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## An audit of undergraduate sports therapy courses in the United Kingdom accredited by The Society of Sports Therapists

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### ABSTRACT

This audit provides an overview of UK Sports Therapy degree courses accredited by The Society of Sports Therapists, focusing on study routes, placement year opportunities, shared provision and curriculum content across levels of study. Course data were extracted from institutional websites and thematically coded. Only 48% of courses offer part-time study, and 41% include a placement year. Practical competencies—such as peripheral assessment, rehabilitation, vertebral mobilisations, and massage—appear in 89–100% of courses. However, business and entrepreneurship content only exist in 22%, and exclusively at level 6. Findings may influence institutions course design and marketing strategies; professional competencies; employers; and prospective students.

### 1. Introduction

Sports therapy is an aspect of healthcare concerned with the prevention, assessment, treatment, management, and rehabilitation of musculoskeletal injuries (The Society of Sports Therapists, 2024). Underpinned by sport and exercise science principles, sports therapists are skilled professionals with the expertise to manage and support athletes, from pitch-side injuries to return-to-competition. The term ‘sports therapist’ was introduced in 1990, as there was a need for a professional title with a clearly defined education and scope of practice, for those predominantly managing musculoskeletal injuries, typically obtained from sport (The Society of Sports Therapists, 2024; Ward, 2016). This led to the formation of ‘The Society of Sports Therapists’ (SST) in 1990, which accredits undergraduate and postgraduate courses in the United Kingdom (UK) as well as overseas. To be successfully accredited, courses must carefully map module content against set competencies, clearly defined under five key pillars related to injury and illness in a sport and exercise environment: prevention; recognition and evaluation; management, treatment, and referral; rehabilitation; education and professional practice issues (The Society of Sports Therapists, 2024).

The SST is the leading organisation for sports therapists in the UK, and new members must graduate from an accredited degree course (The Society of Sports Therapists, 2024). Students must also demonstrate they have undertaken a minimum of 250 h of clinical experience upon graduation, and the SST requires all members to meet minimum proficiency standards to maintain membership (Munro-Wilson, 2012; The Society of Sports Therapists, 2012). Whilst two further organisations exist for the provision of sports therapy, they are affiliated with a limited number of higher education institutions and tend to align themselves with shorter vocational

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training programmes outside of undergraduate training of sports therapists. Furthermore, ‘The British Association of Sport Rehabilitators’ accredits provision for sports rehabilitation and therefore is beyond the scope of this research.

While sports therapy graduates may work in professional or recreational sports, many work in private practice treating and rehabilitating patients with musculoskeletal injuries to restore optimal functional and occupational fitness (The Society of Sports Therapists, 2024; Leddington et al., 2015). Recently, graduates have also secured positions in the military and with the National Health Service (NHS), with many going on to postgraduate study (Waterworth et al., 2022). Research based at one institution suggests their course focused on working in team sport (Waterworth et al., 2022), despite the range of employment opportunities available. Although this was the perception of students from a single institution, this may be representative across the UK. Moreover, in review of the SST competency document—publicly unavailable but distributed to accredited courses—of the 345 listed professional competencies, none relate to business skills or working in the private sector when reviewed in July 2024, despite evidence of many graduates setting up their own business post-graduation. Interestingly, 39% of the competencies are related to sports trauma management, suggesting a bias towards working in sport—albeit it is understood each competency is not evenly weighted. This list of competencies provides the basis for a sports therapy education and for the SST to accredit degrees (Leddington et al., 2015).

The profession of sports therapy is underpinned by core sport and exercise principles such as biomechanics and exercise physiology, alongside nutrition and psychology. Many institutions may teach these principles in shared modules, e.g., ‘Introduction to Sports Biomechanics’ with sport and exercise science students, whilst others may embed this content in sports therapy-specific modules such as anatomy or rehabilitation in the case of biomechanics content. Some institutions may deliver as a standalone module, but one which only sports therapy students undertake. Given the paucity of sports therapy research, much knowledge is shared at the annual University Forum and remains unpublished and anecdotal. One perennial discussion is typically focused on students across the UK institutions reporting a disconnect with modules shared with sport and exercise science students, as there is often a lack of application to sports therapy. Therefore, it would be useful to capture the percentage of modules that are shared with ‘BSc (Hons) Sport and Exercise Science’ across institutions.

