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APPLICATIONS FOR MEMBERSHIP of the British Association of Sport and Medicine should be sent to the Hon. Secretary or Hon. Treasurer.

Prevention of injury is more important than cure, and joints are protected by the strength and integrity of the muscles acting upon them and by proprioceptive reflexes. Correct lifting techniques have to be taught.

The difference between acute injuries and chronic overuse injuries must be understood, and the stresses of training are usually much heavier than those of competition. Overuse injuries are becoming commoner as the standard of competition and the training necessary are becoming higher. The quality of training is more important than the quantity.

The increase in the number of participants in sport, especially jogging in later life, presents additional problems. A graduated approach is essential, and care must be taken over the surface upon which running takes place, shoes and clothing and environment.

Rest may be necessary in the initial stages after injury, and healing can be promoted by the immediate use of anti-inflammatory drugs. Static exercises will maintain muscle tone and range of movement.

Appreciation was expressed to the Speakers and Chairmen, to the Boots Company who sponsored the symposium, and to the Biggs Communication Group, who organized the meeting and arranged for the publication of the Proceedings.

BRITISH JOURNAL OF SPORTS MEDICINE VOL. 14 No. 1

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RESIDENT PARTICIPANTS AT THE EXETER SYMPOSIUM

Dr. G. Albiol	Dr. Ingles
Dr. J. R. Benn	Dr. D. Milić
Dr. M. S. Bourne	Mr. D. S. Muckle
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Dr. F. C. Dwyer	Dr. J. W. Walker
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ABSTRACTS

CAMPBELL, C.J. et al

Muscle fibre composition and performance capacities of women.

Medicine and Science in Sports, Vol. 11, No. 3, 1979, pp. 260-265.

The percentage of fast twitch fibres in young women (N = 20) aged 24.3 ± 3.0 years was determined to see if there was any correlation with anaerobic performance before and after a training period and also to investigate the possibility of whether fast twitch fibre composition could be determined from standard laboratory tests. The biopsy samples were obtained from the vastus lateralis of both legs. Each subject performed a maximal oxygen intake test on the bicycle ergometer, high and low resistance tests and a Sargent Jump. After six weeks of bicycle ergometer training, the tests were repeated. The average fast twitch fibre content ($49.3 \pm 2.3\%$) was found not to correlate with either the pre-training tests ($r = 0.19$) nor the post-training tests ($r = 0.12$). There was no significant difference in performance capacity before and after training for both high and low percentage fast twitch subjects. The results indicate that performance or trainability can not be predicted simply from muscle fibre composition.

WILMORE, J.H.

The application of science to sport: physiological profiles of male and female athletes.

Canadian Journal of Applied Sport Sciences, Vol. 4, No. 2, June 1979, pp. 103-115.

In recent years, there have been an increasing number of physiological studies into male and female champion athletes of varying disciplines, particularly in the areas of body composition and physique, muscle fibre characteristics, strength and cardiovascular capacity. Whilst the physiological differences between the average male and female are substantial, it has been found to be less so for highly trained athletes from the same sport. Highly trained male and female athletes have found to have similar lower body strength per body weight; cardiovascular endurance capacity; body composition and muscle fibre types.

ARNOLD, J. A. et al

Natural history of anterior cruciate tears.

The American Journal of Sports Medicine, Vol. 7, No. 6, Nov./Dec. 1979, pp. 305-313.

In addition to the disagreement that still exists as to the part played by the anterior cruciate ligament in stabilizing the knee, there have been difficulties over mechanism, symptomatology, clinical manifestation and operative treatment. An evaluated study of 361 patients with documented anterior cruciate tears was carried out. The incidence of injury was generally accompanied by a loud pop or the feeling of the knee sliding apart. The patients were graded on a 100 point scale consisting of pain, instability, motion, strength and athletic performance level. A crossover test was used to duplicate the injury mechanism. The authors used the MacIntosh and Darby surgical technique, modified by looping the iliotibial band back on itself and attaching it to the tibia near the Gerdy tubercle, on a set of their patients. At the follow-up examination those with no repair (N = 105) had an average of 55.4 points, direct repairs (N = 75) 56.7 points, pes anserinus transfers (N = 43) 59.6 points, and the modified MacIntosh (N = 132) 88.9 points. It was found that the natural course of an anterior cruciate tear can be projected and though the modified MacIntosh procedure would seem to be successful, continuing comparative studies are still required.

SANTILLI, G.

Achilles tendinopathies and paratendinopathies.

The Journal of Sports Medicine and Physical Fitness, Vol. 19, No. 3, Sept. 1979, pp. 245-259.

Functional overloading in sport can cause a number of problems in the Achilles tendon such as tendoperiostosis, peritendinitis and subcutaneous ruptures. However the overloading can promote other anatomical formations, inflammatory and/or degenerative processes, known as paratendinopathies. Through an examination of eight case reports, the correct diagnosis for positive therapy is stressed. Though the pathology is normally less serious than tendinous pathologies, it can still cause infirmity. The use of radiology and thermography in addition to clinical examination is encouraged for a complete diagnosis.

