A NORTH WEST EUROPE CHAPTER OF F.I.M.S.?

H. E. ROBSON

On the initiative of the Swedish Society of Sports Medicine, an invitation was sent late in 1979 to similar societies in Scandinavia, West Germany, Holland and the United Kingdom to meet in Sweden and discuss sports medicine problems common to these countries, but different from the situation in the Latin countries, Asia, and Eastern Europe. The meeting took place in Ystad in the extreme South of the country on May 28th and 29th, 1980, and was followed immediately by the Swedish society's annual residential meeting, for which we were invited to remain and participate. Some 25 delegates attended the preliminary meeting, and around 250 the society's Symposium. The Saltsjöbad Hotel was well equipped to house conferences, with a lecture theatre which could house the 250 easily, and other committee rooms for smaller groups and for the trade exhibition held in connection with the symposium.

Although there were only four representatives from Britain, BASM was well represented, as another six of our overseas members came with other delegations. Apart from the business of the first two days, opportunities were made to see some of the county of Skane, once a Danish possession, and still retaining some of the traditions of the Danes and of the many Scottish emigres who came over after the '45, and in subsequent years, and made an impact on the business and agriculture of the region.

PARTICIPATING COUNTRIES:—
Sweden, Finland, Denmark, West Germany, Holland, United Kingdom. Wednesday, 28th May, 1980, at Saltsjöbad Hotel, Ystad. The Proceedings were held in English, except for the contribution from Germany, given in German, but an English handout was circulated.

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<td>T. Ingeman-Hansen</td>
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<td>D. Chapman</td>
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<td>W. Hollman</td>
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Matters discussed were:—
1. The situation of Sports Medicine, its developments and research in the various participating countries
2. Future lines of development and research
3. Communication
4. A proposal to set-up a North-West Europe Chapter of F.I.M.S.

It was recorded that the delegation from Norway were unable to attend owing to Norwegian industrial action, but it is hoped that they will be able to participate in future events.

Meeting of delegates. Dr. E. Eriksson in the Chair.

SWEDEN — E. Eriksson

The Swedish Sports Medicine Association, with about 700 members, is part of the Swedish Medical Association. Two meetings are held each year, one being at the Annual Meeting of the Swedish Medical Association, and one held at another place by the Swedish S.M.A. on its own. Medical members of the Sports Medicine Association, must, therefore, be members of the Swedish Medical Association. Some physiotherapists are included among the members. The Sports Medicine
Group are the fastest growing group in numbers in the Swedish Medical Association. Considerable support is given by the Syntex Company, who look after all matters of mailing, apart from other sponsorship. There is no specific sports medicine journal yet, but one is planned to be started next year.

Meeting of the Swedish Society of Sports Medicine.

Education

The Swedish Sports Medicine Association run each year a one week post-graduate course as part of their programme for continued medical education. Short courses of three or four days duration are also organised on special topics, for example arthroscopy. The fees of students attending these courses are usually paid, or at least subsidised, by the relevant hospital authorities. The approach to these short courses is usually very practical and will include such things as dissection of the knee joint, simulated arthroscopy, etc.

The adjoining rather inaccessible beach.

TJOLÖHOLM: Built by the Scot, James Dickson, Master of the Royal House, in 1897, now owned by the City of Gothenberg.

The Swedish Sports Federation controls the main sporting events in the country — ski-ing, swimming, cycling, running, etc. For its population of 8 million, there is an annual budget of around 23 million dollars. Many jogging tracks have been constructed, illuminated for use at night, covered with a sand and sawdust mixture, and in the winter, when covered with snow, make ideal cross-country ski-ing courses. Throughout the country, some 4% of the budget of local authorities is devoted to sports facilities.

A list of doctors interested in each sport, and a list of those in each speciality is made and maintained by the Swedish Sports Medicine Association.

Research—Dr. L. Kaijser

Research is conducted relevant to sports medicine in various post-graduate and undergraduate university departments, and in colleges of physical education, etc.

Topics include:

1. Physiology. The need for sport participation for all, with concentration on the health of the population, rather than the Olympic athlete.
2. Medicine. The application to sports medicine of work done in ordinary medical research departments.
3. Trauma. Especially trauma specific to sport. During the last year, $2 million dollars was allocated for a Sports Medical Research Council, and one physiologist and one behavioural psychologist are employed by that Council. Its main responsibility is the interpretation of the results of scientific research into terms of practical coaching.