The design of higher education courses is complex and to be novel and contemporary in design, courses need to consider the key graduate attributes required alongside the skills required from a range of employers, while being constrained by professional body competencies. The content of sports therapy courses in the UK has not been reported, and therefore, this study aimed to provide a comprehensive overview of the key content delivered throughout each level. This study further aimed to review the volume of shared modules with BSc (Hons) Sport and Exercise Science courses, to identify variation trends across institutions. This study may influence future course design for validations or reapprovals, marketing strategies, and professional body competencies, alongside providing insight for prospective students.

## 2. Methods

The methods for this research have been adapted from prior research investigating strength and conditioning courses in the UK (Weldon et al., 2024).

### 2.1. Course search strategy

One author (CP) searched for undergraduate sports therapy degrees initially using the SST website (<https://thesst.org/education/accredited-bsc-courses/>) followed by the Universities and Colleges Admissions Service (UCAS) (<https://digital.ucas.com/search>) directory. The SST directory was standalone and did not require any search terms, whereas the UCAS directory was explored using the search terms “sports therapy” and “sports and exercise therapy”. These directories were deemed appropriate sources for sports therapy courses in the UK. The search was completed on 16th June 2024.

### 2.2. Course eligibility criteria

Courses included in the study needed to meet the following inclusion criteria: a) undergraduate course validated by a Higher Education provider in the UK; (b) accredited by the SST; (c) offered during the 2023-2024 academic year; and (d) course outline and modules were available via the institutional webpages, with a description of the module included. Where only the module title was available, these courses were excluded from the study as it was impossible to interpret the module content to allow for subsequent coding. Courses not accredited by the SST were excluded as this study was specifically concerned with comparing the variation in content of the accredited courses.

### 2.3. Data extraction and analyses

Data extraction was conducted using a template developed in Microsoft Excel. The following course information was extracted: institution name; website link; course title; UCAS tariff; mode of study (full-time or part-time); placement year option (yes/no), and availability of optional modules (yes/no). A separate ‘module’ tab was created to record the institution, module title, level, and whether the module was shared (yes/no). Course and module information for each sports therapy course were extracted by one author (CP) from freely available data on the institutional webpages. A coding framework was developed based on a deductive approach, using predefined competency categories derived from the SST core competencies. From this code list, two authors (CP and PKT) reviewed module titles and module descriptors available on institutional webpages. The authors coded each module according to its

description and recorded the corresponding codes in their own spreadsheet under the 'module' tab. A module could have more than one code assigned to it, to ensure all key aspects of the content were accounted for. For example, if athletic taping was specifically mentioned in the module description for 'Strength and Conditioning for Sports Therapists', the code 'taping' was also applied alongside 'strength and conditioning'.

The authors also remained open to inductive refinement where module descriptors included content not fully represented within the initial framework. In such cases, the code 'other' was used, with a description of why it had been termed 'other' (i.e., 'Other – Health Promotion'). The two authors (CP and PKT) then adapted and agreed to the 'other' codes through iterative discussion to ensure accurate and comprehensive capture of developing themes. This analysis followed a hybrid deductive–inductive approach consistent with Braun and Clarke's model of reflexive thematic analysis (Braun and Clarke, 2006). This process provided a transparent and theoretically grounded method for identifying the extent to which competencies were embedded across the curriculum. A final set of 29 codes were developed through this process. The independent reviews were concluded on 22 August 2024. Any disagreement on coding was resolved by consensus. When consensus could not be reached, another co-author (SWT) served as arbitrator. Following

