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# THE WORLD OF SPORTSMEDICINE

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## Special Notice

Special blazer pocket badges containing the shield and 5 rings of the F.I.M.S. insignia handwoven with silk and metallic threads in the proper colors are now available from the office of President Ejnar Eriksson, Kr., Klin. Exp., Karolinska Sjukhuset, S-10401, Stockholm, Sweden. The price is \$30.00 U.S. postpaid. These provide highly visible and most attractive symbols of the wearer's relationship through individual or national membership with our organization and support of the principles for which it stands and the work that it performs.

## First European Congress on Medicine and Equestrian Sports Saumur, France, September 18-20, 1981

The subjects discussed at this Congress were: 1. training and cardio-respiratory adaptation to effort; 2. prevention of race course accidents; 3. doping of horses; 4. accidents in equestrian sports other than racing; 5. therapeutic considerations in equine osteo-articular disorders; and 6. an analysis of horse and rider movements and its application to treatment of horses.

## F.I.M.S. EXECUTIVE COMMITTEE MEETING

The Executive Committee of the F.I.M.S. met at the Boso Sports Institute, Stockholm, Sweden on October 30-31, 1981, as guests of the Swedish Sports Federation and the Swedish Sports Medicine society and also enjoyed a joint meeting with representatives of those two organizations. In attendance were president Ejnar Eriksson, Ali Bouzayen of Tunisia, Francisque Commandre of France, Liaison Commission Chairman Andrei Demeter of Romania, Vice-President and Interfederal Commission Chairman Albert Dirix of Belgium, Wildor Hollmann of West Germany, Ludovit Komadel of Czechoslovakia, Vice-President Yoshio Kuroda of Japan, Placido Macaraeg of the Philippines, Zoia Mironova of the U.S.S.R., Ludwig Prokop of Austria, Kurt Tittel of the D.D.R., Treasurer A.

Howard Toyne of Australia, Vice-President Antonio Venerando of Italy and Secretary General Allan Ryan of the U.S.A. Silva e Costa of Portugal and Scientific Commission Chairman Ernest Strauzenberg of the D.D.R. were unable to attend.

A proposal had been received from the World Health Organization to develop a framework of collaborative activities with the F.I.M.S. It suggested three avenues of possible collaboration: 1. a proposal for a simple and reliable standard procedure for the assessment of cardiovascular fitness; 2. follow-up studies of former athletes in order to evaluate their cardiovascular health status, morbidity and mortality, and other relevant information; and 3. the compilation of data on physical activity of different population groups. It was agreed that this proposal would be referred for action to the Scientific Commission, whose members had already collaborated with the WHO in the preparation of several monographs, including one entitled "Physical Activity in Disease Prevention and Treatment". The Scientific Commission had prepared as a contribution to the International Year of the Disabled a statement "Recommendations for Physical Activity and Sports in Children with Heart Disease". This had been circulated to the Executive Committee for review prior to their meeting and some were not in agreement with some statements made and pointed out some omissions. It was referred back to the Scientific Commission for some modification to meet these criticisms before publication.

Pending applications from South Korea, Jamaica, Bangladesh, Morocco, Papua-New Guinea and the Irish Association of Trauma in Sport were discussed. They are all awaiting further information from the organizers. We appear to have lost the National Association in Nicaragua because correspondence has been returned marked "unknown".

Applications for collegiate membership are being received but final actions on them have not been taken and are awaiting actions expected to be taken at the Council of Delegates meeting in June 1982.

The Organizing Committee for the First World Games held in Santa Clara, California in the summer of 1981, had requested assistance in providing medical

coverage. These Games involved a number of international sports federations not represented in the Olympic Games such as karate, fin swimming, roller skating, squash and body building. Secretary Ryan organized a team of physicians and sports trainers licensed in California under the leadership of Dr. Martin Trieb of San Jose. This coverage was effective and well received by the competitors and organizers.

Reports were received on Basic Courses in Sports Medicine previously conducted in Rome, October 27 to December 15, 1978, Rostock, April 16 to May 11, 1979, Kuala Lumpur, November 22-29, 1980, Loughborough, England, March 29 to April 4, 1981, Glasgow, Scotland, September 20-25, 1981, and Tunis, June 29 to July 4, 1981. All of these courses have been approved by F.I.M.S. to qualify physicians as Associate Members. Since the meeting the First Bolivian Congress on Medicine and Applied Sports Sciences has been held in Barquisimeto, Venezuela in conjunction with the Bolivian Games, December 1 to 3, 1981. Basic courses were approved in prospect for Loughborough from March 28 to April 3, 1982 and West Bengal for 12 weeks in 1982 on dates not yet specified. Support from Olympic Solidarity for such courses must now be obtained by a request from the National Olympic committee of the country in question to Mr. Samaranch, IOC President, who has now assumed direct control of this aspect. A list of 22 outstanding international lecturers for such courses has been prepared by the F.I.M.S. and will be passed on to him.

Treasurer Toyne reported on the current financial status of F.I.M.S. which is solvent but does not have sufficient funds to meet the many needs of its various operations. He pointed out that more money must be generated if F.I.M.S. is to be able to serve the needs of its member National Associations and their individual members adequately. Outside sources are being approached for financial assistance. It appears necessary to increase membership dues.

The report of the Scientific Commission stated that it will make proposals for two higher levels of courses in Sports Medicine to follow the basic course already being given. Contacts have been made with Tittel of the DDR regarding the international conference on the "The Ankle Joint in Sports" to be held in Dresden in June 1982 and with Prokop regarding the World Congress of Sports Medicine in Vienna in June and July of the same year. The Bulgarian Association of Sports Medicine appears to be interested in being host to a European Sports Medicine Congress in that country in 1983. A multi-disciplinary international congress on "The Child in Sport" under the auspices of F.I.M.S. is under consideration for that year. At the meeting of the Commission in Cologne in November, working groups of the Commission were to be established and arrangements made for future cooperation in research

with the Research Council of the International Council of Sport and Physical Education of Unesco and a comparable group of the WHO. Strauzenberg, Venerando and Ryan had met with Publisher Oliaro and Editor-in-Chief La Cava of the Journal of Physical Fitness and Sports Medicine in Rome and initiated steps to withdraw the relationship of the F.I.M.S. from the journal with their agreement. This was due principally to the highly irregular and late schedule of publication of the journal which makes it unsuitable as a means of publishing our official documents. Eriksson reported that Syntex USA had agreed to assist in the cost of publishing a quarterly newsletter of the F.I.M.S. as a vehicle for the more expeditious circulation of such documents to the F.I.M.S. membership. They are also interested in presenting a symposium in Vienna at the time of the World Congress and perhaps playing a role in the publication of the Congress proceedings.

The Interfederal Medical commission reported that the Convention and Symposium of Physicians of International Sports Federations and National Olympic Committees held in Rome, October 24-27, 1981 under the patronage of the General Association of Sports Medicine and the Italian National Olympic Committee had been successful. In attendance were 69 participants representing 19 International Sports Federations involved in the Olympic Games, 9 not involved in the Olympic Games, National Associations of Sports Medicine from 25 countries and from all continents, the International Olympic Committee and the F.I.M.S. A report about this Symposium and a resolution signed by those attending it is printed elsewhere in this Newsletter.

Demeter reported for the Liaison Commission that assistance in instruction in Sports Medicine and in establishment of a National Association had been requested by the United Arab Emirates but firm arrangement had not yet been made because of difficult political events occurring in that part of the world. Appointment of Prof. Dr. med. Dieter Boehmer of the University of Frankfurt as a member of the Commission was approved.

Prokop reported on the arrangements for the forthcoming World Congress and said that they were proceeding well. Preliminary programs, abstract and registration forms have been sent around the world. Very good rates have been secured with the hotels in Vienna.

Hollmann reported on the meeting of the World Medical Association Working Group on Sports Medicine on May 3, 1981. Declarations on Principles of Health Care for Sports Medicine and the Rights of Patients were approved. The Scientific Commission will be asked to reply to these statements which are reprinted elsewhere in this Newsletter. He also reported on the International Olympic Committee meeting in Baden-Baden in September. Regional Medical Commissions for the principal world regions will be established.

Efforts will be intensified to detect and prevent doping among sports competitors.

Macaraeg reported on a Round Table Discussion on Human Experimentation and Medical Ethics sponsored by the Council for International Organizations of Medical Sciences at Manila September 13-16, 1981. A summary of his report appears elsewhere in this Newsletter.

A first draft of proposed changes in the Statutes and By-laws of F.I.M.S. had been circulated before the meeting and was discussed. Based on comments and suggestions received before and during the meeting Komadel and Ryan were asked to prepare and circulate a new draft. These proposals as revised will be circulated to the member National Associations 2 months before the Council of Delegates meets. The Notice of Motion from Australia which relates to the organization of F.I.M.S. will be presented to the Council for its consideration.

