Sports medicine on the line?

Britons still hanker after treatment of sports injuries – 24 years after BASM hosted the FIMS World Congress in Sports Medicine. Television recently featured BASM’s efforts to improve sports injury services but dissipated effort by attacking the usual easy targets – GPs (General Practitioners) and the NHS (National Health Service). Ministers tucking into a hefty last supper of great British medical institutions won’t be worried by a chorus of well-heeled special pleaders whining traditional dressing room refrains (“the NHS has failed me.”); “I was disillusioned with the NHS’s treatment of sports injuries” and “after getting nowhere with the NHS I went for private treatment”).

Such lobbying is passe. With vision, BASM could lead informed public debate. The more widely it spreads its argument beyond elite sport’s rare birds whose interest are more parasitic than symbiotic, the more likely it is to break new ground.

The Sports Council gives £1 million to sports medicine and science, against an estimated £0.75 billion annual cost of sports injuries. Its insecurity as a political orphan lets fear of paying for clinics inhibit more forthright lobbying. It is illogical to exhort the nation to exercise for health with ‘Sport for All’, but ignore inevitable ‘Sports Injury for All’ and whistle in the wind at ‘Sports Medicine for All’.2 The National Sports Medicine Institute, umbilically dependent on the same politically-tainted largesse, has delivered little in two low profile years of waiting for money.

NHS GPs and hospitals handle most of the 29 million sports injuries a year1 which come to medicine. British medical education idiosyncratically disregards common afflictions of the locomotor system, of which sports injuries are but a minority. Critics should reflect that, thanks to 19 years of BASM courses, the majority of practising sports doctors are GPs.

Some private clinics thrive on public sector derision, a casual backdrop of name-dropped sports stars fostering the illusion that open wallets know no failure. More realistic is the knowledge that ‘sports clinics’ have been a goldmine for many untrained or underqualified ‘experts’. Failure to develop consultant services has encouraged proliferation of substandard clinics, but in the real world, there are good clinics and bad: criteria relate to personal professional standing, not insurance policies. Figures of 3 million unemployed, or a weekly average industrial wage of £250, suggest the irrelevance of private medicine to Everyman. Could BASM more constructively plead the improvement of all locomotor services within limited NHS resources?

It may be difficult to sympathize with athletes’ claims for priority over their grandmothers, in hospitals which have been decimated by accountancy, with four-month waits for physiotherapy. Do athletes simply demand more attention, their resplendent sports attire striking a fear of refusal into medical attendants? Carstairs3 described the difficulties of medical threats to the athlete’s self-image. Why do athletes fuss so much about finding doctors with ‘sympathetic attitudes’? Surely all patients need this? The embrocated ranks of dressing-room rubbers suggest that much treatment is psychotherapeutic. Should scarce medicine be diverted for this? Might sport better define its emotional needs and train more appropriate therapists? Do we need more physiotherapists? Or more effective ones? Should BASM study more rational use of professional skills?

It is axiomatic to declare the need for education, but ‘sport’ is fed up with waiting for the ivory towers of medicine to condescend to meet its needs. Deans deciding what undergraduates learn are not publicly answerable. Perhaps education is less at fault than the politics of controlling it? If more GPs practised basic locomotor medicine, with diagnostic back-up and access to physiotherapy, injuries wouldn’t fester on waiting lists. Why not locomotor-competent GPs and a small cadre of specialists to back them up? Few sports injuries need consultants, but attempts have been made4 to identify and quantify the sort of injuries so closely linked to sports technique that they create high therapeutic failure rates for unskilled practitioners.

What has ‘sport’ done to identify and provide for its needs? Why should any non-sportsman have the slightest interest in sports medicine and why should we expect uninterested medical staff to be effective sports therapists? Are there special aspects of the athlete’s medical needs which sport might identify and train its attendants to meet? Ill-defined demands are difficult to satisfy.

Perhaps there are sports levels above which it becomes unrealistic to expect all but a few specially trained medics to tread expertly? Here we deal not with ‘reasonable’ use, but with the obsessive demands of gross overtraining with all its psychic and mechanical stresses calling for expertise. Perhaps this is the level at which sport, through its governing bodies, must identify, commission and pay for its own specific services?

Peter Sperryn
Editor-in-Chief

References

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