Many mass casualty situations involve children, and a triage algorithm that relies on walking or adult physiological values will over-triage many children. The Triage Sieve offers an alternative in the Paediatric Triage Triangle, which is currently being prospectively validated in South Africa.

This combination of factors—familiarity to UK pre-hospital providers, accuracy, and accommodating injured children—should lead to the conclusion that, for mass casualty situations in the United Kingdom, the Triage Sieve and Sort should be the triage algorithm of choice.

Furthermore, all those providing medical care at mass gatherings such as sporting events should have attended a MIMMS course, which provides an excellent system in the unlikely event of a mass casualty situation.

References

Computer based screening in concussion management: use versus abuse

As reviewed by Schnirring, a number of user friendly, computer based systems for concussion management have been developed, including CogSport in Australia and Head-Minder and ImPACT in America. Important cautionary comments have been made about the appropriate use of such programmes (versus potential for their misuse).1,2 which from a neuropsychological perspective warrant further elaboration. Computer based technology in question falls within the specialist field of the clinical neuropsychologist, whose area of expertise encompasses the development and use of psychometric tests for screening events for brain damage. The problem to emphasise here is that there is the potential for malpractice when such computer based tests become separated from their professional—that is, neuropsychological—source.

There is a growing consensus that computerised test platforms such as referred to above have substantial practical advantages over conventional neuropsychological tests for use in the sports arena.3,4 They offer automated assessment which can be conducted on groups of individuals, and they can be administered by a trained team doctor or school nurse, or web based, without the presence of a neuropsychologist. However, it is precisely herein—that is, the apparent ease with which these computer based systems can be applied—that the potential for misuse lies.

As Schnirring points out, non-neuropsychologists are not in a position to evaluate the various programmes being marketed. Developing this point further, there is a real danger that non-psychologists may fall into the trap of construing that the scores derived from such programmes can be used, in and of themselves, as a type of “black box”, making decisions about the presence or absence of cerebral dysfunction in the individual case. This type of misconception occurred in the early days of neuropsychological test development, and has since come to be known as the trap of inadequate practice in the discipline.5

Accordingly, in modern neuropsychology the attribution of this type of diagnostic power in respect of a single neuropsychological test, or any set of tests in isolation—that is, in the absence of clinical and collateral data—goes against fundamental practice principles and is vehemently opposed.6

In keeping with this, it is encouraging that top medical professionals involved in concussion management (as cited in Schnirring’s article) have emphasised the following: computer based test results should be viewed as only one aspect of an assessment, together with the individual neurological examination, careful analysis of symptom presentation, possible imaging tests, and/or a more detailed neuropsychological examination.

From a neuropsychological perspective, such cautionary comments on computer based screening batteries cannot be too strongly endorsed. In practical terms this means that top medical professionals involved in concussion management (as cited in Schnirring’s article) have emphasised the following: computer based test results should be viewed as only one aspect of an assessment, together with the individual neurological examination, careful analysis of symptom presentation, possible imaging tests, and/or a more detailed neuropsychological examination.

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References
BOOK REVIEW

The musician’s hand

Ian Winspur, Christopher Wynn Parry, Martin Dunitz
Publishers, 1998, £49.95. ISBN 1 85317 492 0

This sounds an intriguing title for a book to be reviewed in this journal. In clinical sports medicine practice, it is not uncommon to be consulted by musicians with a variety of soft tissue problems arising from their playing habits. Clearly the strength of two surgeons as authors is their diagnostic approach to musician’s hand problems and their obvious surgical skills in this region. Where they stray into topics outside their own expertise, there is both a lack of understanding and a lack of perspective of the injuries discussed. For example, the discussion of “tennis elbow” would send shivers down the spine of any reader of the “tennis elbow” would send shivers down the nerve chapter again, where the electro-diagnostic techniques are referenced to a 1981 publication of the co-author rather than any of the wide range of neurological reference books on this subject.

