Establishing a pattern for sports medicine centres in Scotland

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This paper describes the criteria adopted by the Scottish Sports Council whereby they would provide funding to assist in the establishment of a network of sports medicine centres throughout Scotland.

The Scottish Sports Council established a consultative group on sports medicine and sports sciences in November 1983 under the chairman of Professor Peter Radford. The consultative group consists of individuals representing a wide range of interests in sport, medicine, the related sports sciences and coaching.

One of the principle responsibilities of the consultative group was to encourage the development of a network of sports medicine centres throughout Scotland, from a base of seven sports injury clinics which existed in 1983. It has drawn up guidelines for establishing a sports medicine centre, developed a starter pack of basic equipment and made computerised medical and physiotherapy records available to help new centres get off the ground.

The consultative group has worked closely with the local Sports Councils throughout Scotland and a total of 25 sports medicine centres have been established (see Figure 1). These are in a wide variety of locations but principally in local authority sports or leisure centres. One has recently moved into the physiotherapy department of a hospital, to the mutual benefit of both sports medicine and the hospital physiotherapy department.

The expanding network in Scotland would not have been possible without the active involvement of local authority recreation departments and local sports councils. These organisations have seen it as an essential part of their remit to provide services for injured sportsmen and women.

These 25 sports medicine centres do not provide the sole provision of

Figure 1. Sports medicine centres in Scotland

treatment for the ill or injured athlete in Scotland, in that many other facilities are provided by enthusiastic general practitioners or hospital consultants. In addition, there are a number of self-supporting sports medicine and fitness centres in various institutions in Scotland as well as a range of private sports injury clinics.

Responsibilities of a sports medicine centre

The main responsibility of a sports medicine centre is to diagnose, treat and rehabilitate athletes to their full potential in the shortest possible time after an injury or illness, without an increased risk of the athlete breaking

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down. In addition, the athlete's overall fitness must be maintained during treatment, bearing in mind the physical and psychological problems that arise as a result of a significant disruption in an athlete's training programme. Accordingly, access to fitness assessment facilities are of value.

A sports medicine centre should also provide educational programmes for athletes and coaches on injury avoidance, basic sports injury care and recognition of injuries or illnesses that may arise during sport and exercise.

A sports medicine centre should be able to give advice on, or organise, medical, physiotherapy and first aid cover for sporting events taking place within its locality.

A sports medicine centre must be prepared to manage acute, recent or chronic injuries bearing in mind that patients attending the centre will not differ from patients seen in general practice. The bulk of significant acute injuries will attend hospital accident and emergency departments. However, a greater proportion of chronic and/or specialist sports related injuries will present to a sports medicine centre. Patients will choose to attend a reputable centre because of ease of access to staff with a specialist interest in treating and rehabilitating athletes to their full potential.

A sports medicine centre should provide a service to all sporting disciplines within the locality. It is inevitable, however, that centres will tend to develop an activity related service depending on the interests and experience of the staff and their client athletes. This will demand a good knowledge of the sport in question, its training schedules, its coaching techniques and the equipment used, if the staff of the sports medicine centre are going to give relevant specialist advice on injury prevention and rehabilitation.

Guidelines for establishing a sports medicine centre

A sports medicine centre must be under medical supervision. The medical supervisor should advise the local general practice medical services committee of the proposal to establish a sports medicine centre and seek the cooperative approval and support of this committee. The staffing of the sports medicine centre, methods of patient attendance and referral, documentation procedures and communication with the patient's own general practitioner should be recorded. Proposals for funding the centre and charging patients should be outlined in the submission to the

THE SCOTTISH SPORTS COUNCIL
Caledonia House, South Gyle, Edinburgh, EH12 9DQ
STANDARD MEDICAL RECORD CARD

SPORTS MEDICINE CLINIC _____ Clinic Code ☐ ☐ ☐ Case Number ☐ ☐ ☐

START OF PATIENT COMPLETION (Please answer all questions on Page 1 and Page 3)

Date of first attendance _____
Occupation _____
Sex: Male/Female _____ Age _____ D of B _____ Height _____ Weight _____
Name of GP _____
Address of GP _____
Method of Referral to Clinic (please circle): Self Coach Club Physio GP Other _____
Sport (related to injury): _____ 2nd Sport (if any): _____
Sport standard (please circle): 1 2 3 4 5
Standard code: 1=National 2=District 3=Club 4=Recreational 5=Beginner
Number of years in the sport related to injury _____
Do you normally warm-up before training? Yes/No _____
Do you normally warm-down after training? Yes/No _____
Details of injury
Date of injury: _____ Part of body affected: _____
Is it getting worse? Yes/No _____
Was another player involved? Yes/No _____
Was any equipment involved? Yes/No _____ If yes, specify: _____
Describe injury: _____
Have you received any treatment for this injury? Yes/No _____
If yes, from whom (please circle): Self Coach Physio Doctor Other _____
Describe treatment: _____
Before injury, how often on average would you train and/or compete in a week? _____
Have you had a previous similar injury? Yes/No _____
If yes, when? _____ Diagnosis: _____
Treatment: _____
If off sport, for how long? Days _____ Weeks _____
If off work, for how long? Days _____ Weeks _____
End of patient completion section

Doctor/Physiotherapist Summary
(Please complete before separating copies. Return top sheet to the Scottish Sports Council)

Diagnosis: _____
Advice given: _____
Treatment 1: _____ No. of sessions TR1 _____
Treatment 2: _____ No. of sessions TR2 _____
Outcome: Complete recovery Partial recovery No change Worse Unknown
Referral, if any: GP X-ray Orthopaedist Other specialist (specify) _____
Discharge date: _____
Produced by the Consultative Group on Sports Medicine and Sports Sciences

Figure 2. Example of medical record card (available from Scottish Sports Council)

general practice medical services committee.