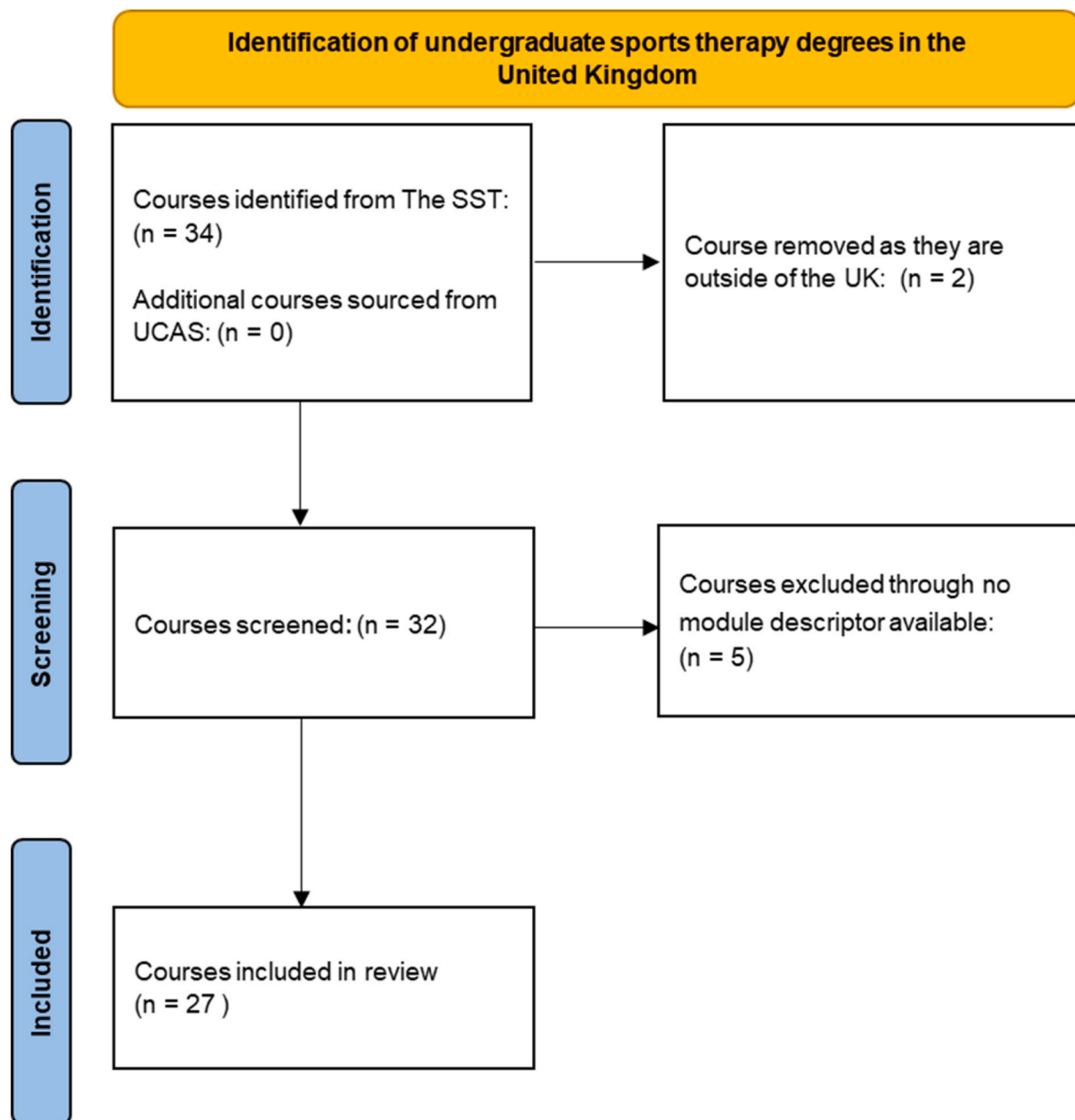


Fig. 1. Flowchart illustrating the inclusion and exclusion of undergraduate sports therapy courses in the UK selected for review.

consensus, these codes were assigned to four key themes: Assessment, Management, Underpinning Science, and Employability. These themes were generated inductively from the code list rather than being deductively aligned to the five key pillars of competency as stated by [The Society of Sports Therapists \(2024\)](#). This approach was adopted because mapping foundational science modules and employability skills directly onto these key areas of competency would have been conceptually problematic and potentially reductive. All data in this audit was publicly available.

### 3. Analysis and discussion

This is the first study to examine undergraduate sports therapy courses within the UK, reporting on key course information, and module content. This study aimed to identify 1) course information; 2) topics delivered throughout each level of study; 3) the volume of shared modules with BSc (Hons) Sport and Exercise Science.

A total of 32 undergraduate degree courses were identified through the search strategy, with the results detailed in [Fig. 1](#). An interactive map of available courses can be accessed via the following link ([Click Here](#)). Five of these 32 institutions were excluded due to insufficient module information on their website. All remaining courses were reviewed and approved for inclusion by authors (SWT, CP, PKT), resulting in 27 courses being included in the final analysis. General course information for the included studies is presented in [Table 1](#).

#### 3.1. Code diversity and distribution

The diversity of subject codes within module information across academic levels 4 to 6 is illustrated in [Table 2](#), which presents the percentage of courses that include at least one module assigned to each subject code. As expected, codes associated with practical competencies such as peripheral assessment, rehabilitation, vertebral mobilisations and massage appear in 89–100% of courses. Given that rehabilitation is a core skill of a sports therapist and that all courses have been mapped against professional competencies, this metric should be 100%. This reflects a limitation of this study, whereby one course does not have rehabilitation in a module title, nor does it mention rehabilitation in a description on the website. Similarly, students must obtain at least 250 h of placement activity before graduation, yet two institutions do not have the ‘placement’ code attributed to their course. Given this is a mandated requirement, institutions should review their marketing materials to ensure they accurately reflect the course delivered and the core skills required of a sports therapist.