KRISSOFF, W. B. and FERRIS, W. D.

Runners' injuries.

The Physician and Sportsmedicine, Vol. 7 No. 12, Dec. 1979, pp 54-64.

As running and jogging became more popular, so the number of associated injuries increases placing extra burdens on the doctor. Possible causes, diagnosis and therapy are discussed: plantar fasciitis, bunions, hammer toe, interdigital neuroma, stress fractures, corns, nerve entrapment in the foot; anterior and posterior tibial tendonitis, tibial periostitis, tibial stress fracture and acute and chronic compartment syndromes in the leg; chondromalacia, patellar compression syndrome, patellar tendonitis, iliotibial band friction syndrome, fat pad inflammation, popliteus tendonitis, pes bursitis, medial and lateral gastrocnemius tendonitis/bursitis, medial retinacular inflammation, internal derangements, chronic instabilities, and arthritis in the knee joint; hamstring strains; hip pain; back pain. The runner should be taught to listen to his body and the doctor to be prepared to give time. Prevention is better than cure but the doctor should be careful to check that there is no lower extremity misalignment.

(contributed by R. A. Hamilton)

**REPORT ON THE
THIRD COLLOQUIUM ON CLINICAL PROBLEMS RELATED TO SPORT**

D. CREAN

The third Colloquium on Clinical Problems related to Sport was held in the Post Graduate Centre, King Edward VII Hospital, Windsor on 7th and 8th October, 1979, and followed the now traditional pattern of a two day Meeting with six sessions, covering clinical problems related to sport.

The first session opened with a paper by Dr. Dermot Crean, which dealt with Muscle Injury. In this paper he related structure to function, discussing injury and finally rehabilitation with regard to the established function of the injured part. The trend of the paper was to introduce us to an objective evaluation of the traditionally accepted methods of treatment of muscle injuries.

An additional short paper on the value of ultra-sound scanning in relation to deep muscle injury was read by Dr. Archie Young from the Oxford Rehabilitation Research Centre. A vigorous discussion established that we have become too subjective in our response to the methods of treatment used today and it became evident that an in depth evaluation of every method used, particularly in relation to sports injury, was needed urgently.

The second session was a Symposium on the Unstable Knee with as Moderator and principal speaker, Professor E. Eriksson of the Carolinska, Stockholm. His paper dealt with the repair of the disrupted anterior cruciate ligament from the time of the incident to full rehabilitation. With early diagnosis Dr. Eriksson showed the value of immediate arthroscopy. He evaluated the various techniques, showing the improved definition achieved by using carbon dioxide gas, rather than fluid as the medium in which one did the arthroscopic work. Additionally, he questioned the diagnosis of "lone" anterior cruciate tear and explained persuasively both mechanically and from a visual aspect that there is always concurrent damage to the posterior capsule. The main subject of his paper was the operative management of the anterior cruciate tear, the results of which are highly dependent on operative technique. It is essential, as Professor Eriksson showed, to insert the reconstruction or repair as near as possible to the original attachment which is the most posterior aspect on the inside of the lateral femoral condyle. He demonstrated clearly that the majority of uncertain operative end results was due to this insertion being too far anteriorly, which has been shown to inhibit correct knee function post-operatively.

His technique involves the use of the medial one third of the patellar tendon and an attached wedge of patellar bone. The knee joint is entered on the medial side in 90° of flexion through the vastus medialis. Using a guide which he devised, known as the Stille Drill guide, accurate depth into the joint can be gauged to give the most posterior possible attachment. The use of a specially manufactured suture material, which is colour coded allows the correct anterior to posterior alignment with tension during the reconstruction.

