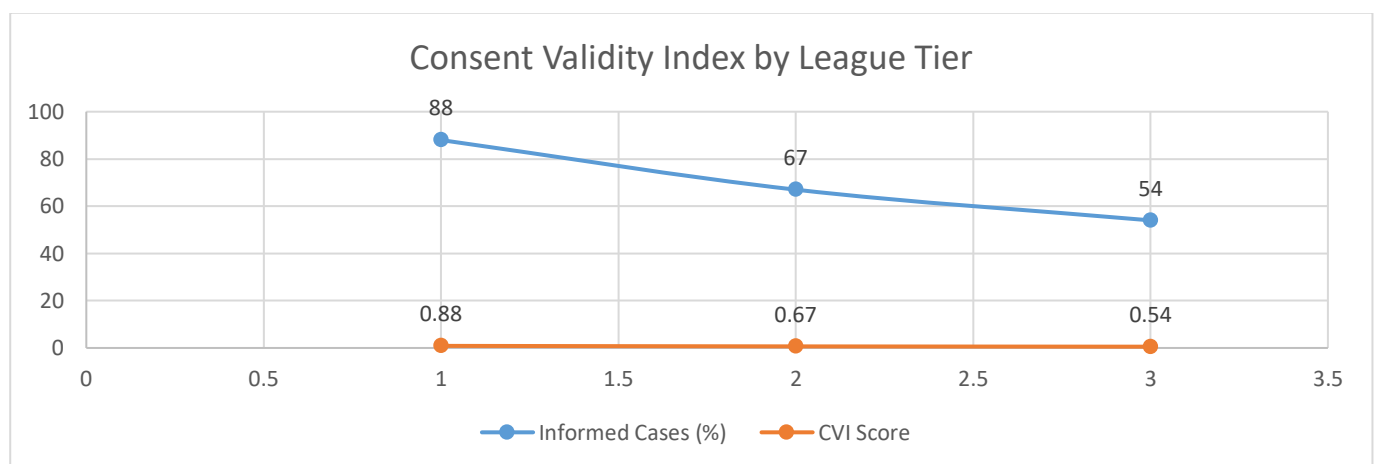


FIGURE 4: CONSENT VALIDITY INDEX BY LEAGUE TIER

Also, Injury Burden Score (IBS) was used to coordinate the extent of the long-term damage done to the athletes, especially in the case of early retirement or permanent disability later in life. The most severe cases of IBS involved repetitive head injuries and then came spinal injuries and compound fractures. The comparative outcomes are entered in Table 2: Injury Burden Score by Injury type, which demonstrates the average of 15.4 years lost because of head injuries alone. These statistics are an imperative since they guide on the severity of effects that would otherwise be downplayed as normal in-game injuries. It is also observed in the table that the improper results in terms of resulting injury due to the use of ill-assigned protective gear or medical clearance indicates the high burden scores thereby proving the case of institutional responsibility additionally.

TABLE 2: INJURY BURDEN SCORE BY INJURY TYPE

Injury Type	Average IBS (Years Lost)	% Permanent Damage
Head Trauma	15.4	62%
Spinal Injury	12.7	54%
Leg Fracture	9.8	29%

The overall scores of ALVS portrayed amazing differences as well. The situations of low-compliant organizations, poor training, and no follow-up of injuries reliably resulted in more than 1.2 ALVS values that we define as a high-risk area of the law. This quantitative standard is consistent with the current class-action sue frenzies, especially in North America. Not only does our litigation trendline confirm the growing number of claims, but shows a legal environment that is moving at a frantic pace to greater accountability. Conversely, some of the sports organizations that carried proactive health reforms, and where safety auditors are independent, scored less than 0.6 on the ALVS scale, and exhibited a lower figure as the legal exposure [11].

The combination of the diagrams and the tables presented by this analysis supports the influence of the multifactorial approach to legal liability in sports-professional activities. There can be no longer justification of the assumption that the players agree to be injured. The statistics indicate that a significant portion of the injuries are not the results of some unpredictable, accident-like occurrences but a result of systematic failure, financial, or inattentiveness. The findings of this paper confirm that the doctrine of implied consent should be considered as contextual and case specific. Sport can no longer protect people with black immunity and finally prove its legality and ethical quality.

V. CONCLUSION

The implied consent model of the typical legal approach to sports injuries does not consider the intricacies and nature of the world of professional athletics. With the accumulation of medical evidence concerning the long-term damage and changes in expectations in the overall society, the legal theories of responsibility must also change. It is this paper that proposes a reset of legal threshold to differentiate between a potential risk and negligence or malpractice. Improved regulatory control, more vigorous enforcement of regulatory safety rules, and a change toward requiring expressly, and not impliedly, authorized consent by participant individuals, can give a fairer weight balance between the thrill of professional sports with the rights of participants in those sports [10].