This book has many strengths however. It has a “chatty” style which reads well and contains many anecdotal observations by leading musicians and conductors on performance technique that give a fascinating insight into the minds of these gifted individuals. There is, however, a lack of critical appraisal of their comments and how the experience of leading concert performers may be extrapolated into assisting the problems of “non-elite” instrumentalists. The surgical discussions are concise and elaborate many of the critical issues in planning surgical intervention in this group. Any surgeon contemplating operating on the hand of a musician at any level would certainly benefit by reviewing this important information.

One of the problems of any book with multiple contributors is editing the various sections to achieve balance and avoid repetition. This is not well achieved and the repeated reference throughout the text to “Joan Dixon, the doyenne of cello pedagogues” is enough to drive the reader barmy. It is never explained who this person is. Ms Dixon is not listed in the contributors nor in the chapter references. From the frequent mention of her name, I could have assumed that she could have written the chapter on cello technique by herself!

As I said, there are some real strengths in this book that makes it a useful addition for hand surgery practice, but it could have been so much more. If the authors had utilised expertise from outside the small world of “musician’s medicine”, a far deeper understanding of the problems could have resulted. There are so many overlaps with sports medicine that it is scary.

For the clinician who wants a better overview of this whole area (rather than just hand problems), then the book Performing arts medicine (2nd ed) by Sataloff, Brandfonbrener, and Lederman (Singular Publishing Group, San Diego, 1998, ISBN 1 56953 982 4) is a much better option as a starting point. There is also a US based performing arts medicine society, which publishes a regular newsletter in this field, as well as the British Association of Performing Arts Medicine.

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SMX 2003
22–23 March 2003, University of Melbourne, Victoria, Australia.

The Victorian Conference of Science and Medicine in Sport and Exercise in conjunction with The Gastrolyte VIS International Science and Football Symposium.

Further details: members@vic.sma.org.au

Sports Medicine Seminar at the Hong Kong Sevens
27 March 2003, Hong Kong

This will be the first of an annual conference on Sports Medicine to coincide with the premier 7s event. Please visit the website www.droid.cuhk.edu.hk/events/sms.htm.

Further details: Iain Stewart, National Diagnostic Imaging, Woden, ACT 2606, Australia; tel: +61 2 6282 2888; email: ncdi@ozemail.com.au

Sports Medicine Seminar at the Hong Kong Sevens
27 March 2003, Hong Kong

Further details: Ms Dunitz, telephone (0) 870 165 4999; fax: +44 (0)870 165 4949; email: educ@basics.org.uk

Sports Medicine Seminar at the Hong Kong Sevens
27 March 2003, Hong Kong

Further details: www.bjsportmed.com

Keynote speakers: Professor Nikolai Bogduk, University of Newcastle. Further details: www.smansw.com.au or email smasw@dsr.nsw.gov.au

Vth World Congress on Science & Football
April 2003, Lisbon, Portugal

Further details: Dr J Cabri; email: jcabri@fmh.unl.pt
Web site: http://www.fmh.unl.pt/wesf

3rd Quebec International Symposium on Cardiopulmonary Rehabilitation Evidence Based Interventions: Science to the Art of Cardiopulmonary Rehabilitation
11–13 May 2003, Quebec City Convention Center, Quebec, Canada

Call for abstracts deadline is 1 November 2002. The abstract submission form and complete programme can be printed from the web site.

Further details: email: Jean.Jobin@med.ulaval.ca
Web site: www.ulaval.ca/psym-rehab

The 6th STMS World Congress on Medicine and Science in Tennis in conjunction with the LTA 2004 Sports Science, Sports Medicine and Performance Coaching Conference

Keynote speakers include Professor Per Rentstrom (SWE), Professor Peter Jokl (USA), Professor Savio Woo (USA), Dr Carol Otis (USA), Dr Mark Safran (USA), Dr Ben Kibler (USA), Prof Bruce Elliott (AUS), and Professor Ron Maughan (UK).