The desire of Greece to hold an International Sports Medicine Course in connection with a meeting of the Olympic Academy was mentioned. There was general approval for the idea if the details can be worked out and financial support obtained.

The time of the next meeting of the Executive Committee is set for the afternoon of June 28 in Vienna at the site of the World Congress.

#### **Convention and Symposium of Physicians of the International Sports Federation Hotel Midas Convention Center, Rome, Italy October 24-27, 1981**

This Convention was held under the patronage of the General Association of International Sports Federations with the sponsorship of the Italian Federation of Sports Medicine and the Interfederal Medical Commission of the F.I.M.S. who organized it with the assistance of the Italian National Olympic Committee. Co-Presidents were Gustavo Tuccimei, President of the Italian Federation of Sports Medicine, and Antonio Venerando, its Honorary President. A list of the presentations and those who were responsible for them follows.

1. Rights and obligations of physicians of international sports federations  
L. Prokop, Austria
2. Standards for Education in Sports Medicine for physicians  
A. Ryan, United States
3. Cooperation between physicians, coaches and trainers  
E. Strauzenberg, DDR  
D. Hannemann, FRG
4. Incidence of sports injuries  
L. Komadel, Czechoslovakia  
M. Kucera, Czechoslovakia

5. Round Table on Medical Problems of Motor Sport  
A. Dal Monte, Italy  
N. Mallo, Italy  
E. Rovelli, Italy  
J. Issermann, Italy  
E. Piccinelli, Italy
6. Prevention of injury and stress lesions  
F. Commandre, France  
A. Bouzayen, Tunisia
7. Early rehabilitation after sports injuries  
E. Eriksson, Sweden
8. Treatment of athletes' tendinopathies according to their etiologies  
L. Perugia, Italy  
E. Ippolito, Italy  
F. Postacchini, Italy
9. Role of nutrition in athletic performance  
A. Venerando, Italy
10. Medical opportunities and limitations in improving sports performance  
W. Hollmann, FRG
11. Assessment of physical capacity in the field  
A. Demeter, Romania
12. Current problems in doping  
A. Dirix, Belgium

The following resolution was signed by those attending the Convention at its conclusion:

The participants conclude that this Convention was successful, that such a meeting is useful to the Medical Commissions of the International Sports Federations and National Olympic Committees, and that there should be more such meetings. The first topic suggested for urgent study is the standardization of control of doping in sports meetings. The F.I.M.S. is requested to organize the next meeting during the 22nd World Congress of Sports Medicine in Vienna, June 28 - July 3, 1981.

The participants from the following Federations, Commissions and Countries express their warmest thanks to the Italian sponsors for having created excellent working conditions through their very generous hospitality and to the Interfederal Medical Commission for their initiative and preparatory work.

The Federations represented were: Bobsled and Toboggan, Canoeing, Fencing, Soccer, Gymnastics, International Handball, Field Hockey, Luge, Swimming, Diving and Water Polo, Bowling, Pelote, Roller Skating, Gliding, Archery, Volleyball, Track and Field, Judo, Table Tennis, Weightlifting, Motorcycling, Biathlon and Military Pentathlon, Cycling, Motorboating, Military Sports, Shooting, University Sports, and Automobile Racing.

The countries represented were: Australia, Austria, Belgium, Bulgaria, Cyprus, Czechoslovakia, Denmark,

Finland, France, German Democratic Republic, German Federal Republic, Great Britain, Israel, Italy, Japan, Malaysia, Mexico, Philippines, Poland, Romania, Spain, Sweden, Tunisia, United States, Soviet Union, and Yugoslavia.

### **Declaration on Principles of Health Care for Sports Medicine**

At the 34th World Medical Assembly in Lisbon, Portugal, September/October 1981, the following statement which had been drafted by a Committee of the World Medical Association was approved:

The World Medical Association recommends the following ethical guidelines for physicians in order to meet the needs of the sportsmen or athletes and the special circumstances in which the medical care and health guidance is given.

Consequently,

1. The physician who cares for sportsmen or athletes has an ethical responsibility to recognize the special physical and mental demands placed upon them by their performance in sports activities.
2. When the sports participant is a child or an adolescent, the physician must give first consideration to the growth and state of development.
3. When the sports participant is a professional sportsman or athlete and derives livelihood from that activity, the physician should pay due regard to the occupational medical aspects involved.
4. The physician should oppose the use of any method which is not in accordance with professional ethics, or which might be harmful to the sportsman or athlete using it, especially:
  - 4.1. Procedures which artificially modify blood constituents or biochemistry.
  - 4.2. The use of drugs or other substances, whatever their nature and route of administration, including central-nervous-system stimulants or depressants, and procedures which artificially modify reflexes.
  - 4.3. Induced alterations of will or general mental outlook.
  - 4.4. Procedures to mask pain or other protective symptoms if used to enable the sportsman or athlete to take part in events when lesions or signs are present which make his participation inadvisable.
  - 4.5. Measures which artificially change features appropriate to age and sex.

- 4.6. Training and taking part in events when to do so would not be compatible with preservation of the individual's fitness, health or safety.
5. The physician should inform the sportsman or athlete, those responsible for him, and other interested parties, of the consequences of the procedures he is opposing, guard against their use, enlist the support of other physicians and other organizations with the same aim, protect the sportsman or athlete against any pressures which might induce him to use these methods, and help with supervision against these procedures.
6. The sports physician has the duty to give his objective opinion on the sportsman's or athlete's fitness or unfitness clearly and precisely, leaving no doubt as to his conclusions.
7. In competitive sports or professional sports events it is the physician's duty to decide whether the sportsman or athlete can remain on the field or return to the game. This decision cannot be delegated to other professionals or to other persons. In the physician's absence these individuals must adhere strictly to the instructions he has given them, priority always being given to the best interests of the sportsman's or athlete's health and safety, and not the outcome of the competition.
8. To enable him to carry out his ethical obligations the sports physician must see his authority fully recognized and upheld, particularly wherever it concerns the health, safety and legitimate interests of the sportsman or athlete, none of which can be prejudiced to favour the interests of any third party whatsoever.
9. The sports physician should endeavour to keep the patient's personal physician fully informed of facts relevant to his treatment. If necessary he should collaborate with him to ensure that the sportsman or athlete does not exert himself in ways detrimental to his health and does not use potentially harmful techniques to improve his performance.
10. In sports medicine, as in all other branches of medicine, professional confidentiality must be observed. The right to privacy over medical attention the sportsman or athlete has received must be protected, especially in the case of professional sportsmen or athletes.
11. The sports doctor must not be party to any contract which obliges him to reserve particular forms of therapy solely and exclusively

- for any one sportsman or athlete or group of sportsmen or athletes.
12. It is desirable that sports physicians from foreign countries, when accompanying a team in another country, should enjoy the right to carry out their specific functions.
  13. The participation of a sports physician is desirable when sports regulations are being drawn up.

#### **Declaration on the Rights of the Patient**

The following statement which had been drafted by a Committee of the World Medical Association was adopted by the 34th World Medical Assembly in Lisbon, Portugal, September/October 1981.

Recognizing that there may be practical, ethical or legal difficulties, a physician should always act according to his/her conscience and always in the best interest of the patient. The following Declaration represents some of the principal rights which the medical profession seeks to provide to patients.

Whenever legislation or government action denies these rights of the patient, physicians should seek by appropriate means to assure or to restore them.

- a) The patient has the right to choose his physician freely.
- b) The patient has the right to be cared for by a physician who is free to make clinical and ethical judgements without any outside interference.
- c) The patient has the right to accept or to refuse treatment after receiving adequate information.
- d) The patient has the right to expect that his physician will respect the confidential nature of all his medical and personal details.
- e) The patient has the right to die in dignity.
- f) The patient has the right to receive or to decline spiritual and moral comfort including the help of a minister of an appropriate religion.

#### **Proposed Guidelines on Human Experimentation and Medical Ethics**

A document on this topic was prepared by the Health Legislation Subunit of the office of Publications of the World Health Organization to review existing legislation and ethical codes from the standpoint of the manner in which they deal with the issues covered in the proposed Guidelines on "Ethical Review Procedures for Biomedical Research Involving Human Subjects" (document CIOMS/ERP/81/1/Rev.2.). The original document was amended and amplified by the 22nd Session of the WHO Advisory Committee on Medical Research and by the 14th Council for International Organizations of Medical Sciences Round Table Conference on Medical

Ethics and Medical Education. It was then used as the subject for the 15th CIOMS Round Table Conference in Manila, The Philippines, September 13-16, 1981. This conference was attended by Placido V.J. Macaraeg, Jr. as the representative of the F.I.M.S. and he has given the following report on the document as amended. Copies of the original document may be obtained from the CIOMS which is an agency of UNESCO.

#### **I—INTRODUCTION**

The purpose of this document is to endeavour, as far as possible, and subject to inevitable space constraints, to provide answers to a number of questions that may be posed by users and potential users of the Proposed Guidelines.

