EDITORIAL 691

Warm up

## Do not go gentle into that good night...

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It has been said that the shortest measurable unit of time is the period between the traffic lights changing to green and the sound of the taxi driver blowing his horn when stuck behind your car. To this quantum event can be added the attention span of an orthopaedic surgeon, which despite being as ephemeral as Schrödinger's cat, may turn out to be an important phenomenon after all.

Our modern world gets ever faster and more complex. Each year it seems like Christmas comes every six weeks. This year is more than half over and apart from the Druids celebrating the solstice or research fellows counting how many papers they are likely to get published this year who would know?

The information revolution dumps huge amounts of information on our virtual desks to read, analyse, and file. While I sit here pondering this missive, I am reminded of the information revolution in a meaningful way. My emails are full of deadlines from coworkers in Vancouver, Calgary, Montreal, London, Leeds, Pittsburgh, and Sydney. How did we ever get by without the World Wide Web and computers?

Visiting my local museum recently (the Museum of Victoria for those of you interested) found me intrigued by a new exhibit. The museum has just resurrected CSIRAC, the only intact first generation computer on the planet. When it was erected, it was the fourth computer in the world with stored memory. This machine took eight years to build, is the size of a large room, and weighs two tonnes. It has 1K of RAM, a hard disk capacity of 2.5K, and a clock speed of 0.001 Hz. It came online in 1947 and was the only computer in Australia until 1956.

I was pleased to read that in 1951, someone managed to get CSIRAC to hum tunes. Good to see that Australian scientific ingenuity was right on the button in that era. I guess they got bored watching it do calculations so slowly or had trouble getting TV reception that day.

It sounds fantastic to think that this behemoth was built just 50 years ago. The first desktop PC, the Apple II, was built in 1975. Many of us ageing sports physicians had already left school at that time. Whereas we have had to struggle with learning this new technology in our advancing years, kids these days learn programming and computer skills in primary school. So much so that RSI from keyboarding and cervical pain from lugging laptop computers around are not uncommon in children (at least if you believe what the chiropractors tell us!)

Fifty years ago, sports medicine was similarly non-existent. Today our top athletes are unable to function without a bevy of sports scientists, biomechanists, doctors, physiotherapists, dieticians, psychologists, podiatrists, and other assorted hangers on. Where will it end? Heaven forbid if they don't win a swag of medals at the next Olympics. Sack the advisors. It can't be the athletes fault. Perhaps there should be medals for each category of sports medicine and science awarded to the support staff for the gold medal winning athlete. A sports medicine Olympics? Mind you, Academy awards may be more appropriate for some of the prima

So where will sports medicine be in five or ten years? There is no doubt that failure to change with the times will lead to us following the dinosaurs into oblivion. Clearly the push into public health will continue. The impact of ageing and its problems, obesity, and chronic disease will become imperatives rather than optional areas of sports medicine. An influential book worth looking at is Thomas Kuhn's *The Structure Of Scientific Revolutions*. Kuhn introduced the concept of the paradigm

shift, where new breakthroughs were usually the result of breaking with traditional ways of thinking. The idea of *sports medicine* may have to change. I am not sure whether exercise medicine is enough. Aren't we talking about *health and exercise?* Perhaps we should rename the Journal to reflect these ideas?

What about ageing and SEM? Ageing of the population that is. Mind you unless more SEM trainees come along it may be ageing of the sports physician cohort. At the Journal this is not an area that we see many manuscripts coming through and we certainly need to target this are more specifically. Hands up those of you who knew 1999 was the International Year of the Older Person. It certainly slipped my attention.

From a business viewpoint, the US recognises older people as a prime market force. They are highly educated, sceptical, have fluid assets, and great spending power. As the baby boomers and generation X's gracefully age, the numbers of people in this demographic steadily increase. Add to this fact that the fastest growing sector of Internet users worldwide are the over 50s AND the most likely to buy online and you are looking at the beginning of a revolution. A grey revolution. Advertisers have caught on to this, in fact Seniormart, is an online service for this group. Guess who's laughing all the way to the bank now, sonny?

I find it interesting that health promotion in this area is addressed to the baby boomers and generation X'ers. The *Active Australia* initiative was developed to try and influence exercise behaviour and reduce community morbidity and mortality. The American College of Sports Medicine has long has a "Fit over 40" campaign as well as the PACE programme for physician based exercise counselling. New Zealand has the Green Prescription programme and so forth.

Given that the bulk of hospital patients are over 65 years of age, why aren't more sports medicine professionals working in hospitals in exercise prescription and rehabilitation. Let us force the pace of change by pro-actively working with government and third party health insurers in this regard.

Our forefathers felt the need to "procreate or perish" to ensure survival. Sports medicine needs to develop or perish.

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## Expression of concern about content of which Dr Paul McCrory is a single author

This paper is authored by Dr Paul McCrory. During 2021 and 2022 there was an investigation by BJSM and BMJ which found that some of his work was the product of publication misconduct. Such misconduct includes plagiarism, duplicate publication, misquotation and misrepresentation in publications in respect of which he was listed as the sole author. We are placing a notice to readers on all content in relation to which he is identified as the sole author to alert them to the conclusions of our investigation.

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## **REFERENCE**

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