Bulletin of The British Association of Sport and Medicine

MEETINGS OF B.A.S.M. AND OTHER ORGANISATIONS: 1980

Date	Organisation	Venue	Application & Details	Meals	Accommodation	Cost
Sun. 13-18 April	BASM 1980 Sports Medicine Course (Drs., Sp. Scient., Physios) (BJSM 13:3)	Loughborough University	Dr. P. N. Sperryn, 49 Blakes Lane, NEW MALDEN, Surrey	Included	Included	£110 (incl. VAT)
Sat. 19 April	BASM Annual General Meeting & Symposium (BJSM 13:4)	Loughborough University	Dr. P. N. Sperryn, 49 Blakes Lane, NEW MALDEN, Surrey	Included	A few rooms may be available	To be announced
Thurs. 22-23 May	Hillingdon Athletes Clinic First Annual Seminar	Hillingdon	Dr. P. N. Sperryn Athletes Clinic, Hillingdon Hospital, UXBRIDGE, Middlesex	Included	—	£20
Sat. 24 May	Liverpool Polytechnic & ACPSM	Liverpool Polytechnic Byron St., Liverpool	Ms. P. Edwards Dept. of Sport & Recreation Studies, Liverpool Polytechnic	Included	No	Not known
Fri. 27-29 June	BASM Scottish Area	Jordanhill College, Glasgow	Dr. J. Moncur SSPE, Jordanhill College, Southbrae Drive, Glasgow	Included	Included	£20
Wed. 4-8 July	ICSPE Res. Cttee. Women and Sport (Eng. c sim. trans.)	Hilton Hotel, Rome	Organizing Cttee. & Sc. Sec't. Piazza Mignalli 4, 00187 ROMA, Italy	Not known	Not known	Not known
Fri. 4-7 July	ACPSM Conference	Loughborough University	D. Chapman, White Oaks Clinic, HEATHFIELD, Sussex	Included	Included	Not known
Sun. 6-8 July	28th Internat. Cong. Physiol. Sciences (Satellite Symp.) in English	Prague	Prof. Dr. V. Seliger, Ujezd 450, 118-07 PRAHA 1, Czechoslovakia.	Not known	Not known	Not known

NOTICE
FITNESS AND INJURY IN SPORT

On Saturday, May 24th, Liverpool Polytechnic in conjunction with the Association of Chartered Physiotherapists in Sports Medicine are holding a one day seminar.

Further details from: Ms. P. Edwards, MA,
Department of Sport & Recreation Studies,
Liverpool Polytechnic,
Byrom Street,
Liverpool

OBITUARY

Sir Ludwig Guttmann, CBE, MD, FRCS, FRCP, DCh, LLD, OStJ

As this issue of our Journal was in final proof stages, we learnt, with great regret, of the death of Sir Ludwig Guttmann, on 18th March, 1980.

When I was a very junior Orthopaedic House Surgeon in 1947, I first learnt of the entirely new approach to the treatment of spinal cord injuries. Working in the Durham coal fields and shipyards, we saw only too many, and it was always regarded as the only help for the young paraplegic patient, for whom we could do little, if he were to be sent to the Spinal Injuries Unit at Stoke Mandeville Hospital, under the care of Dr. Guttmann. I regarded it as a great privilege to meet Dr. Guttmann some years later, when I first became involved in sports medicine, and later we served together on the Executive Committee of the British Association of Sport and Medicine.

Sir Ludwig qualified MD at the University of Freiburg in 1924, but came to Britain during the inter-war years. He gained the MRCP in 1947, and was elected FRCP in 1962, having taken the FRCS the previous year. Many honorary degrees showed the world's regard for him. DCh Durham University, 1961, LLD Dublin 1969, DSc Liverpool, 1971. Emeritus-Professor, University of Cologne, Emeritus President of the International Medical Society for Paraplegia, and member of many scientific societies. He also wrote many articles concerning spinal cord injuries and provided the first glimmer of hope for those severely disabled people who were being returned to the community. After retraining and with some suitable ancillary aids many of them were able to take up suitable employment once again and be wage earning members of the community.

Sir Ludwig's schemes of rehabilitation concentrated upon a maximum physical activity of which unparalysed muscles were capable, and he was instrumental in adapting very many strenuous sports for the severely disabled, and a 4 yearly international competition under general Olympic rules adapted especially for the disabilities of the competitors. Even after his retirement from active clinical work, he devoted an enormous amount of energy to the paraplegic games, not only in the United Kingdom, but all over the world.

He became a member of the British Association of Sport and Medicine in 1954, until his retirement in 1975, but he reformed his links with us again two years ago, when he was nominated by the Institute of Sports Medicine as their official representative to the Executive Committee of the British Association of Sport and Medicine.

Much of our changed outlook on the rehabilitation of the severely injured was pioneered by Sir Ludwig, and no knighthood has been bestowed upon anyone who deserved it more.

H. E. Robson

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The following were elected by the Executive Committee on 16th January, 1980

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4. ANNOTATIONS, case reports, preliminary reports of research, and of pilot studies, usually not exceeding 400 words.
5. CORRESPONDENCE, — 'letters to the Editor'.
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7. NOTICES of forthcoming events relevant to Sports Medicine.
8. OBITUARY NOTICES concerning B.A.S.M. members and others distinguished in Sports Medicine.

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REFERENCES mentioned in the text should give the name of the author, or first two authors followed by et al for multi-author papers, with the date of publication in brackets, e.g. "Wright, Clarke et al (1976)". In the reference section, the authors' names should be arranged in alphabetical order, followed by year of publication, title of paper, journal, volume number double underlined, and first and last pages, e.g. "WRIGHT, G., CLARKE, J., NINIMAA, V. & SHEPHARD, R. J. 1976 'Some reactions to a dry-land training programme for dinghy sailors' Brit.Journ.Sports Med. 10: 4-10". For text-book references, the author, editor, year, title of chapter, title of book, edition number, publisher, and city of publication should be given. Our retention of the "Harvard System" of references is our only major deviation from the recommendations of the Montreal Agreement.

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