#### **II—DEFINITION OF RESEARCH**

In the United States, the term "research" is defined in the current Regulations of the Department of Health and Human Services (HHS) (which came into force on 27 July 1981) as "systematic investigation designed to develop or contribute to generalized knowledge". The U.S. Food and Drug Administration's (FDA) Regulations for the protection of human subjects (which came into force on the same date) include a detailed definition of the term "clinical investigation". Another interesting definition in the latter Regulations is that of "human subject" ("an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient"). In the same way that the Proposed Guidelines exclude non-medical research from their scope, the HHS Regulations provide for broad exemptions for educational, behavioral, and social science research which involves little or no risk.

#### **III—INTERNATIONAL DECLARATIONS (OTHER THAN NUREMBERG CODE. HELSINKI I, HELSINKI II)**

-December 16, 1966 — U.N. General Assembly adapted International Covenant on Civil and Political Rights.

-Psychiatric Research dealt with in the Declaration of Hawaii August 1977 by the World Psychiatric Association.

#### **IV—CONSENT OF SUBJECTS**

In view of the particularly comprehensive nature of the element of informed consent given in the FDA Regulations, they are reproduced below in full:

(a) Basic elements of informed consent. In seeking informed consent, the following information shall be provided to each subject.

(1) A statement that the study involves research, an explanation of the purpose of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.

- (2) A description of any reasonable foreseeable risks or discomfort to the subject.
- (3) A description of any benefits to the subject or to others which may reasonably be expected from the research.
- (4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.
- (5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained and that notes the possibility that the Food and Drug Administration may inspect the records.
- (6) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.
- (7) An explanation of whom to contact for answers to pertinent questions about the research and research subject's right, and whom to contact in the event of a research-related injury to the subject.
- (8) A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- (b) *Additional elements of informed consent.* When appropriate, one or more of the following elements of information shall also be provided to each subject.
  - (1) A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable.
  - (2) Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.
  - (3) Any additional costs to the subject that may result from participation in the research.
  - (4) The consequences of a subject's decision to withdraw from the research and procedures for orderly termination and procedures for orderly termination of participation by the subject.
  - (5) A statement that significant new findings develop during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.
  - (6) The approximate number of subjects involved in the study.

## V—REVIEW PROCEDURES

A-Assessment of Safety by Ethical Review Committees

B-Information to be Provided by Investigators

## VI—COMPENSATION OF RESEARCH SUBJECTS FOR ACCIDENTAL INJURY

This should be provided for protection of subjects.

## VII—CONFIDENTIALITY OF DATA

Procedures and mechanisms must be designed:

1-to safeguard the privacy of human subjects of such research.

2-to ensure the confidentiality of individually identifiable patient records.

3-to ensure appropriate access of patients to information contained in such records.

## CONCLUDING OBSERVATIONS

It is hoped that this survey will enable medical and public health researchers in developed, and in particular developing, countries to learn something of the approaches taken in different countries to deal with the problems being discussed at this Conference, and that have already been dealt with from other standpoints at previous CIOMS Round Table Conferences. There is no doubt that this is a field in which each country can learn from the experience of other countries.

## FROM THE NATIONAL MEMBER ASSOCIATIONS

### **Argentina**

The Argentine Federation of Sports Medicine has recently published what it believes is the first Guide to Sports Medicine in Central and South America in the Spanish language. It contains in 40 pages 453 names of physicians and physical therapists engaged in Sports Medicine in Argentina, and the names of 120 such physicians in 24 North, Central and South American countries. It also gives the names and addresses of the professional sports medicine organizations in these countries, the professional journals and the professional institutes of training including the Spanish speaking national institutes of physical education and Olympic Committees. It may be obtained from Federation at Republiquetas 1050 (1429) Buenos Aires for \$20,000 Argentine or \$2.00 U.S.

The Mendoza Association of Sports Medicine, the oldest in the country, presented an International Course on Sports Medicine November 19-21, 1981 in Mendoza. Invited speakers included Dr. Mario Carvalho Pini, President of the Pan American Confederation of Sports Medicine, and Professor Lamartine Pereira Da Costa, Director of the National Movement of Sports for All in Brazil.

The Platense Society of Sports Medicine will present a 40-hour basic F.I.M.S. course in Sports Medicine in La

Plata in connection with the 100th Anniversary of the Founding of that city from October 18-23, 1982. Contact Dr. A. Ricart, Casilla 379, 1900 La Plata.

#### Australia

The Eighteenth Annual Conference of the Australian Sports Medicine Federation was held at the University of Sydney, May 18-22, 1981. In addition to 27 distinguished guest lecturers from all parts of Australia there were 4 lecturers from overseas: Noel D. Nequin, MD of the Cardiac Rehabilitation and Health Enhancement Center of the Swedish Covenant Hospital, Chicago, Illinois, U.S.A.; Dr. Robert Steadward, Professor of Anatomy in the Physical Education Department and Director of the National Research and Fitness Center for the Disabled at the University of Alberta, Canada; Harry F. Hlavac, DPM, Vice-President of the American Academy of Podiatric Sports Medicine and Associate Professor of Podiatry at the California College of Podiatric Medicine, Mill Valley, California; and Professor Raymond Brooks of the Department of Chemical Pathology and Metabolic Research, St. Thomas Hospital, London, England, consultant to the Medical Commission of the International Olympic Committee on doping in sports.

The Seventh Commonwealth and International Conference on Sport, Physical Education, Recreation and dance will be held September 23-28, 1982 in conjunction with the Twelfth Commonwealth Games (September 30-October 9) at Brisbane and the Gold Coast, Queensland, Australia. This Conference will incorporate the Fourteenth National Biennial Conference of the Australian Council for Health, Physical Education and Recreation and will be held in association with The Australian Sports Medicine Federation International Conference on Medical and Scientific Aspects of Elitism in Sport, September 27-29, 1982.

#### Bolivia

Owing to the need of their President, Dr. Mario Paz Zamora to go to France to pursue some work for the balance of the year, the Bolivian Federation for Sports Medicine elected their Vice-President Dr. Freddy Oporto Lens to complete the balance of his term as President for 1981.

#### Brazil

The Brazilian Federation of Sports Medicine at its meeting in Rio de Janeiro, July 9, 1981 elected the following officers for 1981-1983: President, Dr. Maeterlinck Rego Mendes; First Vice-President, Dr. Ezar Pinto Ferraz; Second Vice-President, Dr. Jose Nabor de Assis; Third Vice-President, Dr. Mario Machado Macedo; Fourth Vice-President, Dr. Pedro ad'Vincula Veado Fillio; Fifth Vice-President, Dr. Fernando Ribeiro Moraes Junior; Secretary, Dr. Roberto Vital. The new address is Rua Ministro Raimundo de Brito 1670. Lagoa Nova-CEP:59.000 Natal Rn. Brasil.

#### Colombia

The Colombian Association of Sports Medicine, founded in 1967, elected the following officers for 1981: President, Dr. Elkin Martinez L. of Medellin; Vice-President, Dr. Carlos Efrain Sanchez of Bogota; Treasurer, Dr. Leon Hernandez V. of Medellin; Secretary General, Carlos H. Ocampo A. of Medellin, and other Board members Dr. Orlando Maya of Medellin, Dr. Gonzalo Bocanegra of Ibagué, Dr. Cesar Castro of Cucuta, and Dr. Mauricio Rico of Medellin.

A Pan American Conference on Sports Medicine accompanied by a Medical Games sponsored by the Association was held in Medellin in November, 1981.

#### Cyprus

The Cyprus Association of Sports Medicine will present an F.I.M.S. approved Basic Orientation Course in Sports Medicine April 5-11, 1982 at the Nicosia Pheloxenia Hotel Conference Center. The official language of the course is English. It is under the direction of Dr. C. C. Christodoulakis, President of the Cyprus Association of Sports Medicine, P.O. Box 5137, Nicosia, Cyprus.

#### France

The French Society of Sports medicine elected the following officers for 1982-1983: President, Professor Maurice Tauche; Vice-Presidents, Professors Pierre Berteau, Jacques Fabre and Jean Ginet; Secretary General, Dr. Francisque Commandre; Adjunct Secretary General, Dr. Jeanne Peyret; Treasurers, Professor Gilberte Rougier and Dr. Gabriel Gaudébert; Public Relations, Dr. Pierre Talbot. The address of Dr. Commandre is 23 Boulevard Carabacel, F06000 Nice, France.

#### Great Britain

An F.I.M.S. Basic Orientation Course in Sports Medicine was held at the University of Strathclyde, Glasgow, Scotland September 20-26, 1981 under the auspices of the Scottish Area of the British Association of Sport and Medicine with a distinguished panel of lecturers from Scotland and two from England. Nineteen physicians and physical therapists were participants who completed the 40-hour course.