The number of institutions assigning each code, categorised by academic level, is illustrated in [Fig. 2](#). If an institution had multiple modules coded with the same code at the same level, a score of one was recorded. Only 22% of courses reflect business and entrepreneurship development; the only code seemingly reserved for level 6. After grouping the codes into higher-order themes, the frequency of each code's usage across all modules and institutions was calculated and summarised in [Table 3](#). Interestingly, only 9% of the applied codes were associated with the higher-order theme of employability skills. Given many graduates wish to pursue setting up private practices, this may be an area of focus in course reapprovals to ensure institutions are best preparing students for graduate employment whether that is in professional or semi-professional sport, private practice, NHS, military or other settings.

Some 41% of courses reflect psychology content in their online information, and 44% include population-specific content. Only

**Table 1**

A description of course information for undergraduate and postgraduate strength and conditioning courses in the UK.

| Item                                | Description                         | UG (n = 27) |
|-------------------------------------|-------------------------------------|-------------|
| Degree Title                        | Sports Therapy                      | 16          |
|                                     | Sport(s) and Exercise Therapy       | 9           |
|                                     | Sport(s) Therapy and Rehabilitation | 2           |
| UCAS Points                         | Highest                             | 128         |
|                                     | Lowest                              | 96          |
|                                     | Median                              | 112         |
| Tuition Fees (UK)                   | Highest                             | £9250       |
|                                     | Lowest                              | £9000       |
|                                     | Median                              | £9250       |
| Tuition Fees (International)        | Highest                             | £20,500     |
|                                     | Lowest                              | £12,000     |
|                                     | Median                              | £16,600     |
| International Applications Accepted | Yes                                 | 23          |
|                                     | No                                  | 1           |
|                                     | Unclear                             | 3           |
| Course Mode                         | Full-Time or Part-Time Option       | 13          |
|                                     | Full-Time Only                      | 14          |
| Placement Year Option               | Yes                                 | 11          |
|                                     | No                                  | 16          |
| Optional Modules Available          | Yes                                 | 6           |
|                                     | No                                  | 20          |
|                                     | Unclear                             | 1           |

UCAS - the Universities and Colleges Admissions Service.

**Table 2**

Percentage of courses identified having the subject code within at least one module at any level.

| Subject Code                  | Percentage (%) |
|-------------------------------|----------------|
| Peripheral Assessment         | 100            |
| Research                      | 100            |
| Anatomy                       | 96             |
| Rehabilitation                | 96             |
| Academic Skills               | 93             |
| Physiology                    | 93             |
| Placement                     | 93             |
| Injuries                      | 89             |
| Massage                       | 89             |
| Vertebral Mobilisations       | 89             |
| Biomechanics                  | 85             |
| Peripheral Mobilisations      | 85             |
| Spinal Assessment             | 85             |
| Trauma Management             | 70             |
| Exercise Prescription         | 63             |
| Other - Synoptic              | 63             |
| First Aid                     | 59             |
| Injury Prevention             | 59             |
| Professional Skills           | 59             |
| Strength and Conditioning     | 56             |
| Other                         | 48             |
| Other - Management Techniques | 48             |
| Subjective Assessment         | 48             |
| Population Specific           | 44             |
| Psychology                    | 41             |
| Electrotherapy                | 37             |
| Nutrition                     | 30             |
| Taping                        | 26             |
| Business                      | 22             |

59% reflect first aid content in their online module information. However, the trauma management code is reflected in 70% of courses, and as shown in Fig. 2, is delivered across levels 4 to 6. This could indicate that some basic or entry-level first aid content is hidden within the trauma management code for some institutions. Interestingly, despite 39% of the professional competencies being trauma-related, not all courses have made it clear this content is delivered within their modules. The authors are aware of institutions that deliver standalone trauma content that may not be tied to a module and therefore does not appear within a module descriptor. These courses may wish to review their marketing material, given this is a key competency of a graduate sports therapist.

Beyond the practical competencies required to assess and treat a patient (Leddington et al., 2015), sports therapists should demonstrate exceptional communication, clinical reasoning, and critical reflection (Johnson and Hammond, 2018). Communication and critical reflection are core skills for therapists to respond to unfamiliar clinical problems in a dynamic context, while navigating patient feedback (Wilson-Thain and Hammond, 2023). Therefore, courses must include sufficient time and space dedicated to developing these skills in the curriculum. Only 59% of courses had the code 'professional skills' evident in their materials (Table 2), and although an assumption can be made that this content is implicit there could be a good argument for making this more explicit given its importance.

