ther during those three months of silence, he openly and actively encouraged a rival swimmer, and team-mate, to try to beat me. During rest periods, he would shout encouragement to my rival, telling him how to improve, pointing out my weaknesses to him, never addressing me directly. I hated my "rival" because I thought he was stealing my coach away from me. It's embarrassing to admit but I was completely dependent on my coach and felt that I would never achieve anything without him.

At one point relationships were so strained because of these psychological mind games that on a four man relay team, which set a record, the backstroke swimmer refused to talk to the breaststroke swimmer; the breaststroke swimmer in turn wouldn't talk to the butterfly swimmer; and all three barely acknowledged the freestyle swimmer. There was genuine hate among swimmers who were supposed to be team-mates. As it turned out, this coach—while abusing me psychologically—was doing far worse to other members of my swimming team. They were sexually abused. My coach did try to abuse me once; I was 9 years of age and away from home. Fortunately I was uneasy and requested him to leave my bedroom.

I have over the last few years tried to contact some of my team-mates from my years in swimming. I am glad to say that the rival whom I detested is now a good friend. Other

swimmers have suffered long term problems. I have read widely on the outcome of people who have been abused as children. I can recognise many of the symptoms in people I know.

Ironically, there are others who may have gained in some way from the experience. These persons have a high self esteem, and developed very strong characters. It's extraordinary to think that there could be an unexpected positive side to abuse, but I would count myself among this group. My dependency on my coach has changed and I now consider myself strongly independent. I have emerged from my swimming years, certainly with some regrets that I didn't form the friendships many in swimming deserved, but I have an appreciation for the risks involved in sporting situations.

So how can we prevent persons getting involved in sport that should never be allowed to take charge of children? It's difficult. By definition the typical abuser is the very person you would never suspect, they have to be the "trustworthy type". But you cannot legislate against people who are determined to abuse children. What you can do is make people more aware of the potential situations that lend themselves to abuse. Any in my opinion that is the essence of any preventive programme, addressed at ending child abuse in sport.

LETTERS TO THE EDITOR

EDITOR, — I was delighted to receive the BJSM in Bosnia, an improving journal.

I would like to make some observations on the occasional piece, "Clinical tests in sports medicine, Achilles tendon rupture" (June, page 124).

As noted, these injuries are sadly frequently missed, yet the diagnosis is very simple to obtain. The history should not be ignored, and the classic popping sensation at the back of the calf is highly suggestive.

The gait of a patient with a rupture of the achilles tendon can be remarkably normal, even in the relatively acute phase. There may be surprisingly little in the way of swelling, and the tendon can look quite normal.

The article describes some clinical tests.

Active plantar flexion when standing

This is not necessarily a good test for a rupture of the achilles tendon. As any sufferer will tell you, the pain from an acutely inflamed Achilles tendon will deter any attempts at tip-toeing. False positives are therefore very common indeed.

Thompson's test

Slight plantar flexion of the foot from applying this test can be achieved by including the peroneal muscles, toe flexors, and *tibialis posterior* in the muscles squeezed. *Plantaris* is a very small muscle, often absent, whose belly lies very high in the calf. The former muscles are those which will provide some active plantar flexion even against gravity, although not sufficient to stand tip-toe.

Copeland's test

This is really of historical interest and is not generally in clinical use. The same can be said

of O'Brien's test which consists of inserting a needle into the proximal tendon and looking for movement on attempting plantar flexion.

In my experience, the easiest way to assess the continuity of the Achilles tendon is to look at the angle at which both feet rest when the patient lies prone with both lower limbs from mid calf hanging over the end of a couch. The normal foot lies in some plantar flexion because of the intrinsic tone of the intact gastrocnemius-soleus complex. The affected foot hangs vertically, at 90 degrees to the couch. Thompson's test is then used to confirm the diagnosis. In the case of a rupture where the diagnosis has been delayed, the degree of loss of plantar flexion will provide the diagnosis, and the degree of shortening required if surgical intervention deemed necessary.

Finally, I would like to put forward the psoas tendon as a candidate for the title the thickest tendon in the body!

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Verbal encouragement of voluntary muscle action: reply to Commentary by Roger Eston

EDITOR, — Thank you for the opportunity to address Mr Eston's comments (Vol 30, no 3, page 245), particularly those relating to the statistical analysis of the data. The statistical procedures undertaken in this study were carefully matched to the Latin squares cross-over design. The procedures are detailed in Joseph Fleiss's book *The design and analysis of clinical experiments*.¹ In respect to examining the effects of gender, in this instance a *t* test of the difference of the pre and post values for the verbal and non-verbal conditions of males and females, provides no less information than using an ANOVA on pre and post values. If there had been more than two groups compared, ANOVA would be a more appropriate test.²

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1 Fleiss J. *The design and analysis of clinical experiments*. New York: John Wiley and Sons, 1986:263-90.

2 Cody R, Smith J. *Applied statistics and the SAS programming language*. New York: Elsevier Science, 1987:92-117.

BOOK REVIEWS

Quantum Strength and Power Training (Gaining the Winning Edge). By P O'Shea. (Pp 248; \$20.00.) Patrick's Books, 1996. ISBN 0 9648698 0 2.

There is perhaps no subject more underdeveloped in the area of sports performance than that of resistance training. Although there are many texts in this area, few, if any, address the fundamental issues of resistance training as they relate to sports performance (as opposed to general fitness). In this capacity alone the book is valuable. Dr O'Shea has combined his lifetime of practical and theoretical knowledge to skilfully write this text. Hence it is not surprising that it contains invaluable insights into many areas of resistance training for sports performance.

The book is inexpensive (it's a softback) and easy to read, and although I feel it has greater applicability for more advanced participants, the abundance of tables, photographs, and diagrams will make it attractive to the novice. I say the text may have more applicability for the advanced participant as it assumes a certain level of existing knowledge and contains little in the way of information about how to start a weight training programme. The author might consider this in future revisions.

The text contains strong sections on power lifting and Olympic style lifting and does a decent job on anatomical and physiological considerations for resistance training. From an academic point of view I would like to see primary and direct referencing to support the