The Eighth Annual International Sports Medicine Course of the British Association of Sport and Medicine will be held at Loughborough University, Leicestershire, March 28 to April 3, 1982. This 40-hour course is approved by the F.I.M.S. for certification and is under the direction of Dr. Peter N. Sperry of the Hillingdon Hospital, Uxbridge, Middlesex, England.

#### Hungary

The General Assembly of the Hungarian Society of Sports Medicine on October 15, 1981 elected new officers including: President, Professor R. Frenkl; Vice-President, Dr. N. Arky; Secretary General, Dr. P. Jako.

The address of the organization is 1123 Budapest, Alkotas u. 48, OTSI, Hungary.

An International Symposium on Sports Medicine will be sponsored by the Society October 13-15, 1982 in Budapest. The theme will be "Sports Medicine and the Problems of Childhood and Adolescence". Contact President Frenkl at 1123 Budapest, Alkotas 44. The Executive committee of the FISU will be meeting in Budapest at the same time.

#### **India**

Officers of the Indian Association of Sports Medicine elected in 1981 included: President, Dr. B. N. Vakil of Bombay, Vice-Presidents, Dr. Ajay Bagat of Patna, Dr. Arun Kumar De of Varanasi, and Professor Prawab Debanath of Bishnupur-Bankura; Secretary, Dr. Ashok Ahuja of Patiala; Treasurer, Mr. Surjit Singh of Ludhiana; and Jt. Secretary, Dr. S.H. Deshpande of Amrautti.

The West Bengal Branch of the Indian Association of Sports Medicine has started a Certificate Course in Sports Medicine of 12 weeks duration. Three two-hour lectures are given each week. The content of the course meets the requirements of the F.I.M.S. for a basic course. Sixty participants signed up for the course, the majority being medical practitioners. This was reported by Dr. B.N. Vakil of Bombay, the President.

#### **Italy**

An Italian Society of Sport Traumatology has been established. The Secretary is Dr. Mario Benazzi of the Sport Traumatology Center of the University Orthopedic Clinic, Via Tavernelli 3, 27100 Pavia. The President is Professor Lamberto Perugia, Vice-President is Professor Danielo Tagliabue and Presidential Secretary is Dr. Pier Paolo Mariani. The official publication is the Italian Journal of Sports Traumatology, which is printed in both Italian and English and is a quarterly. The annual subscription in Italy and the U.S.A. is LIT 36,000 (currently \$30 U.S.) and in the rest of the world \$45 U.S. The address is Editrice Kurtis, Via G.B. Moroni 26, 20146 Milan, Italy.

#### **Malaysia**

The Malaysian Association of Sports Medicine in conjunction with the Ministry of Culture, Youth and Sports presented a Basic Course which was approved by the F.I.M.S. in Kuala Lumpur, November 22-29, 1980. The staff of lecturers included 14 from Malaysia and Professor Dieter Boehmer of the Federal Institute of Sports Sciences, Cologne, F.R.G., Professor Peter Roethig of the University of Frankfurt, F.R.G., and Professor Erich Schmitt, Head of the Department for Orthopedic Back Problems at the University Hospital at Frankfurt, F.R.G. Course Director was Dr. M. Jegathesan, Vice-President of the Association.

#### **Tunis**

An International Course in Sports Medicine was presented June 29 to July 4, 1981, in Tunis under the combined auspices of the Tunisian Society of Sports Medicine, the Arab Sports Union, the Mahgreb Federation of Sports Medicine, the Center for Research and Teacher Training and the French Society of Sports Medicine, and the patronage of the Prime Minister, the President of the National Olympic Committee, the President of the National Olympic Academy and the former Vice-President of the International Olympic Committee. Participants came from 14 African, Asian and European countries. This basic course was approved by the F.I.M.S. Course Director Dr. Ali Bouzayen.

#### **United States of America**

A Pan American Congress and International course in Medicine and Sciences of Sport was held May 23-26, 1981, in Miami Beach, Florida, immediately preceding the Annual Meeting of the American College of Sports Medicine. The Organizing Committee included Dr. Eduardo H. DeRose of Porto Alegre, Brazil, Dr. Lyle J. Micheli of Boston, Massachusetts, Dr. Philip K. Wilson of La Crosse, Wisconsin, Dr. Dwight S. Perez of Santurce, Puerto Rico, Dr. Miguel A. Rivera of Providence, Rhode Island, and Dr. Howard G. Knuttgen of Boston, Massachusetts. The attendance of over 400 physicians, physical educators and other workers in Sports Medicine from 20 Pan American countries and 14 other world countries made it the largest such Pan American meeting ever held in this field. Similar meetings are planned for the future.

#### **Venezuela**

The first Bolivian Congress on Medicine and Sciences Applied to sport was held in Barquisimeto, Venezuela from November 30 to December 3, 1981, preceding the Ninth Bolivian Games. The President of the Organizing Committee was Dr. Julio Colmenarez. Invited speakers from countries other than Venezuela, Peru, Panama, Colombia, Bolivia and Ecuador, whose representatives compete in these Games, included: Dr. Eduardo De Rose of Porto Alegre, Brazil; Dr. Gabriel Cherebetiu of Mexico; Dr. Antonio Venerando of Rome, Italy; Dr. Michalle Montanaro of Rome, Italy; and from the U.S.A., Dr. Robert Finnigan of California, Dr. Robert Singer of Florida, and Dr. Timothy White of Michigan.



# Bulletin of The British Association of Sport and Medicine

## HONORARY SECRETARY'S COLUMN

The AGM on 4th September attracted the keenest debate and turn-out for several years. The three special resolutions relating to constitutional change were carried by decisive majorities and the Committee now has well defined mandates from the membership who were more intensively primed than ever before on the issues involved.

The first resolution, reaffirming "BASM's commitment to a multidisciplinary concept of sports medicine" was passed nem. con. and should make clearer than ever our position now and in respect of any new federation. This has to be spelled out because the summer issue of "Physiotherapy in Sport" contains a serious misrepresentation by the ACPSM Chairman of BASM's position as well as an incorrect summary of the special meeting of representatives of interested organisations which declined — *not agreed* — to set up a working party at least until all delegates had been properly instructed by their parent bodies.

We have repeatedly made it clear that we wish to enhance the organisation, efficiency and representation of all those professionals engaged in sports medicine and science, and the enthusiastic response of so many senior physiotherapists to our Federation proposals suggest that the majority are in strong support of the concept.

The second resolution endorsed the general concept of a new Federation of Sports Medicine and Sciences (whatever its eventual title) along the lines of the Committee's Discussion Paper already circulated to the membership. The officers are therefore properly mandated for the next round of inter-organisational discussions.

The third resolution "endorsing the Executive Committee's formation of a Medical Practitioners Sub-committee to represent exclusively the clinical interests of its medically qualified members" puts on paper the implicit claim BASM has always had. Merely because this had not been formalised BASM's position had been challenged by a recent splinter group speaking only for sports injuries rather than the whole compass of sports medicine in which we have for some thirty years been the nationally and internationally recognised body. Significantly, the Committee's doubts about conflicting loyalties in those associated with both organisations were resolved in the meeting which followed the AGM by assurances from those present.

We therefore have a Medical Practitioners Sub-committee consisting of roughly half the 1500-strong membership of BASM, giving us the major — and historically legitimate — voice for clinicians and this completes our preliminary preparations for federation by providing a forum for the biggest group previously not specifically catered for — clinicians. The second major group, physiotherapists, have their own ACPSM for exclusively physio matters, and scientists, RG's, psychologists and national coaches are similarly catered for.

The details of any Federation are now literally in the melting pot. We are not trying to enlarge or renovate BASM but to supercede it and we sincerely hope that our companions in this enterprise — ACPSM, BSSP, SSS, BANC and ISM, all under the watchful eyes of the CCPR, BOA and the Sports Council — will come with equally open hands and minds to the crucial meeting on 23rd October.

Elections.

*President*

Dr. J. R. Owen

*Executive Committee*

Mr. G. McLatchie, FRCS, *prop.* Surg.-Comm. D. M. Crean, *sec.* Dr. J. E. Davies.  
 Dr. Peter Weston, *prop.* Dr. C. C. Lutton, *sec.* Dr. A. S. Watson.  
 Dr. Paul Mackenzie, *prop.* Dr. C. C. Lutton, *sec.* Dr. P. Weston.  
 Dr. C. C. Lutton, *prop.* Dr. A. S. Watson, *sec.* Dr. P. Weston.

## THE 1982 SPORTS MEDICINE COURSE – LOUGHBOROUGH UNIVERSITY

N. DADGE

*G. P. Trainee, Leicester*

The eighth International Sports Medicine Course was held at Loughborough again this year and proved to be thoroughly enjoyable and interesting. This was my first attendance and probably will not be my last.

The "gathering" congregated on the Sunday evening when a postprandial identification parade was held. Unfortunately there was a distinct lack of C2 H5 OH at this stage (being rectified later in the week). However, it eventually came to light that most medical and paramedical professions were "represented" at the meeting. Their reasons for attending were varied; many, like myself, were out of pure curiosity of what this course had to offer.

