The present growth of sport throughout the World is leading to an increase in the total number of injuries, both in organised games and athletic meetings, and also in recreational activities.

One of the main aims in sports medicine is to start treatment as soon as possible, so that the injured athlete can return to training and competition, and it is often best for physiotherapy to be combined with appropriate medication. During the period of 1976-1979, the Sports Medicine Dispensary at Nis treated 183 sportsmen of different sports interests, and with a variety of soft-tissue injuries. Of these, 123 (67%) were to the lower limb, and 60 (33%) to the rest of the body. Most of the injuries were associated with soft tissue bruising and joint effusions. Association football accounted for 93 (51%) patients, handball for 41 (22%), and the remaining 49 (27%) were from a variety of sports including boxing, basketball and athletics. All had severe pain on movement when first examined, and local tenderness.

The injured sportsmen were treated with a combination of ibuprofen ("Brufen") x 1,200 mg daily, and paraffin ultrasound therapy. The time between commencement of treatment and resumption of full training was recorded. Ibuprofen combined with ultrasound had a marked analgesic effect, most patients being pain-free within five days, swelling subsiding within ten days, and full and painless joint movement within two weeks. No side effects were noted. As this combination of treatment seemed empirically to be effective, it was not considered fair to the athletes to compare the results with ibuprofen alone, physiotherapy alone, or with another drug, either aspirin or a simple analgesic without known anti-inflammatory effects.

DISCUSSION

SPORTS CLINICS

M. S. BOURNE described the inauguration and running of the Manchester University Sports Injuries Clinic.

The combination of the country’s largest medical school, with an annual student intake of 270, a total student population of 16,000 undergraduates, with also students from the Royal Northern College of Music and some from the Polytechnic, and the appointment of a new Professor of Orthopaedic Surgery, were all factors that encouraged the formation of the clinic. Support came from several local consultants who already looked after Association and Rugby Football clubs in the area, though it is difficult to impose upon the time and facilities of such helpers routinely.

Consequent on the trial of Ibuprofen, described already, more support was provided by the Boots Company, and this, combined with a large and active Student Health Service and a Professorial Orthopaedic Department, enabled a start to be made — funded jointly by the University and the Boots Company. The Orthopaedic Department provided the clinical expertise, a physiotherapist was appointed, and her treatment room equipped.
During the first year of operation, some 80 patients a week received physiotherapy; 350 have consulted the orthopaedic surgeons, who do four sessions per week; several research projects have been initiated. Patients treated come from all sports, especially Rugby and Association Football, as would be expected, but also from athletics and Oriental Martial Arts.

Some 80 patients have been referred from Centres of Excellence in the Manchester region, of whom seven required surgery.

As the clinic is part of the Student Health Service, there is open access by the sportsmen to both doctors and physiotherapist, but sportsmen are also referred by coaches, nurses in the Student Health Centre or general practitioners. Apart from the room in the Health Centre, a physiotherapy treatment room has been provided in the large University sports centre where there is access to a small gymnasium.

A. YOUNG put forward a plea for soft-tissue injury clinics run on similar lines to sports clinics, since there are many activities other than sport which result in soft-tissue trauma.

J. G. P. WILLIAMS pointed out that problems are large, and the injured sportsman's needs are different; his fitness, his motivation and other factors make it difficult to mix him in rehabilitation with non-sportsmen. It also depends upon the nature of the clinic — a general practitioner/casualty level, hospital orthopaedic or similar special unit, or a third referral service that may treat more patients from outside the region than within.

M. S. BOURNE replied that, though students may be considered elitist, with facilities denied to others, it cost 500 million pounds a year to train and care for them, a large investment, keeping them fit is sound economics, and a University is a caring body. Sportsmen are also an investment, and should be looked after properly. If an office worker has a soft-tissue injury, it may interrupt work for a few days, but a similar lesion in an athlete could end one of his burning reasons to live.

A. YOUNG hoped that other bodies, such as the Coal Board and other major employers would follow the example of the Universities, and learn from such experimental clinics such as that described by Bourne. Many working days are lost as a result of soft-tissue injuries which have not been treated promptly because they are known to be self-limiting as a general rule. Even a small reduction in the time lost from work by each patient would bring enormous overall financial benefit.

