CORRESPONDENCE

To the Editor

SPORTS AND NON-SPORTS KNEE INJURY

Dear Sir,

For doctors concerned with sports medicine the following is a cautionary tale. A young athlete complained of vague and variable pain in both knees. The pain was located in the patellar tendons and was noticeable when running. Since he was building up after recovering from a muscle strain which had taken some time to be diagnosed correctly, he was naturally worried. Imagine his feelings when he was told forcibly that there was nothing wrong with him, that it was "all in the mind" and he should be less neurotic. Enquiry into his occupation however elicited the fact that he was an electrician who was of necessity spending a lot of time kneeling, often on narrow beams. The use of knee pads at work cured the pain. Just because the first injury occurred during athletic training does not allow the doctor to assume that the second complaint had the same cause. As in any other branch of medicine, it is important to consider occupational activities in relation to sports medicine and it is dangerous to locate pain in the mind.

*Yours faithfully,***E. H. Lloyd**

BOOK REVIEW

HEALTH SCREENING:

Proceedings of a Symposium

organised by the Society of Occupational Medicine Research Panel

*on 31 May, 1977.**Published by Society of Occupational Medicine pp. 71 + v. £3.00*

All doctors are involved in the practice of health screening in one form or another but it is only of recent years that the topic has merited capital letters. The first contribution to the symposium is an excellent brief review of the different approaches and attitudes in this field. Sports medicine is not mentioned as such but does have obvious connections in that medical examinations prior to participation (i.e. pre-employment) and examination for continuing participation are both examples of the scope of other contributions. Additionally there must be concern by those who care for professional sportsmen in some of the statutory requirements of recent legislation. While legally there may be distinctions between employed and free-lance — and indeed sham amateurs, ethically sports doctors should ensure the highest standards of care and supervision for all participants — and also have a care for officials and spectators. (It is understood that boxing officials as well as boxers will shortly have to have screening medicals before bouts).

The article on occupational audiometry quotes an opinion that "... omitting to recommend medical monitoring of accepted value could brand an occupational health physician as a criminal ...". An enlightened sport such as shooting insists on hearing protection but one wonders how much noise-induced deafness occurs in motor sport and how much was preventable. How well advised are other sports organisations?

In a publication produced as cheaply as this one there are bound to be a few typographical errors but there are none of significance. The book is good value at present day prices and helps any doctor in general work to assess the value of many of his routine examinations.

D. E. MACKAY