The first day "kicked off" with a general introduction, and progressed onto various lectures given by orthopaedic and physiotherapy specialists.

This routine was continued for the next four days with a welcome "half-day" midweek. There was ample time to sample excellent sporting facilities offered at Loughborough University and this made a much needed break from seminars, lectures and discussions.

As a medical practitioner, what perhaps interested me the most, besides all the specific sporting injuries, were

the associated specialties. For example sports physiology, physiotherapy, dietetics and what was new to me (and probably not only to me) the relevance of podiatry and footwear care in general.

The various lectures and seminars were all of excellent value and well presented by their speakers.

Socially, two separate sorties into downtown Loughborough proved particularly successful to one or two of our company. For those less frivolous plenty of entertainment was available in Loughborough and on the campus.

The last supper was the ultimate in culinary delights and eloquent speaking and indeed at one point we were entertained by an excellent solo vocalist.

Hopefully all of us will be able to apply all our new found ideas towards making sport more accessible and enjoyable to all.

From a resigned, inflexible, "slow-twitching" shuffler may I on behalf of all the "students" thank all of those who were involved in organising and presenting the course. I am sure there will be many more just as successful meetings at Loughborough in years to come.

### SCENES FROM 1982 SPORTS MEDICINE COURSE



*Paula*



*Mrs. Di Middleton*



*Mr. Ian Wood responding to toast*



*Dr. Iqbal Khan*



*Dr. P. N. Sperry*



*Mike Allen receiving diploma from Di Middleton*



*Sue Bracey and Dr. Harold Selcon*



*Molly receiving bouquet in appreciation  
of the excellent meals and general  
domestic care of the residents*



*Dr. Domhual MacAuley and Barrie  
McLeod-Hughes, MCSP*

## REPORT ON 2nd MEETING – NORTH WEST EUROPE CHAPTER OF FIMS

November 1981, Zeist, Holland

### H. E. ROBSON

This Meeting, largely for the exchange of information concerning sports medicine activities in the participating countries, was held at the residential centre of the Netherlands Football Association in Zeist, near Utrecht, on Friday, 20th November, 1981.

#### **Participants**

<i>Finland</i>	S. Rehunen
<i>Great Britain</i>	D. P. Chapman, Asst. to Hon. Sec. J. MacGregor, Vice-Chairman H. E. Robson, Treasurer P. N. Sperry, Hon. Sec.
<i>Netherlands</i>	W. L. Mosterd, President P. C. Harting G. P. H. Hermans F. Kessel A. Vermeulen Ms. M. F. C. Verpalen, Reporter/Secretary
<i>Sweden</i>	E. Eriksson, President, FIMS C. Akerman B. Eriksson J. Karlsson P. Renström
<i>Ireland</i>	Moira O'Brien B. O'Brien Z. Flanagan

The Irish delegation were present by invitation, as observers, as the newly formed Irish Association of Trauma and Sports was not yet a member of FIMS.

The report by Robson in BJSM 14:4 was regarded as the official Minutes of the last Meeting, though not written for that purpose. Reports on recent developments in the participating countries were then received.

#### **HOLLAND**

**W. L. Mosterd.** In 1980 the first fully trained sports doctor in Holland graduated. During the following year the National Institute for Sports Health Care was established jointly by the four bodies most concerned; the Netherlands Association of Sports Medicine, the Federation of Bureaux for Sports Medicine Examination, the Netherlands Sports Federation and the Royal Netherlands Football Association. Liaison will be established between the Institute and other para medical and sports organisations. Regular exchanges of ideas with the Ministry of Culture, Recreation and Social work are already taking place.

The Institute will have a central headquarters, two

sports medicine centres, and forty regional units for sports health care, replacing the present 36 guidance units and 200 examination bureaux, the latter being advisory and not concerned with treatment, (like the welfare clinics for pre-school and the school clinic in the UK).

A government grant of half a million guilders (£100,000) has been promised for medical examinations of sportsmen in 1982, distributed throughout the bureaux (about £200 for each) and the guidance centres (£1,500 each), but this only provides 50% of the costs. A brief examination for a low risk sport costs £3, and exercise ECG £10 and full screening £28 at the bureaux, which are staffed by two or three doctors on the bi-weekly sessions.

The guidance centres cater for the high calibre sportsmen, have more experienced staff and back-up cardio-logical and orthopaedic facilities. The annual budget for such a centre is about £20,000.

The bulk of sports injuries are dealt with by general practitioners, who usually are unconnected with the bureaux. There is a compulsory health insurance in Holland for everyone with an income below £8,200 a year, which includes sports or any other accident treatment.

There are three levels of sports medicine training.  
 1. Primary training in the undergraduate curriculum, or as an extra-curricular subject, but Dutch Universities, like so many others all over the world are working with restricted budgets at present.

2. Annual two-week courses for GPs and other doctors.  
 3. A four-year post-graduate course for a few specialist sports doctors, three now qualified and six more in training, but as in the UK there is no niche for them in the traditional medical establishment, and therefore no clear career structure.

#### **UNITED KINGDOM**

**H. E. Robson.** The growth of the British Association of Sports Medicine was described (Editorial Brit. J. Sports Med. 15:4 Dec. 1981) with membership now of 1,500, of whom 50% are medically qualified. The external sales and exchange copies of the journal number nearly 500.

Sports medicine courses have been run by the Association since 1975, usually one a year, sometimes two.

Sports injuries clinics have been set up in some thirty

centres, mostly run within the NHS, but they tend to be in places where there are enthusiasts to establish and man them rather than in areas where the population or environment would show a need.

To the fifteen or so organisations already linked with sports medicine two more can be added. The one-year full-time course at the London Hospital and the establishment of the British Association of Trauma in Sport.

**P. N. Sperry.** The problems of collaboration by the various governing bodies of sport in promoting the sports centres set up by the government were discussed, as was the problem of bringing together all the very individual organisations concerned with the medical care and scientific study of sportsmen.

Some five hundred people have attended our week-long courses, but work usually cannot be found from them, voluntary let alone paid work. BASM have NO say in the selection of medical teams for Olympic or other National teams.

**J. MacGregor.** There is little being done in the way of education or research in the UK into sports medicine and science. Most research in this country is undertaken within Universities supported by government or industry, and the present financial restraints have had a devastating effect.

**D. P. Chapman.** The role of the physiotherapist in the UK was described and the position of the Association of Chartered Physiotherapists as a Special Interest Group of this Chartered Society clarified. The lack of co-operation between the bodies involved was again regretted.

## IRELAND

**Moira O'Brien.** The Irish Government has recently set up a Ministry of Sports within the Department of Education, and has been able to support two courses for doctors. In 1980 the Irish Association of Trauma and Sports was formed, which included physiotherapists, but they now want their own section within a national organisation. The Red Cross organise short courses for trainers and referees. Support is given also by the Universities, and government pressure is being put upon the Olympic Association to explore the sports medicine situation — BUT — no money is available AND — very few people must do everything.

There are sixty members of the Association in a population of 4,500,000 and an area of 26,600 square miles. It is hoped that government support will be given for research laboratories and a fitness guidance centre.

**Z. Flanagan** could not see any openings for full-time sports medicine doctors, but hoped that GPs would seek some training. The Association hope to encourage a

sports medicine and fitness awareness amongst the young. There is no regular contact between the Association and the doctors of the various sports federations, many of the latter having no sports medicine background.

## FINLAND

**S. Rehunen.** Two organisations exist; the Finnish Association of Sports Medicine, consisting of 400 doctors, and the Finnish Association of Sports Physiotherapists, with 100 members.

Five Universities run sports medicine courses within the curriculum, there is a one-week post-graduate course, and congresses are held in addition. Plans are made for a four-year specialist course. Nine poly-clinics are at present in operation, dealing with fitness assessment and advice as well as injuries. There are only four or five fully trained sports medicine doctors in a country of 407 million people, of whom 1½ million engage in sport of some kind, and all of whom should have an annual check-up. Salaries for these doctors are the responsibility of the Ministry of Education. There is a real need for 125, not five doctors in this field, and the community will have to find ways of paying them.

An Institute of Sports Medicine is being set up in Tampere.

## SWEDEN

**E. Eriksson** reported that the Swedish Sports Federation numbers two million members, almost a quarter of the country's population. The Swedish Sports Medicine Federation, of which two thirds of its thousand members are medically qualified and the remaining third, physiotherapists, as in the UK have no central office, but it is run from the departments or homes of its officers. A one-week course is run annually for doctors, and another for physiotherapists.

A grant of £25,000 is made to the Sport Research Council, and sports medicine projects may be financed by some of this money. Dope tests are financed separately at a cost of £5,000, which enables 2,000 tests to be done free of charge.

**J. Karlsson** described the launching of the sports medicine journal, *Idrotts Medicin*, in 1981, and again drew attention to the International Journal of Sports Medicine, a Scandinavian publication not to be confused with the FIMS Journal of Sports Medicine and Physical Fitness.

