

ANNOTATION
FINANCING A SPORTS INJURIES SERVICE

J. B. KING, FRCS

*Dept. of Orthopaedic and Traumatic Surgery,
The London Hospital, White Chapel, LONDON E1 1BB*



The service provided to athletes by the Injuries Clinic at Crystal Palace has been outlined by Miss Grisogono.

Her conclusion — that it will founder without adequate funds — applies not only to Crystal Palace N.S.C. but to any other attempt to run such a service out of Government funds in these days of diminished monetary resources.

I have recently had the opportunity of studying the funds of a Sports Injuries Clinic in the United States of America — The University of Pennsylvania Clinic in Philadelphia. This is one of the most lavishly equipped Sports Injuries Clinic having all the modern therapeutic and diagnostic aids and a full-time staff of three therapists.

New patients per month average 357 and they generate about 600 operations a year. (1252 in 2 years to be exact).

Charges vary but are small by U.K. standards — a brief consultation with the doctor being 10 dollars and therapy for a patient going through one of the clinic's doctors is free. A charge is made for use of facilities by someone referred from elsewhere.

Operating fees are normal for the United States of America and almost without exception covered by insurance.

Both operating and therapy fees are payable to the clinic and the overheads including the services of three secretaries come to only 47% of the net fees.

If sports medicine is to continue to be readily available in times of recession it seems to me that funds must be found.

In the short term these must come from the athlete.

In addition, with less people in employment and a shorter working week for those with a job, it is logical to suppose that more and more people will undertake a new sport or recommence an old one. There must be a danger of sport-engendered injury reaching epidemic proportion with consequences not only to the individual but to any employing body.

Without a doubt the answer lies in an adequate insurance programme. Once an appropriate proportion of any sports group is insured, the rates become much reduced, the extra NHS Services can become readily available.

There are two ways to achieve this and the answer surely is in a combination of both.

Firstly, a service must be available which is efficient, accessible and organised for the problem. This will attract patients by example. Secondly, the governing bodies of each sport should negotiate with insurance companies a low premium, and then insist that anyone participating in the sport under their age should carry insurance.

While it is now clearly not justifiable to provide treatment for an "elitist" group within the NHS the fact is that concentration on such problems associated with proper research techniques must benefit the population as a whole.

The problem demands further discussion among the interested parties and the justification for such a discussion I believe is found in Miss Grisogono's statistics. Of 15,000 registered users, 896 had an injury meriting treatment in 1979. Whether a one in seventeen incidence makes insurance a viable proposition remains to be seen but a first glance this does seem to represent a method of providing a Service that is more and more recognised as a necessity.