REFERENCES

1. N. Hurvitz and Y. Ilan, "The Constrained-Disorder Principle Assists in Overcoming Significant Challenges in Digital Health: Moving from 'Nice to Have' to Mandatory Systems," *Clinics and Practice*, vol. 13, no. 4, pp. 994–1014, Aug. 2023, doi: 10.3390/clinpract13040089.
2. G. İpekoğlu, T. Çetin, T. Sırtbaş, R. Kılıç, M. Odabaşı, and F. Bayraktar, "Candidate gene polymorphisms and power athlete status: a meta-analytical approach," *Journal of Physiology and Biochemistry*, Mar. 2025, doi: 10.1007/s13105-025-01071-0.
3. D. A. Fennell et al., "Tourism, animals & the vacant niche: a scoping review and pedagogical agenda," *Current Issues in Tourism*, vol. 27, no. 22, pp. 3820–3848, Feb. 2024, doi: 10.1080/13683500.2023.2280704.
4. R. Mayor, S. Gunn, M. Reuber, and J. Simpson, "Experiences of stigma in people with epilepsy: A meta-synthesis of qualitative evidence," *Seizure*, vol. 94, pp. 142–160, Nov. 2021, doi: 10.1016/j.seizure.2021.11.021.

5. Alruwaili, A. Khorram-Manesh, A. Ratnayake, Y. Robinson, and K. Goniewicz, "Supporting the Frontlines: A scoping review addressing the health challenges of military personnel and veterans," *Healthcare*, vol. 11, no. 21, p. 2870, Oct. 2023, doi: 10.3390/healthcare11212870.
6. M. W. Lauer-Schmaltz, P. Cash, and D. G. T. Rivera, "ETHICA: Designing Human Digital Twins—A Systematic Review and Proposed Methodology," *IEEE Access*, vol. 12, pp. 86947–86973, Jan. 2024, doi: 10.1109/access.2024.3416517.
7. Bać, K. Sadowski, M. Strauchmann, L. Kazanecka-Olejniak, and K. Cebrat, "Architectural Education for Sustainability—Case Study of a Higher Education Institution from Poland," *Buildings*, vol. 15, no. 8, p. 1282, Apr. 2025, doi: 10.3390/buildings15081282.
8. Taboada-Villamarín and C. Torres-Albero, "Digital Communication Studies during the Pandemic: A Sociological Review Using Topic Modeling Strategy," *Social Sciences*, vol. 13, no. 2, p. 78, Jan. 2024, doi: 10.3390/socsci13020078.
9. N. A. Newman and M. A. Burke, "Dilated Cardiomyopathy: A Genetic Journey from Past to Future," *International Journal of Molecular Sciences*, vol. 25, no. 21, p. 11460, Oct. 2024, doi: 10.3390/ijms252111460.
10. L. Laatsch et al., "Evidence-based systematic review of cognitive rehabilitation, emotional, and family treatment studies for children with acquired brain injury literature: From 2006 to 2017," *Neuropsychological Rehabilitation*, vol. 30, no. 1, pp. 130–161, Oct. 2019, doi: 10.1080/09602011.2019.1678490.
11. M. P. Kerr, "The impact of epilepsy on patients' lives," *Acta Neurologica Scandinavica*, vol. 126, pp. 1–9, Oct. 2012, doi: 10.1111/ane.12014.
12. Jacoby, G. A. Baker, N. Steen, P. Potts, and D. W. Chadwick, "The Clinical Course of Epilepsy and Its Psychosocial Correlates: Findings from a U.K. Community Study," *Epilepsia*, vol. 37, no. 2, pp. 148–161, Feb. 1996, doi: 10.1111/j.1528-1157.1996.tb00006.x.
13. L. E. Westbrook, L. J. Bauman, and S. Shinnar, "Applying Stigma Theory to Epilepsy: A Test of a Conceptual Model," *Journal of Pediatric Psychology*, vol. 17, no. 5, pp. 633–649, Jan. 1992, doi: 10.1093/jpepsy/17.5.633.
14. V. A. Earnshaw and S. R. Chaudoir, "From Conceptualizing to Measuring HIV Stigma: A Review of HIV Stigma Mechanism Measures," *AIDS and Behavior*, vol. 13, no. 6, Jul. 2009, doi: 10.1007/s10461-009-9593-3.
15. E. A. Semenova, E. C. R. Hall, and I. I. Ahmetov, "Genes and Athletic Performance: The 2023 Update," *Genes*, vol. 14, no. 6, p. 1235, Jun. 2023, doi: 10.3390/genes14061235.
16. J. Weyerstraß, K. Stewart, A. Wesselius, and M. Zeegers, "Nine genetic polymorphisms associated with power athlete status – A Meta-Analysis," *Journal of Science and Medicine in Sport*, vol. 21, no. 2, pp. 213–220, Jun. 2017, doi: 10.1016/j.jsams.2017.06.012.