**P. Renström** confirmed the views of those in many countries about the difficulty those in sports medicine have in gaining recognition within the medical establishment, and the general public. A television company, in

association with the Swedish Society of Sports Medicine ran a series of six programmes, covering fitness, injuries and their prevention, diet, etc.

#### GENERAL DISCUSSION

The relationship of doctors in sports medicine to those in other professions was discussed at some length. The main problems seemed to be interprofessional rivalry, particularly in those areas where fees were charged. Emphasis was placed upon the need for doctors to be available readily to undertake treatment, otherwise the field would be open to fringe practitioners working without medical supervision, but making it obvious that they cared and were prepared to devote time and effort at any hour.

Relationships with the main body of FIMS were discussed, and the precarious state of finances in FIMS and its member countries. Arrangements for the 22nd World Congress on Sports Medicine — Vienna, June, 1982 were described.

Future meetings of the North West Chapter were arranged:

1982 June. Vienna — a brief meeting under the Chairmanship of E. Eriksson (Sweden) with W. Mosterd (Holland) — Secretary.

1983 Finland. Chairman from Holland. Secretary from Finland.

1984 Britain. Chairman from Finland. Secretary from Britain.

1985 Ireland. Chairman from Britain. Secretary from Ireland.

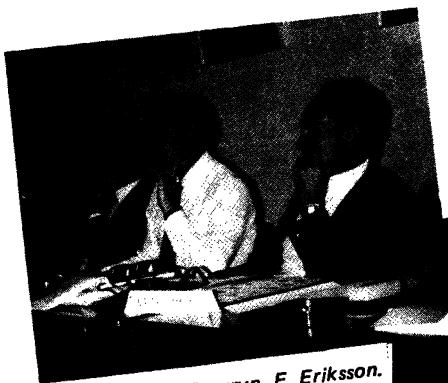
1986 Belgium. Chairman from Ireland. Secretary from Belgium.

Belgium, being divided into two language groups, is already associated with the Latin group of FIMS, but the Flemish speaking members wish to be associated with the North West Europe Chapter.

Following the business meeting, dinner was arranged in one of Amsterdam's canal-side museums. A visit was paid by Sint Niklaas, wearing red mitre instead of the more familiar Father Christmas hood, and accompanied by his assistant, Black Peter. Although Christmas festivities in Holland do not begin until December 5th, the earlier celebration was planned to fit in with the Chapter Meeting. Generous presents of Dutch bakery and confectionery were provided for all the guests, once their behaviour for the past year had been assessed as satisfactory and each had sung a song (usually of the Rugby type).

The next day we were invited to participate in the annual symposium of the Vereniging Voor Sportgeneskunde, the Dutch Sports Medicine Association, and advantage was taken of the presence of foreign guests to invite papers from Prof. E. Eriksson, Prof. J. Karlsson, Dr. Moira O'Brien, Dr. P. Sperry and Dr. P. Renström.

Dinner was served for the delegates to the Chapter Meeting and some of the Officers of our host Association, and some short speeches and presentations were made.



*W. Mosterd. P. Sperry. E. Eriksson.*



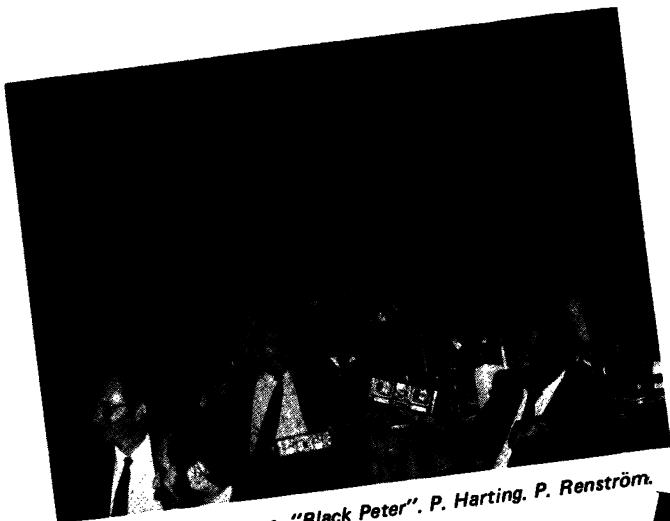
*J. MacGregor. M. Verplanen. P. Sperry. Z. Flanagan.*



*H. Robson. S. Rehumen.*



G. Hermans, W. Mosterd, D. Chapman.



P. Sperry, Z. Flanagan, "Black Peter". P. Harting, P. Renström.

Christmas is celebrated early in Holland



P. Harting, H. Robson, "Sint Niklaas".

## REPORT

**22nd WORLD CONGRESS ON SPORTS MEDICINE**  
**VIENNA, JUNE 28th – July 3rd, 1982**

The World Congress has taken place, and consisted of six hectic days of business meetings, presentations of scientific and clinical papers, and a lively and interesting

*United Kingdom participants:*

Mr. Basil Helal, Chairman of BASM was the official National Delegate, representing BASM on the official FIMS business meetings.  
 Dr. Peter Sperry, Hon. Sec. BASM  
 Dr. Henry Robson, Hon. Treasurer BASM  
 Dr. John G. P. Williams, former Secretary General of FIMS and now on their Scientific Commission  
 Mr. Gordon McLellan, FRCS  
 Mr. Patrick England, FRSS, President BATS  
 Dr. John Davies, Chairman BATS  
 Surgeon Commander Dermot Crean  
 Dr. Michael Hutson, Sports Injuries Clinic and Nottingham Forest FC  
 \*Mr. Peter Jackson, FRCS, Emeritus Orthopaedic Surgeon, Nottingham  
 Mrs. Aida Robson, MCSP  
 Miss S. Elizabeth Robson, SRN, SCM

*\*Not a member of BASM*

*Members of BASM who qualified in the UK but are at present abroad:*

Mrs. Doreen Camilleri, MCSP, Malta  
 Miss Jane Stevens, MCSP, Switzerland  
 Mr. Robert Withers, DipPE, Adelaide  
 Dr. Roy Shephard, Canada

social programme for delegates and for their accompanying families.

*Overseas members of BASM*

Dr. Allan Ryan, Secretary General of FIMS and an Hon. Life Member of BASM, USA  
 Dr. Moira O'Brien, FRCP, Ireland  
 Miss Yvonne O'Gorman, MCSP, Ireland  
 Dr. William Gaynor, Ireland  
 Dr. K. Bekiroglu, Cyprus  
 Dr. Placido Macaraeg, Philippines  
 Dr. Jesus de Leon, Philippines  
 Dr. Eduardo de Rose, Brazil  
 Dr. Noel Roydhouse, New Zealand  
 Dr. Howard Toyne, Treasurer of FIMS, Australia  
 Dr. Peter Larkins, Australia  
 Dr. M. Jegathesan, Malaysia  
 Dr. V. Rajagopal, Malaysia  
 Dr. Georgin Gaisl, Graz, Austria  
 Dr. Per Renström, Sweden  
 Dr. Christian Akerman, Sweden  
 Dr. T. Ingemann-Hansen, Denmark  
 Dr. P. T. Andersen, Denmark  
 Dr. Albert Dirix (Reciprocal membership), Belgium  
 Dr. Gee Van Enst, Netherlands  
 Dr. William Mosterd, Netherlands  
 Dr. Sakari Orava, Finland

*Other BASM members may have been present, but did not make their presence known to us. For any omissions we offer our apologies.*

**INTERNATIONAL FEDERATION OF SPORTS MEDICINE**  
**CONGRESS CENTRE, HOFBURG PALACE, VIENNA**

**Opening Ceremony – Tuesday, June 28th**

The Congress opened in this magnificent former royal palace with a message from Dr. F. Sinowitz, Federal Minister for Education and Art and from Dr. K. Steyrer, Minister of Health and Environmental Protection. The delegates and guests were welcomed to Vienna by Herr Grats, the Bürger-meister. Prof. Ejnar Eriksson underlined the increasing importance of sports medicine throughout the world, Prof. Ludwig Prokop welcomed FIMS to Vienna for the second time, and relinquished his various positions on the FIMS Executive after

serving for 27 years. Finally, Dr. Reinhart Suckert, President of the Association of the Austrian Sports Physicians introduced the scientific and social programmes, the extensive commercial exhibitions and wished the visitors a memorable stay in Vienna (which we certainly had!).

Honorary membership and the FIMS Gold Medal were awarded to Prof. Ludwig Prokop in appreciation of his 27 years service.

## COUNCIL OF DELEGATES

At the Council of Delegates, the Committee was elected.  
 \* = Re-elected.