The medical supervisor should seek the support of the local district Sports Council and any major sporting or leisure centres and clubs. Local and regional authorities may also assist in funding.

Ethical considerations of confidentiality should be enforced. There should be no medical or paramedical advertising but the names and qualifications of all staff working in the centre should be available to the public. All medical and paramedical staff must be members of the appropriate professional bodies and carry appropriate professional indemnity insurance.

The contact point for patients attending the centre should be a receptionist.

Standardised documentation for medical and physiotherapy records is recommended and should be structured to facilitate clinical audit. The Scottish Sports Council provides standard record forms for the centres it supports. The staff of the sports medicine centre should ensure a high standard of communication with the

patient's own doctor and, where agreed by the patient, with the coach.

Drug prescribing policies should be clearly defined and should be directly under the supervision of, or with the approval of, the athlete's general practitioner. The use of free samples should be strictly controlled and documented. Circumstances under which private prescribing would be undertaken should be clearly documented. Avoidance of delay in drug prescribing, where considered essential, should be one of the aims of the sports medicine centre.

Access to investigate facilities should be defined to ensure that efficient use, without abuse, of laboratories and x-ray departments. Local arrangements may dictate that investigations are arranged with the athlete's general practitioner, the local hospital accident and emergency department or by agreed open access. Avoidance of delay in investigations where considered essential, should be one of the aims of the sports medicine centre.

Financial arrangements must be clearly defined. The fees that athletes, will be charged should be readily available for inspection. The expenses

to be covered by the athletes fees should be identified in advance, e.g. honoraria for staff, equipment and consumables, accommodation, insurance, rates etc.

Each sports medicine centre is expected to produce an annual report, a copy of which must be forwarded to the Scottish Sports Council at the end of each financial year.

The starter pack

The Scottish Sports Council, with the advice of its consultative group on sports medicine and sports sciences, has drawn up a starter pack of physiotherapy equipment (Table 1) and consumables (Table 2). Sports medicine centres fulfilling the criteria laid down in the above guidelines receive funding for these items from the Scottish Sports Council to help cover their initial costs.

The computerised medical and physiotherapy record cards have been designed following wide-ranging discussions and comments from the sports medicine centres. The record cards are issued at no cost to the sports medicine centres on the understanding that copies of the records are collected centrally by the Scottish Sports Council and that the resultant data is available for analysis and research (Figure 2).

Educational programmes

The Scottish Sports Council and its consultative group organizes an annual meeting on behalf of the sports medicine centres and each sports medicine centre takes it in turn to act as host for the meeting. The programme is divided equally between administrative and academic presentations and has proved extremely valuable. In addition, the sports medicine centres are encouraged to organize their own meetings for both staff development and education of the local medical, physiotherapy or sporting community.

Future developments

The Scottish Sports Council's consultative group on sports medicine and

Table 1. Starter pack: capital equipment

	Cost (£) (January 1990)
<i>Ultrasound</i>	
Sonapulse 434 – dual frequency	1,150
or	
EMS Therasonic 1032 – dual frequency	845
or	
EMS Therasonic 6 – single frequency	535
<i>Inteferential</i>	
Endomed 433	1,350
or	
EMS 100	1,095
<i>Ice Machine</i>	
Easy Ice 3.5 kg	540
<i>Plinth</i>	207

sports sciences has identified a series of localities in Scotland where they feel it would be useful to develop a sports medicine centre. Active discussions are already taking place identifying medical and physiotherapy staff and appropriate venues with the local Sports Councils. The Scottish Sports Council has a target of developing three sports medicine centres each year.

The consultative group is anxious to encourage sports medicine centres to include podiatry services among the facilities available.

The development of sports medicine as a legitimate speciality interest for doctors, chartered physiotherapists and podiatrists requires an increasing academic base. The consultative group hopes that a series of publications will review data collected in the sports medicine centres, on the basis of which it will be possible to identify and set up clinical trials on both treatment and rehabilitation programmes for common injuries and illnesses associated with sport.

In addition to an increasing academic base, the consultative group on sports medicine and sports sciences recognises that standards of clinical practice in sports medicine centres must be such that it is beyond criticism. An accreditation programme is

Table 2. Starter pack: consumables

	Cost (£) (January 1990)
<i>Strapping</i>	
2 dozen 7.5 cm elastic adhesive	40
2 dozen 2.5 cm zinc oxide	20
2 dozen 1 cm zinc oxide	15
Underwrap	30
Orthofelt 7 mm (1 box)	22
Tubigrip – selected sizes	50
Swabs (gauze) × 100	2
Cotton wool roll × 2	3
Disposable razors	10
<i>Ultra sound</i>	
Couplant Gel × 12 tubes	30
Friars Balsam × 5 bottles	5
Pillows × 2	5
Blankets	10
Re-education board	45

being developed whereby the Scottish Sports Council will issue a certificate on a three yearly basis indicating that the sports medicine centre in question is meeting the standards of practice recommended in the Scottish Sports Council's guidelines.