During the inductive coding process, 11 additional codes emerged as derivatives of the category 'other,' capturing aspects not previously classified. These included: coaching; health promotion; innovation; management techniques; multidisciplinary team; miscellaneous; negotiated study; profiling; return to play; screening; and synoptic. Any code assigned to more than 10% of institutions was established as a new reporting category, while all remaining 'other' codes were retained under the original 'other' classification. Two codes met the 10% threshold: 'Other – Management Techniques' and 'Other – Synoptic.' The 'Other – Management Techniques' code was applied when management approaches were listed that did not fit within existing categories or when module descriptions indicated a discussion and appraisal of management strategies. Examples included: 'evaluation of a range of treatment modalities', 'thermal therapies', 'walking aids', 'stretching', and 'applied soft tissue techniques'. The 'Other – Synoptic' code was used for modules that demonstrated a clear synthesis of prior content, often through case-based learning approaches that mirrored problem-based learning, with descriptions such as 'clinical reasoning and decision-making processes', 'consolidate your clinical reasoning abilities', and 'clinical reasoning and evidence-informed practice'.

The code 'Other – Synoptic' was applied in 63% of institutions (Table 2). Clinical reasoning is recognised as a troublesome concept for students to master. Wilson-Thain and Hammond (2023), advocate for teaching clinical reasoning through a threshold concept lens, supported by integrative pedagogical strategies, to better support student understanding of this complex skill. Although some courses may contend that clinical reasoning is embedded across various modules from level 4 to 6, the synoptic code was identified in only 7% of institutions at level 5, compared with 59% at level 6 (Fig. 2). Within sports therapy education, synoptic modules may help students to engage with the nuanced, 'grey' areas of clinical decision-making and develop confidence in managing situations where clear-cut answers are rarely available (Wilson-Thain and Hammond, 2023). Unlike routine case-based tasks often embedded within practical