Other topics included sports clothing, design of tracks, sociological aspects, etc. As the Sports Council have so many responsibilities, there is, of course, some competition for funds for scientific work, (more footballs -v- more research). All research projects are vetted for their practical value. It is hoped to develop the sociological and psychological side of sport more fully. Some of the Sports Medicine Research Council projects overlap into other fields:— sport, recreational exercise,
community health, etc. Some support is given from the Armed Forces. There is little encouragement for the study of the elite athlete.

In the undergraduate syllabus of medical schools, there is little specific sports medicine education as such, but teachers in various branches of medicine will deal with sports medicine aspects of their speciality by the way.

Swedish Sports Medicine Research Projects carried out in various physical education colleges and physiology departments include:

- Cardio-pulmonary physiology
- Diabetes with exercise
- Glucose metabolism during exercise
- Fatigue and lactate formation
- Rupture of muscle fibre
- Longitudinal studies on children
- Haematology
- Biomechanics
- Doping (sponsored by Sports Council)
  - Autotransfusion, effects of performance, detection.

FINLAND — T. Kuurne

In Finland, there is some support from the Sports Office of the Ministry of Education. Sport generally receives some Government support, 25 thousand dollars being granted annually from a betting levy. Some of this money is available for sports medicine.

Finnish Sports Medicine Association

This is open only to doctors and medical students. It runs post-graduate courses and meetings, and sponsors the publication of books. In the main cities there are out-patient clinics available for athletes in training, usually running for two sessions a week. Some two thousand dollars a year helps to support this. At these six main centres, there is a full-time doctor with a supporting staff. Most of the work is concerned in fitness testing and preventive care, but the treatment of injuries is an important part.

Main Problems

1. The need to establish academic posts and resources in medical faculties
2. The definition of the speciality of sports medicine. Is it orthopaedics only? Trauma? Cardio-respiratory fitness? Etc., etc.
3. The organisation of sports medicine services
4. Finance

Research

All six centres are engaged in some research in various physiological and clinical fields. There is a thorough screening of all potential Olympic athletes. Detailed record cards are made and kept at the training centres, and are taken to the Olympic venue. Some laboratory and clinical investigations are repeated at 3 monthly intervals. Initially there are some 200 Olympic possibles, which are weeded down during training to about 80.

Deaconess Institute, Oulu

This is a large medical institute run privately, but with some Government support for research. The Sports Clinic is only a minor part of the institute, but patients can be referred from the Sports Clinic to other sections for specialist investigation or treatment. It is staffed by five part-time general practitioners, with two nurses, a
The Sports Medicine graduate syllabus under various disciplines is theory and work as an hobby rather than a source of income.

Training
Some theory of sports medicine is included in the undergraduate syllabus under various names, but voluntary courses are available. Post-graduate courses of four weeks duration are run, largely for general practitioners. Sports medicine courses for specialists in various disciplines are planned.

The Sports Medicine Foundation
Founded in 1973, there are three units at Tampere, Kuopio and Helsinki. Many other small communities are pressing for their own small units.

The Kuopio Institute of Exercise Medicine — O. Hänninen
The aims of the Foundation and of the Institute are to promote sports medicine at all levels by providing services, education, information and research. Established by the City of Kuopio, there is close co-operation with the University Department of Physiology, the University Hospital and the Regional Institute of Occupational Health. The Institute’s research programme has largely been directed to effects of exercise upon the middle aged and hypertensive, in an effort to reduce the high morbidity and mortality from cardiovascular disease prevalent in Finland at present.

At five year intervals, the Puijo Symposium is arranged as an international meeting (the next one planned for 1985) and national meetings are arranged in the intervening years. The Hannes Kolehmainen Seminar is also run for coaches on sports medicine themes.

Plan for Medical and Exercise Specialist Training
In Kuopio Institute a plan has been made for the education and training of doctors, using existing facilities of the University for basic courses, with clinical practice in the Sports Medicine Outpatient Department of the University Hospital, exercise medicine in the Institute, and practical training in the Medical and Surgical University Departments, and in rehabilitation units.

DENMARK — T. Ingeman-Hansen
In the University Hospital of Copenhagen, there are four physical medicine specialists and an orthopaedic surgeon, 24 part-time general practitioners work in scattered areas throughout the country. Most of the work done is therapeutic, but routine screening of those at special risk is carried out in the Centre (parachutists, divers and boxers). Money is raised from football pools. There is direct access to the Sports Injuries Clinic by recognised sportmen. Sports organisations fund these services, amounting to $200,000 a year.