**PRESIDENT** – Prof. Ejnar Eriksson, Sweden\*

**VICE-PRESIDENTS**

Mr. J. Refshauge, FRACS, Australia

Dr. Eduardo de Rose, Brazil

Prof. Ludovit Komadel, Czechoslovakia

**SECRETARY GENERAL** – Dr. Allan Ryan, USA\*

**TREASURER** – Prof. Antonio Venerando, Italy  
 (former Vice-President)

**COMMITTEE MEMBERS**

Dr. Peter Sperry, UK

Dr. F. Commandré, France\*

Prof. Kurt Tittel, DDR\*

Dr. A. Bouzayen, Tunisia\*

Dr. Placido Macaraeg, Philippines\*

Prof. W. Hollmann, FDR\*

Prof. Y. Kuroda, Japan\*

Prof. Z. S. Miranova, USSR\*

### CHAIRMEN OF COMMISSIONS

Interfederal Medical Commission – Dr. Albert Dirix,  
 Belgium\*

Scientific Commission – Prof. Ernest Strauzenberg,  
 DDR\*

Liaison Commission – Dr. Andrei Demeter,  
 Romania\*

The Chairmen of these Commissions have the power to co-opt members and Dr. John Williams has again been co-opted onto the Scientific Commission and Dr. Peter Sperry on to the Interfederal Medical Commission, as joint Secretary with Prof. L. Komadel.

### RESERVE MEMBERS OF COMMITTEE

The following may be called upon to serve on the FIMS Committee if any of the elected members are unable to attend.

Dr. Lioungas, Greece

Dr. Albert Dirix, Belgium

Dr. G. P. H. Hermans, Netherlands

## NORTH WEST EUROPE CHAPTER

A short meeting was held in the Intercontinental Hotel on Tuesday, June 29th under the Chairmanship of Dr. W. Mosterd (Netherlands). It was agreed that the next meeting would be held in Finland, that the Finns would provide the next Secretary for the group, and that they would try to organise a sports medicine symposium to follow or precede the meeting of the Chapter. They were also requested to explore the possibilities of an inexpensive package deal to try to attract the Irish, British and Dutch to a venue which is generally rather inaccessible and very expensive by scheduled flights.

This was the first Chapter meeting to which Norway was able to send a delegate, Dr. S. Nilsson. He reported

that membership of the Norwegian Sports Medicine Association was now 800, compared with 1,000 in Sweden (population of Norway: 3,600,000. Area: 125,000 sq. miles).

The venues for future World Congresses were discussed, and it was agreed that Holland be proposed for consideration for the 1990 meeting.

The previous suggestion that Ireland be the venue for the 1984 N.W. Europe Chapter meeting was confirmed, and Dr. Moira O'Brien is to initiate preliminary arrangements.

## THE GENERAL ASSEMBLY OF FIMS

### REPORT FROM THE PRESIDENT (Dr. Ejner Eriksson)

During the two years in which he had held office two aspects of FIMS activities needed priority.

1. Education, especially in the developing countries of Asia, Africa, Latin America and Oceania. Better liaison was needed between FIMS and the International Olympic Committee. Requests for support should be sent by the National Olympic Committee to Olympic Solidarity (Dr. Dirix will be their consultant). A list of competent lecturers in different languages is being compiled by the Scientific Commission (Dr. Strauzenberg). News of FIMS proceedings and other matters of importance, written by the Secretary General, are now

being translated by Dr. Bousayen into French and Arabic, and circulated.

2. Finance. As will be reported by the retiring Treasurer FIMS has poor reserves, but help is now being given by Syntex for the publication of the quarterly Newsletter and an American firm has made itself responsible for a photographic record of the Congress.

### THE SECRETARY GENERAL'S REPORT (Dr. Allan Ryan)

The number of countries who are members of FIMS has increased to 67, most of those newly elected being

from North and Central Africa and the Arab World, but Ireland was also elected.\*

The 1982 World Games was held in California and FIMS was responsible for organising the medical cover.

#### TREASURER'S REPORT (Dr. A. H. Toyne)

FIMS has never had adequate capital, Committee expenses are getting heavier and there are few sources of income.

In the six years of office Dr. Toyne has accumulated \$1,700 profits from FIMS courses. The revenue MUST increase, for example through courses; subscriptions MUST be paid, and in return FIMS MUST give its members better value for their money.

There is a useful deposit of \$22,000 in a Belgian account that earns interest.

#### INTERFEDERAL MEDICAL COMMISSION (Dr. A. Dirix)

Co-operation and exchange of information continues between the Commission and other bodies including the doctors of the various International Sports Federations, the International Olympic Medical Committee (H.H. Prince de Merode), and the Association of Olympic Medical Officers. Advice to international sports federations on medical matters, including doping control, is available from this Commission.

#### SCIENTIFIC COMMISSION (Prof. E. Strauzenberg)

In addition to the Chairman, members include Drs. Costill (USA), Shephard (Canada), Hollmann (FDR), Williams (UK), Petersson (Sweden), Dal Monte (Italy), Kuroda (Japan), Hebbelinck (Bel.), Dragan (Rom.), Venerando (Italy) and Qu (CPR).

The aims of this Commission are to:

1. Develop and control the FIMS basic sports medicine courses.
  2. Develop the sports medical care of athletes.
- 

\*and therefore qualifies for full membership of the North West Europe Chapter of FIMS — until now her delegates have only had Observer status — Ed.

With four hundred communications accepted for presentation, and only some twenty or thirty not actually presented simultaneous sessions were necessary, usually in four lecture rooms and often with business or Committee meetings running at the same time.

3. Produce a new basic sports medicine handbook, to be available to everyone attending a basic course.
4. Prepare audio-visual teaching material.
5. Establish specialist groups for the study of physiology, metabolism, rehabilitation, youth and age all related to sport, and to administer these groups without incurring heavy expenditure.

#### LIAISON COMMISSION (Dr. A. Demeter)

This Commission is responsible for the new Collegiate class of FIMS membership, available to those in sports sciences but without medical qualification.

International courses for physiotherapists in sport are being organised, and a panel of lecturers is being compiled.

One of the most daunting tasks the Committee faces is trying to re-establish contact with ALL members of FIMS, in all categories — Honorary, Full, Associate and of course National bodies.

It would therefore be appreciated if members would contact Dr. Allan Ryan, Secretary General, or Prof. Venerando, Treasurer.

#### GENERAL DISCUSSION

Dr. V. Smidlaka (USA) appealed for information from all countries concerning the training of doctors in sports medicine. He suggested that the post-graduate training of a sports medicine specialist should take three years; for a specialist in another field of medicine a one year course in sports medicine applied to his specialty is desirable, and a similar training should be given to sports physicians, such as general practitioners who take care of teams or sports centres.

#### CLOSING OF CONGRESS

Thanks were expressed to Prof. Eriksson, to Dr. Suckert and his Austrian colleagues, to the administrators of the Hofburg Palace, to the exhibitors and to the Mondial Travel Agency.

Dr. Suckert was awarded the Bronze Medal of the FIMS at the dinner.

The Congress concluded later that evening with a festive banquet followed by dancing — where else to walz but in Vienna?

#### SCIENTIFIC PROGRAMME

The official languages of the Congress were English and German, and for most of the session there was excellent simultaneous translation. Many speakers had prepared slides in both languages, projected from parallel projectors on a wide screen. Visual aids usually (but not always!) worked well.

The quality and presentation of papers varied a great deal, and language difficulties prevented sound presentations receiving the acclaim the work often merited. Prof. Kuroda described how Japan's falling birthrate and an ageing population led to an emphasis on suitable fitness testing and exercise prescription for the older members of the community. Some papers were received with apathy, others provoked lively and sometimes acrimonious discussion. Experimental and clinical work reported separately from different centres sometimes gave directly contradictory results, but this added to the value of the Congress.

It is difficult to pick out any one paper on every session for summary. There have been developments in soft-tissue surgery, arthroscopy is finding its place even for investigating ankle injuries and the value of various non-steroidal anti-inflammatory drugs as an adjunct to other treatment seems well established, but only if inflammation is present, and of greatest value when used early in acute injuries.

The full text of the hundred best papers will be published at the end of the year at £21 approximately (\$40).

## THE SOCIAL PROGRAMME

### VIENNA WOODS

After registration and hurried lunch at a quick service sandwich/fish and chips café, a visit was paid to the Cistercian monastery of Heiligenkreuz where one of their interesting possessions is the organ that Josef Haydn used for many years. The return trip was down the beautiful Myerling Valley, scene of the tragic suicide of Crown Prince Rudolf at the beginning of the century. Coffee with cherry pie and cream followed (goodbye to all good intentions of losing weight) in Baden bei Wien (where we spent an enjoyable week after the Congress). On return to the Congress Centre there were a few minutes for a quick wash, then back into coaches to a "heurigen", a country inn, for a meal with abundant quantities of the new local wine, which helped international relations well and was a good start to the week's work.

### CITY TOURS

These were arranged, but we have no reports about them. A memorable lunch-time visit was paid to the Museum of Fine Arts, with extensive collections of paintings by Titian, Velasquez, Breughel, Rembrandt and especially Rubens. There is also a large collection of Egyptology.