www.bjsportmed.com
Further details: Dr Michael Turner, The Lawn Tennis Association, The Queen’s Club, London W14 9EG, United Kingdom; email: michael.turner@ita.org.uk
International XVII Puijo Symposium
25–28 June 2003, Kuopio, Finland
This symposium “Physical activity and Health—Gender Differences Across the Lifespan.
Further information: Ms Auli Korthonen, Project Secretary, Kuopio Research Institute of Exercise Medicine, Puijo Symposium Secretariat, Haapaniementie 16, 70100 Kuopio, Finland; tel: +358 17 288 4422; fax: +358 17 288 4488; email: puijo.symposium@uku.fi

NOTES AND NEWS

Winners of the annual BASEM Prizes
Dr Eileen Mackie (Clodigrel inhibits platelet activation and exercise induced ischaemia in stable coronary artery disease) and Mrs Eleanor Curry (Role of exercise in multiple sclerosis) (joint winners). The poster prize was won by Dr Stuart Reid (Injury patterns and injury prevention strategies in the winter sports population attending the English medical centre in Val D’Isere.

Diploma in Sport and Exercise Medicine for Great Britain and Ireland
Details for the above exam can be found on the Royal College of Surgeons of Edinburgh Website at http://www.rcsed.ac.uk alternative applicants can write to: The Royal College of Surgeons of Edinburgh, Eligibilities Section, Careers Information Services, 3 Hill Place, Edinburgh; tel: +44 (0)131 668 9222 or Mrs Yvonne Gilbert, Intercollegiate Academic Board for Sport and Exercise Medicine, Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW; tel: +44 (0)131 527 3409; email: y.gilbert@rcsed.ac.uk

Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam
The following were successful diplomates in the Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam:
7 July 2000
• Dr Prabodh C Agarwal
• Dr Robert Bleakney
• Dr Trevor W Fleet
8 November 2000
• Dr James P Robson
• Dr Samantha L Fee
• Dr David C Watkins
• Dr RS Prabhu
For further information contact: Donald AD Macleod, Chairman, Intercollegiate Academic Board of Sport and Exercise Medicine
www.basem.co.uk
The British Association of Sport and Exercise Medicine has launched its new website—www.basem.co.uk. The site provides information about the educational opportunities in sport and exercise medicine and advice to those wishing to become involved in this area.

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The Centre for Sports Medicine Research and Education is a multidisciplinary Centre located in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne, Australia. It combines world-class researchers and clinicians working in the area of sports medicine.

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Educational programme
The Centre offers a one month full time Postgraduate Certificate in Sports Physiotherapy: spine, pelvis, and lower limb. Instructors are leading clinical experts and researchers in the multidisciplinary approach to sports medicine. The Certificate will run from Nov 4–29 in 2002.

Please contact: A/Professor Peter Brukner: p.brukner@unimelb.edu.au (Research Degrees), A/Professor Kim Bennell: k.bennell@unimelb.edu.au (Research Degrees), Mr Henry Wajswelner: h.wajswelner@unimelb.edu.au (Certificate Courses), www.physioth.unimelb.edu.au/csmre

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NCPAD NEWS
A monthly publication of the National Center on Physical Activity and Disability. NCPAD is the leading source for information about organisations, programmes, and facilities nationwide providing accessible physical activity and recreation. NCPAD also has a large and growing online library of fact sheets, monographs, and contact information on physical activity and recreation for people with disabilities.

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Study Sports Physiotherapy in Australia’s sporting capital at The University of Melbourne
Qualified physiotherapists may now apply for the Master of Physiotherapy by Coursework (Sports Physiotherapy), the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Pelvis and Lower Limb) or the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Shoulder and Upper Limb). The School of Physiotherapy at the University of Melbourne now has approval for these courses and applications are open to international students for full time study.

• Applications for the Master of Physiotherapy by Coursework (Sports Physiotherapy) close 1 October 2002.
• Applications for the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Pelvis and Lower Limb) close 1 November 2002.
• Applications for the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Shoulder and Upper Limb) close 1 April 2003.

Please check the website for updates and information about the courses: www.physioth.unimelb.edu.au/postgrad.html

www.bjsportmed.com
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A B Shuttleworth-Edwards and M A Border

doi: 10.1136/bjsm.36.6.473-a

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