Education
There is no undergraduate sports medicine training, but like the Swedish situation, the undergraduate picks up some knowledge by the way.

The Danish Sports Medicine Association
At present there are less than 100 doctors who are...
members, but there is a move to include some of those in professions supplementary to medicine.

Research
Some of the laboratories for clinical physiological research and orthopaedics take an interest in sports medicine. Work in progress includes muscle biopsy following injury. The Danish Government's budget for sport amounts to about one hundred thousand dollars per annum. Apart from the special risk groups, there is no routine screening of athletes.

The sports organisations pay the doctors for their services. These organisations in turn receive state money through the Ministry of Culture. No payment is received direct from the patients, and the sports doctors diagnose and refer back to the general practitioner, or to specialist services, but they are not permitted to treat the patients.

HOLLAND — W. L. Mosterd
Until recently, there were two sports medicine organisations — Sports Medicine Federation, established in 1930, and an Association established in 1965, but they amalgamated in 1976, and an Institute is being set up. 1,500 doctors participate in the medical examination of athletes. This work is carried out in some 230 bureaux. Some ½ million athletes are examined medically before they are allowed to compete. This costs 60 dollars, for each, of which the athlete pays half. During the past 10 years, there has been some sports medicine guidance research and post-graduate education of doctors. There are now two sports medicine departments attached to universities, and an additional 23 centres active as "consultation centres". The professional standards of doctors participating is controlled by a Standards Committee and an Accreditation Centre. It is hoped that the future institute will devote much of its energy to the needs of the elite athlete and will help to co-ordinate the ½ million dollars budget raised from gambling. The main emphasis of sports medicine in Holland is the prevention of cardio-respiratory disease through physical activity. There is close liaison through the National Institute of Sports Health Care, which serves 1 million soccer players, and the National Associations of all other sports. Clinics are organised.

Projects — G. P. H. Hermans
A main annual event is the 200 km. skating race on the canals around 11 cities. A large number of people take part and there can be up to 1,200 injuries on this one occasion, mainly trivial.

Education
Education and training of doctors in sports medicine started in 1960, using existing medical facilities. As there are 4.2 million sportsmen in the country, there is a major need for adequate sports medicine training.

1. Some primary training is included in the undergraduate syllabus
2. Post-graduate training facilities are available for general practitioners
3. A four year training course for specialists is available.

There are no academic chairs in sports medicine, but it is hoped that the application to sport of all branches of medicine should be encouraged. At present, there is a poor response from traditional medical faculties. The standard courses of 100 hours may be given over a fortnight or spread out over several weekends. Two courses are held each year and each attract some 35 students. Post-graduate courses are also run for physiotherapists and other paramedicals. There is a big demand for these courses, but instructors are few.

The specialist four year course comprises:— First Year — physiology, applied anatomy, etc. Second Year — cardiology and respiratory medicine. Third Year — orthopaedics. Fourth Year — "Practical sports medicine", including research techniques, statistics, etc., techniques of physiotherapy. Successful students are admitted to the specialist register of the Royal Netherlands Medical Association.

HINDASGARDEN HOTEL: Track and football field (used at times by Leicester City and other clubs on Scandinavian tours.

WEST GERMANY — W. Hollman
In Germany, sports medicine started with a congress in 1911, and the Society of Sports Medicine was founded the following year. By 1913, the first physicians were trained as sports doctors. 1920 — the foundation of a German Sports University, with its own Sports Medicine Department. The Journal of Sports Medicine was started in 1924, and the first extraordinary chair in sports medicine in Hamburg was founded in 1928. In 1947, the Sports University was moved from Berlin to Cologne. In 1958, the foundation of the Institute of Cardiology and
Sports Medicine, with a combined chair of sports medicine and cardiology founded in 1965. Other sports medicine institutes or departments were founded in Freiburg, Berlin, Münster and Hamburg. This spread to other cities, a total of 24 of whom 9 have professorial chairs. In the Federal Republic, there are 5,000 physicians in the Sports Medicine Society. At one time membership was open to those in allied professions, but as it was thought that this gave a poor public image, membership was later restricted to doctors only, though there is a separate organisation for physiotherapists in sports medicine.