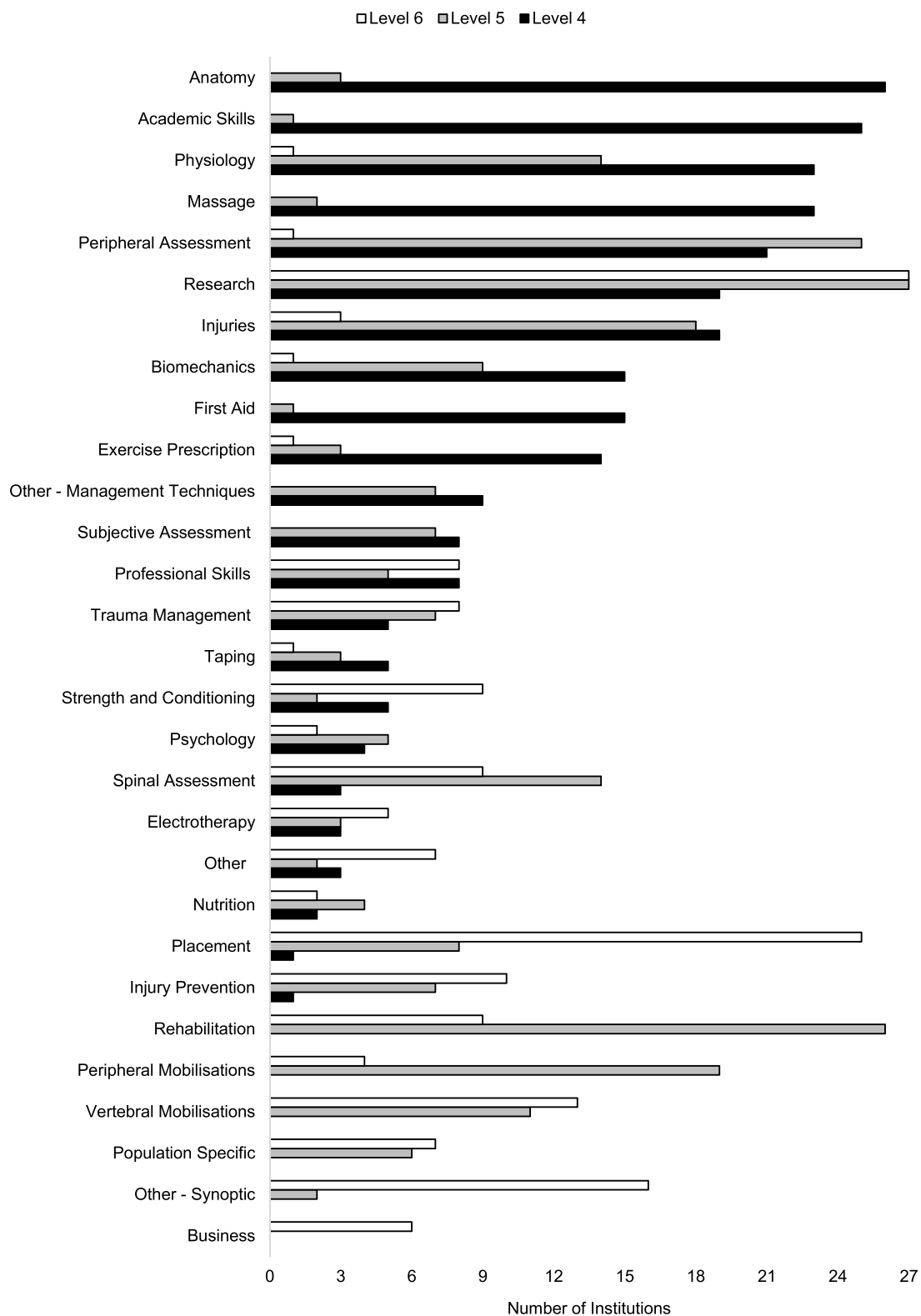


**Fig. 2.** Number of institutions assigned each code as identified from the module descriptors across 27 undergraduate courses, presented per level.

**Table 3**

Frequency count of each code being attributed across all levels and institutions, listed under higher order themes.

| Assessment            |           | Management                    |           | Underpinning Science |           | Employability       |         |
|-----------------------|-----------|-------------------------------|-----------|----------------------|-----------|---------------------|---------|
| Peripheral Assessment | 51        | Rehabilitation                | 42        | Research             | 77        | Placement           | 36      |
| Injuries              | 49        | Massage                       | 25        | Physiology           | 44        | Professional Skills | 22      |
| Anatomy               | 38        | Vertebral Mobilisations       | 24        | Academic Skills      | 27        | Business            | 6       |
| Spinal Assessment     | 26        | Peripheral Mobilisations      | 23        | Biomechanics         | 26        |                     |         |
| Trauma Management     | 20        | Exercise Prescription         | 21        | Psychology           | 11        |                     |         |
| Injury Prevention     | 19        | Other - Management Techniques | 18        | Nutrition            | 8         |                     |         |
| First Aid             | 16        | Other - Synoptic              | 18        |                      |           |                     |         |
| Subjective Assessment | 15        | Strength and Conditioning     | 16        |                      |           |                     |         |
| Population Specific   | 14        | Electrotherapy                | 13        |                      |           |                     |         |
|                       |           | Taping                        | 9         |                      |           |                     |         |
| Total                 | 248 (35%) |                               | 209 (29%) |                      | 193 (27%) |                     | 64 (9%) |

classes—which typically address isolated competencies—synoptic modules present multifactorial scenarios, that can build in complexity throughout levels, mirroring authentic clinical practice.

Courses may benefit from a more intentional scaffolding of synoptic learning across levels which could be achieved through a spiral curriculum approach (Bruner, 1960), enabling students to revisit, reflect and progressively deepen their engagement with key concepts throughout the course. This is particularly valuable when addressing troublesome knowledge and potential threshold concepts (Meyer et al., 2003). Although placement opportunities can also foster engagement with uncertainty and support the development of clinical reasoning, their quality is inherently variable. Synoptic modules have been shown to offer structured and equitable opportunities for students to bring together disparate elements of their learning into more holistic understandings (Tree and Worsfold, 2026). When combined with well-designed placement structures, this blended approach has been shown to help students to develop clinical competence, critical thinking and professional identity (Stoffels et al., 2023), which may lead to better preparing students for the complexities of professional sports therapy practice.

Some courses featured modules titled ‘Special Populations’, which traditionally address specific groups such as female athletes, transplant recipients, or individuals with disabilities. However, it is argued that inclusivity should be embedded across all modules, making separating such content into standalone modules increasingly redundant. This would allow for the development of more novel modules. Such examples seen in this study were those incorporating health promotion and working in high performing multidisciplinary teams. Without details of these modules beyond the marketing material, commenting on the specific content is challenging. However, these two areas are key to sports therapists’ success in professional sport and health care settings. Furthermore, with the rapid growth of artificial intelligence (Rowe et al., 2022), courses may wish to consider how this may manifest within the role of a sports therapist (Dergaa et al., 2024).