P. R. TRAVERS warned that some Universities, though delighted to have access to specialist sports medicine services, are reluctant to give any financial support. This prevents a Student Health Service from appointing staff and equipping a physiotherapy department, unless other essential services of Student Health suffer. Referral of students to a district hospital for rehabilitation is a lengthy process, and the intensity and frequency of treatment the athlete needs cannot be supplied. Lack of money for sports medicine is a widespread problem in Britain, unlike many other countries, and its practitioners have to lead a hand to mouth existence.

J. G. P. WILLIAMS mentioned the negative attitude to sports medicine in Britain, where sports injuries are regarded as self-inflicted. Despite the excellent sportsmen turned out by medical schools for a century — once qualified, this tradition of sport and fitness is forgotten by most, especially if they enter general practice.

One of the sad things of the past, which happily is changing, as illustrated by the increasing interest by general practitioners, in sports medicine courses and meetings, is a tendency to dismiss the injured athlete with the sole advice of “go away and rest it for three weeks”. One way to reduce drastically the chronic morbidity from sports injuries is to inculcate into medical students the view that dealing with sports injuries is an honourable thing, as indeed is dealing with these other “pathologies of pleasure” venereology.

Vast quantities of money are spent in discouraging smoking and treating its after-effects. At the same time large sums are spent in encouraging sport for all, but almost nothing is provided to deal with its consequences.

The news that sports clinics are being developed in universities is exciting; in Manchester as Bourne describes, in Southampton and in Cambridge, so far. The next step must be that these clinics participate in undergraduate teaching and support the idea put forward in 1978 at the World Congress of Sports Medicine in Brasilia that every medical student is entitled to some instruction in sports medicine. This will not be easy owing to interdepartmental rivalry for teaching-time, often to the exclusion of instruction in the bread and butter problems seen in general practice.
Many sports injuries can be treated with the facilities available to general practice; treatment of contusions and sprains, suturing lacerations and the application of pressure, "Impact Therapy", (Tracey 1979).

Dragana Milic had been working in a sports clinic ever since qualifying; in Yugoslavia the only dispensary exclusively for sports medicine is in Niš, but there is increasing interest spreading from Zagreb and Belgrade. These specialist dispensaries, separate from traditional hospital departments, are a feature of many countries in Eastern Europe. The orthopaedic surgeons are trained first in traditional orthopaedics, then in orthopaedics applied to sport.

F. C. Dwyer. In Rumania it is obligatory for two doctors to be present at major Rugby matches, even though the main aim is highly technical first aid. It is regretted that first aid is so rarely taught to medical students in the United Kingdom.

M. Busson It is difficult to discuss what constitutes a sports medicine specialist — orthopaedic surgeon?, exercise physiologist?, anatomist? or should a team approach be best?

P. R. Travers referred to the communication by Newton (1975) at a symposium on the future of sports medicine, in which he discussed consultant training in general, and described specialist advisory committees set up by the Royal Colleges, to examine training institutions and maintain high standards.

Attention has been drawn to some people, not even qualified in physiotherapy let alone medicine, who class themselves as consultants in sports medicine.

P. Renstrom discussed the role of sports medicine in the world. There are special and typical problems in sports medicine but this is not always recognised. Sports medicine includes the following main areas:

- Preparation for training and competition
- Prevention of injury and illness
- Treatment of injury and illness
- Rehabilitation to fitness.

In order to understand the problems of sports medicine there is often a need for basic knowledge in for example biomechanics, sports technique etc. There is a great need for more education in sports medicine and this should start already in the undergraduate training and it should be included in postgraduate courses and then progress to specialist training in orthopaedic surgery or other speciality.

J. G. P. Williams It must be understood that a one-time great sportsman who then qualifies as a doctor is not to be regarded automatically as an expert in sports medicine. If it were true, all could become paediatric consultants — no man could be a gynaecologist, — and no one a geriatrician until senile!

REFERENCES