Education

Sports medicine does not belong to any of the official disciplines of the undergraduate syllabuses. Training tends to be insufficient. Post-graduate courses are available, originally covering half a dozen weekends, but now a designated sports medicine course includes 240 hours of training, half theoretical, half practical. There is also a short diploma course of 95 hours, awarded by the German Society of Sports Medicine. There are no full-time medical specialists for sports medicine in the Federal Republic, and no attempt is being made to aspire to it. Medical faculties of German universities have acknowledged sports medicine as a discipline for research and practice. Dr. Krahl pleaded for better training for specialists in such subjects as orthopaedics, metabolism, etc. There is a need for an examination to set a standard, but no need for the D.D.Rs complete sports medicine specialist.

GREAT BRITAIN – H. E. Robson, D. Chapman

In the United Kingdom of Great Britain, sports medicine may be regarded as an off-shoot of occupational medicine, though there are no formal links with the Society of Occupational Medicine. There are many different bodies who have some concern with sports medicine, though too few tend to work in close enough collaboration with each other.

1. British Association of Sport and Medicine. Founded 1953, and the official organisation affiliated to F.I.M.S. Membership about 1,500, 50% doctors and also physiologists, sports scientists, physical education lecturers, veterinary and dental surgeons and physiotherapists and other recognised paramedical workers. Some 200 of its members are resident overseas, (including several at the Ystad Colloquium.) Subscription 13 dollars per annum.

2. Institute of Sports Medicine. Founded by the British Association of Sport and Medicine, Physical Education Association and the British Olympic Association, as an academic body to coordinate sports medicine research and to provide a centre. Unfortunately, its links with the British Association of Sport and Medicine broke down 12 years ago.

3. The Sports Council. A Government sponsored organisation that pays some attention to sports medicine. Dr. Peter Sperryn, Hon. Secretary, B.A.S.M. is a prominent member. Supports B.A.S.M. by occasional travel grants for major international meetings.

4. Association of Chartered Physiotherapists in Sports Medicine. Confined to Chartered Physiotherapists. Meets annually for a residential meeting. Close links with B.A.S.M. Hon. Secretary, D. Chapman, present at Ystad. The Chartered Society of Physiotherapy organises several meetings on a sports medicine or relevant theme, and A.C.P.S.M. is a special interests group of C.S.P.

5. Society of Remedial Gymnasts, much of whose work involves treatment of athletes.

6. The Physical Education Association. Membership confined to teachers and lecturers in physical education. Exercise physiology and the prevention and treatment of injuries are included in their interests.

7. Society of Sports Scientists. Largely physical education lecturers who have post-graduate training in physiology.

8. Society of Sports Psychologists. Similar membership, including a few professionally trained psychologists, but mostly physical education teachers with post-graduate psychology qualifications.


11. British Association of Rheumatology and Rehabilitation.

12. The Medical Research Council. Regarding sports medicine, mostly concerned with physiology, particularly environmental physiology; other research items, for example, fungal infections of skin have relevance.

13. University departments, exercise physiology, application of orthopaedic surgical techniques to sports injuries, etc. A main exercise physiology is centred in the large Physical Education Department of Loughborough University, and others are in Exeter University and Polytechnics such as Leeds (Carnegie School), Liverpool, Sussex and Jordanhill College, Glasgow.

Publications

1. British Journal of Sports Medicine, editor H. E. Robson, 39 Linkfield Road, Mountsorrel, Leicestershire, G. B. Price 15 dollars per annum overseas. £5 U.K.
2. Physiotherapy in Sport, editor Mrs. Paula Wilcock. £1.50 or $5.
3. "Medisport", published in Britain, circulated free to general practitioners and hospital doctors, and articles sponsored commercially.


Clinics

There are no sports injury clinics open through the normal working week.

Part-time Clinics. Some are run within the National Health Service. The Department of Health and Social Services see no need for specialist sports clinics and will provide no support for a sports medicine service. On the other hand, they will not prevent any hospital or doctor wishing to set-up a sports medicine clinic, provided it does not interfere with the regular work for which he is employed. Such clinics are, therefore, run by a small group of enthusiasts in Leeds, (Ian Adams) Slough, (John Williams) Hillingdon, near London Airport, (Peter Sperryn) Guy’s Hospital, (John Davies) and several others.

Outside the Health Service: The Meadowbank Sports Medicine Centre, Edinburgh, supported by the Local Authority, and patients pay 5 dollars for each treatment. Several orthopaedic surgeons, rheumatologists and other specialists have a small private practice in sports medicine. Several private physiotherapy clinics specialise in the treatment of injured athletes.