### 3.2. Shared content

The benefits of interprofessional experiences where students from two or more professions learn about, from, and with each other to develop skills are well established (Patel et al., 2025). A good example might be in shared provision amongst sports therapists, sport and exercise scientists, and strength and conditioning practitioners. The percentage of a course that has shared modules with a BSc (Hons) Sport and Exercise Science course is outlined in Table 4. Our findings indicate that 81% of sports therapy courses included in this study shared modules with a sport and exercise science course. Of the five courses that do not share modules, only one of these did not offer a sport and exercise science course at their institution.

One course reportedly shares 69% of their course with sport and exercise science (Table 4). However, whilst some courses may share modules, it does not mean that sports therapy students are taught alongside sport and exercise science students and instead may remain as an independent cohort. Where sharing was indicated, this typically covered the ‘underpinning science’ theme as shown in Table 3, including anatomy, physiology, biomechanics and research methods. Additionally, codes from ‘management’, including ‘strength and conditioning’ and ‘exercise prescription’ were most often shared.

There is a lack of published research examining sports therapy students’ perceptions of shared modules specifically. Research from other disciplines undertaking interprofessional learning experiences offers mixed reviews (Decker et al., 2024). For example, some students perceive a dilution of professional identity and a devaluation of their specific discipline when participating in shared sessions (Varol et al., 2025). In contrast, He et al. (2024) indicates that interprofessional learning can strengthen identity and enhance preparedness for collaborative healthcare practice. Given that sports therapists typically operate within multidisciplinary clinical and

**Table 4**

The percentage of modules that are shared with Sport and Exercise Science students at the same institution expressed as a percentage.

|           | Level 4 | Level 5 | Level 6 | Total |
|-----------|---------|---------|---------|-------|
| Maximum % | 83      | 71      | 50      | 69    |
| Minimum % | 0       | 0       | 0       | 0     |
| Median %  | 33      | 33      | 25      | 31    |

performance environments, shared modules may provide an opportunity to develop collaborative competencies and an appreciation of interdisciplinary working, as seen in other professions (Patel et al., 2025).

Where sharing of modules occurs in sports therapy, this may be influenced by both resourcing and expertise, with applied sport and exercise scientists teaching foundational and advanced sport and exercise science content, and educator practitioners teaching sports therapy specific modules. Although economic efficiency is a legitimate institutional consideration, successful shared modules should be designed with a clear pedagogical rationale that integrates students from different professions, rather than sports therapy students remaining in siloed sub-cohorts within a shared module. Furthermore, the intended educational purpose and professional relevance of shared learning should be clearly articulated to students to mitigate perceptions of identity loss and support constructive engagement (Decker et al., 2024).

### 3.3. Placement year option

Sports therapy is a vocational degree with a strong emphasis on practical application, making hands-on experience essential. Literature suggests that meaningful professionalism learning, and professional identity development can be fostered by authentic experiences in and around the workplace (Reich et al., 2015). Interestingly, only 41% of institutions offer a placement year, during which students typically gain experience in professional sports environments, sports injury clinics, or a combination of both. Evidence suggests that students who undertake a placement year tend to perform better due to the potential for transformational learning opportunities in authentic settings (Wilson-Thain, 2025). Students may develop their clinical skills, reasoning, and confidence over the 12-month period compared to those who do not. Additionally, those who complete a full-year placement may be more likely to secure employment with their placement provider upon graduation. Research supports this, highlighting that authentic learning experiences enhance student motivation and learning by providing students with rich and meaningful authentic exposure (Lewthwaite et al., 2023; Sutherland and Markauskaite, 2012). Although only 41% of institutions offer a placement year, 93% offer placement activity as integrated or standalone modules, typically offered at levels 5 and 6 (Table 2). For the remaining 7%, it is unclear from the module information where placement activity is offered despite it being mandatory for accredited courses. It would be valuable to examine stakeholder perspectives regarding the structure and delivery of placement provision in sports therapy, including students' experiences of real-world clinical exposure, the quality of supervisory support, and opportunities for the development of clinical reasoning. Further investigation should also consider how these two placement models may generate distinct learning experiences and educational outcomes.

### 3.4. Optional modules

Of the 27 courses in this analysis, 20 do not offer optional modules for students (Table 1), likely owing to the professional competency requirements and associated pre-requisites of the SST for accreditation. That said, six courses offer optional modules within their courses, and students are potentially benefiting from cross-disciplinary learning and interprofessional experience. For one course it was unclear whether optional modules were available to students or not. There are several philosophical perspectives on the impact of choice and optionality on student learning. Evidence suggests that the benefits of optionality from an assessment perspective can be seen in engagement, performance, and wellbeing (Firth et al., 2023). However, courses are likely to be restricted by curriculum design, which needs to balance module size and competency volume.