Control of Doping

There is a well equipped unit at Chelsea College, London, supported by the University, and the Sports Council, (Professor Arnold Beckett), Anabolic Steroid Laboratory, St. Thomas’s Hospital, (Professor Raymond Brook), Horse Race Security Services Laboratory, Newmarket, a large laboratory dealing specifically with dope detection in horse racing and serving all countries who have no facilities of their own.

Education

As in other countries in North-Western Europe, there is no formal sports medicine syllabus for undergraduates, but some university teachers will include sports medicine topics within their normal teaching programme.

The Royal Colleges of Surgeons and of Physicians accept sports medicine as an elective subject in the examination for the Diploma of Rheumatology and Rehabilitation. This involves three or four post-graduate students a year.

HINDAS LAKE, one of Sweden’s many thousand.

Courses

The British Association of Sport and Medicine run a one week course each year, designed essentially for general practitioners, but specialists and a few paramedical workers also attend. There are usually some 20% from outside the United Kingdom. F.I.M.S. courses are held from time to time. Colloquium on Clinical Conditions Specific to Sport — an annual weekend course. All the organisations listed at the beginning of this section hold meetings and sports medicine topics are sometimes included.

The great majority of sports injuries are trivial and uncomplicated, so should be dealt with adequately by general practitioners or Casualty Officers, many who
first have been seen and treated by competent first-aid workers or paramedical workers. A small proportion of injuries require specialist hospital treatment, largely orthopaedic, but also surgical, medical, cardiological, gynaecological, dermatological or even a paediatric or geriatric opinion. An extremely small proportion of injuries, largely overuse injuries, are seen only rarely in most hospitals, and fall within the sphere of interest of the “Sports Medicine Specialist”, usually an orthopaedic surgeon or orthopaedic physician, with a wide experience of and a keen interest in sports injuries. This is best illustrated below in the figure used by both Sperryn and Williams.

Skilled and enthusiastic research workers
Institutes which will provide space and facilities, resources, apparatus, technical and supporting staff
Ethics
Co-operation of subjects
Feedback of results immediately to the subjects where possible, and later to the sport, and in terms that will be understood and preferably where there is direct application to modifications in training or technique.

A North-West Chapter of F.I.M.S. could be ideal for multi-centre studies. Random and double blind trials are ethically undesirable as the injured athlete is entitled to the best treatment available and not be given, unknowingly to him, an inactive placebo. Prevention of injury, especially overuse injury is of importance. Topics could include equipment design, as well as cardiology of training. Meetings could be held for North-West European countries, perhaps in association with orthopaedic meetings covering these nations. Exchange of ideas at a general practitioner level would best be arranged nationally. Supra-specialists’ courses should be on an International basis, and the Windsor Colloquium, 1981, was suggested as a suitable venue for a specialist orthopaedic course.

Formation of a North-West Europe Chapter of F.I.M.S.

Education — J. Williams
The proposal was put to the Council of Delegates of F.I.M.S. in Brazilia, 1978, that every medical student should have the chance of sports medicine tuition, every general practitioner should have the chance of post-graduate instruction in sports medicine and that every specialist should have the chance of learning the application of his specialty to sports medicine. This has yet to be endorsed and put to the World Health Organisation.

Sports Medicine Specialty Difficulties may present:—
1. By finding a definition of “what is sports medicine?”, as it involves so many branches of medicine, apart from orthopaedics.
2. What constitutes a specialist in various countries. In most countries there is usually a minimum of 6 years post-graduate training. The closest link is with occupational medicine, but there could be subspecialist sports medicine interest groups in other branches, for example, orthopaedics, (but not in Finland).

Research — B. Eriksson
For any research to be done, the following must be considered:—
Demand
Suitable topics

GENERAL DISCUSSIONS

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Special Points. Adequate exchange of documentation with the dissemination of ALL relevant published matter from each country. Abstracts should be included in English and German, and perhaps in one Scandinavian language. There should automatically be representation of the Chapter on the F.I.M.S. Committee.

It is proposed that the first meeting be held in Holland, probably in the Autumn of 1981, that the Chairman should be from Sweden and the Secretary from Holland.

Thanks were expressed to the Swedish Sports Medicine Association, especially Dr. E. Eriksson and Dr. P. Renström, for organising this inaugural Colloquium, which concluded with a dinner for the delegates at the Saltsjöbad Hotel, Ystads.