### 3.5. Course mode

This audit found that 48% of courses offered a part-time study option. Data from the Higher Education Statistics Agency (2025), indicates that in the 2023/24 academic year, 12% of all undergraduate students were enrolled part-time. Existing literature highlights that part-time study attracts a higher proportion of individuals with caregiving responsibilities (Butcher, 2015), and those from disadvantaged and low socioeconomic backgrounds (ARC Network, 2013). Additionally, part-time higher education is a common choice for first-generation university students, many of whom have been out of education for five to ten years before returning (Butcher, 2015). The flexibility of part-time study is particularly beneficial for students managing health conditions that require regular medical appointments (Butcher, 2015). By offering part-time routes, institutions can enhance inclusivity, ensuring that higher education remains accessible and adaptable to the diverse needs of the student population. Furthermore, there are four institutions which are not open, or it is not explicit on their website that they are open to international students. This lack of clarity in combination with increasing uncertainty around international students could potentially impact on recruitment for these institutions and as such is an area that courses may wish to review to enhance inclusivity and benefit from more diverse cohorts (Costas-Fernández et al., 2023).

### 3.6. Location

As shown on the interactive map of available courses (Click Here), most of the SST accredited courses are concentrated in major cities, with particularly high densities in London and Birmingham. Interestingly, there is only one accredited undergraduate course available in the Southwest region of England, and no accredited undergraduate courses available in Scotland, or Northern Ireland. For institutions in these areas, offering an undergraduate Sports Therapy course accredited by the SST could present a valuable opportunity. Existing literature highlights location as a key factor influencing students' choice of higher education institutions (Briggs, 2006; Woodward, 2021), with students often citing familiarity and convenience as important considerations, with commuter students opting

to stay close to family and friends while maintaining part-time employment (Woodward, 2021).

### 3.7. Limitations

The authors acknowledge that a limitation of this study is its reliance on publicly available marketing materials for the coding of modules, which may not accurately represent the full scope or depth of the course content. The course information on the institutional web pages is constantly changing and therefore is accurate at the date of data extraction. Additionally, the authors did not record the number of disagreements when coding that were resolved by consensus, and therefore a quantitative measure of inter-rater agreement was not presented. Due to the paucity of literature in this area, it was not possible to compare or critique previous literature.

### 3.8. Implications

The data analysed in this study reflects the marketing materials that prospective students typically encounter when exploring degree options. These course webpages and module descriptors, likely serve as key decision-making resources for applicants, many of whom may base their perceptions of course content, practical opportunities, and professional alignment on how courses are presented online. As such, any omissions, ambiguities, or inconsistencies in these materials may influence student expectations and application choices, potentially shaping their understanding of a course's focus, employability preparation, and overall suitability. The reliance on marketing led content highlights the importance of accurate, comprehensive, and transparent course information, both for supporting informed decision making and for ensuring that public facing descriptions accurately reflect the educational experience delivered. This study may prompt institutions to review and enhance the accuracy of their online module descriptions.

## 4. Conclusion

This is the first study to provide an overview of undergraduate sports therapy degrees accredited by the SST. Despite professional competencies there remains variation across the sector, specifically regarding the volume of modules that are shared with a partnering BSc (Hons) in Sport and Exercise Science course, those offering placement year options, optional modules and the ability to study part time. Where courses have shared modules, the educational purpose should clearly be articulated to students. Furthermore, there appears a small number of modules focussed on developing professional skills and preparing graduates for employment post-graduation, which may be an area of focus for prospective providers or re-approvals. Likewise, courses may wish to consider distinct synoptic learning across levels, enabling students to revisit, reflect and progressively deepen their engagement with key concepts throughout the course.

Future research should involve direct consultation with course leaders to gather more detailed insights and validate the coding applied. Engaging with stakeholders would provide valuable insights into ever changing industry demands and may allow for continued review of professional competencies by the SST, whilst allowing courses to bias certain skills and attributes to optimize graduate employability.

### CRediT authorship contribution statement

**Samantha Wilson-Thain:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization. **Chelsea Papworth:** Writing – review & editing, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Anthony Weldon:** Writing – review & editing, Conceptualization. **Peter K. Thain:** Writing – review & editing, Writing – original draft, Visualization, Supervision, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

### Declaration of generative AI and AI-assisted technologies in the writing process

While preparing this work the authors used ChatGPT to reduce the abstract to the required word count. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

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### Declaration of interest statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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