### SPANISH RIDING SCHOOL

Unfortunately the main demonstration team was away on summer grazing but a good display of dressage to recorded music was given by those riders and horses that were available. The setting was superb.

### STATE OPERA

An unforgettable performance of Mozart's "Marriage of Figaro" was given in the enormous and beautifully restored Vienna State Opera House. Some of the earlier formality of the audience had gone, but a significant proportion of the men, including two of the UK delegation, wore dinner jackets. Some of us ended the evening at the famous Sacher's Hotel Restaurant for a late meal.

### TOUR TO WACHAU

This tour of part of the Danube Valley also included a rather hurried visit to the Benedictine Monastery at Melk. Dinner was served at Durnstein, but in a restaurant that catered for large numbers, and lacked the personality of the heurigen.

### BURGENLAND

Towards the end of the Congress, this tour went through the wine-growing area south of Vienna, with a reception at the Castle Esterhazy in Einstadt, the Capital of Burgenland. We next stopped at Rust, famous for its storks' nests, and also its wine shops. By this time, the coach with the British and Finnish contingents gradually filled up, somewhat resembling a rugby tour by now (but the young Russian interpreter was rapidly extracted and sent back to her duties). After a look at Lake Neusiedl, where some took the opportunity of a swim, though not quite as far as the well-guarded Hungarian frontier, the coaches went their separate ways to smaller heurigene for dinner.

**THE FESTIVE BANQUET** took place at the Inter-Continental Hotel on the Saturday evening, seven hours after the closure of the Congress, but still quite well attended. A few of the younger delegates arrived rather late, due to the late finish of the Rolling Stones' afternoon concert. There was a good meal, an adequate supply of wine, a few short speeches and presentations to organisers and some distinguished guests by Dr. Hermanns, the Netherlands National Delegate. Dancing to an excellent small orchestra followed, with music to suit all ages, but the Viennese Waltz brings into action many muscles not used in more sedentary activities.

### POST-CONGRESS TOURS

A three day visit to Budapest was organised but we have received no information about it at the time of compiling this report.

In an attempt, not really very successful, to work off some of Vienna's cream cakes, the family stayed

for a week at the spa town of Baden bei Wien, which sounds like what Harrogate was in the 1920's. We arrived in heavy rain, which cleared for long enough to hear a concert of light music played by a small orchestra in the park. The Kurpark is constructed on a rocky hill, really the most easterly of the whole Alpine range and looks over the great Hungarian Plain. Frequent walks to and from the guest house up the rocky paths of the park must have had a training effect.

Entertainment was provided by the local trotting races, with large winnings for forecasting first, second and third in each race, but nothing for backing winners only; a wine festival in nearby Gumboldskirchen and an evening at the Casino ("some mothers just teach their daughters to cook and sew" — S. E. E. R.). The holiday finished with a performance in the Summer Opera

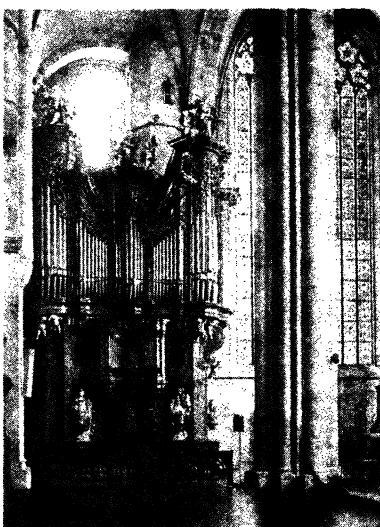
House, with its open roof, of the operette *Grafin Maritza* by E. Kálmán.

We came to Austria for sports medicine, but stayed and revelled in the music of the "Land of Song"; Schubert chamber music played at the Opening Ceremony, Mozart opera, Viennese operetta, Haydn's organ at the Monastery in Heiligenkreuz, his piano at the Schloss Esterhazy, Beethoven's house at Baden, where he wrote the *Missa Solemnis* among other works, Strauss, Lehar and other waltz composers in many places, and even the British contribution, the Rolling Stones.

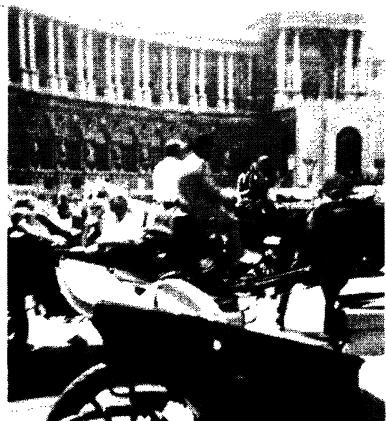
H. E. Robson  
Baden bei Wien, July 1982



Congress Centre, Hofburg Palace, Vienna.



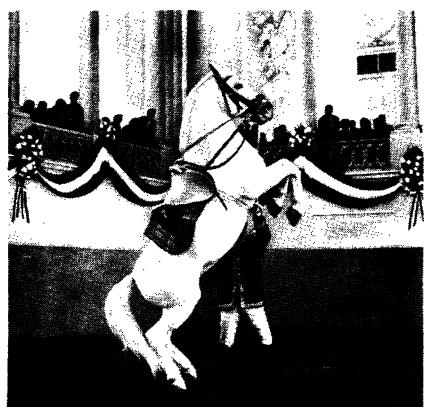
Haydn's original organ at Heiligenkreuz Monastery.



Back of the Hofburg Palace.



Heurigen evening at Grinzing. Left to right, Marian and Gee van Enst (NL), Henry, Liz and Aida Robson (GB), Jesus de Leon (Phil.) and Kaya Bekiroglu (Cyp.).



The Spanish Riding School.



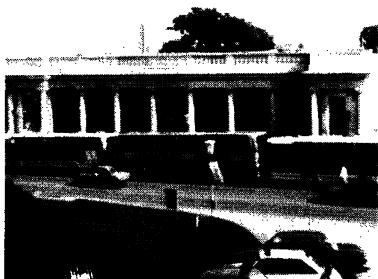
*Vienna still has magnificent buildings.*



*The Danube, from Dürnstein Castle, where King Richard I was imprisoned.*



*Esterhazy Castle, where Haydn wrote much of his music.*



*Stable block, Esterhazy.*



*Noel Roydhouse, Howard Toyne and Moira O'Brien.*



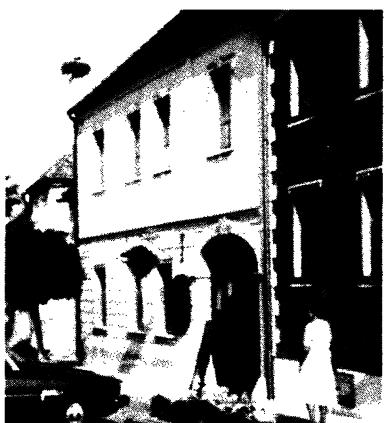
*John Davies, Liz Robson and Patrick England at Esterhazy.*



*"Is water drinkable?"—  
Jane Stevens at Rust.*



*Dr. and Mrs. Toyne observing storks at  
Rust.*



*Storks observing the Toyne's.*



*Aquatic BATS – who decided NOT to migrate to Hungary.*



*"Can Physios swim" –  
Mike Hutson investigates.*



*Beethoven's house in Baden.*



*Beethoven Temple in the Kurpark, Baden-bei-Wien.*



*Wine festival, Gumpoldskirchen.*



*A vintner's open-air wine tasting garden.*



*Trotting Races at Baden.*

## FUTURE MEETINGS OF BASM AND OTHER ORGANISATIONS

ORGANISATION	VENUE	APPLICATIONS TO:	MEALS	ACCOMN.	FEES
Thurs. 7 & 8 Oct.	Internat. Symp. Orthopaedic and Medical Aspects of Dance	Dr. E. L. Washington, MD, 9201 Sunset Blvd., # 317, LOS ANGELES, Calif. 90069, USA	Not known	No	Not known
Sat. 9-17 Oct.	7th International Body Imaging Conference	Conference Secretary, 7th Int. Body Imaging Conf., Dept. of Radiology, West Park Hospital, 22141 Roscoe Blvd., CANOGA PARK, Calif. 91304, USA	Included	Included	\$385
Wed. 13-15 Oct.	Hungarian Society of Sports Medicine. "Medical aspects of sport in childhood and youth."	Hungarian University of Physical Education, Alkotás u 44, 1123, BUDAPEST, Hungary	Dr. R. Frenkl, Hungarian Univ. of P.E. Accommodation: Budapest Tourist Agency, Roosevelt Terr 5-7, 1051 BUDAPEST, Hungary	Hotels Lunch included	Not known No
Thurs. 4 & 5 Nov.	The Windsor Colloquium on Problems Peculiar to Sport	Postgraduate Centre, King Edward VII Hospital, WINDSOR, Berks.	Dr. J. G. P. Williams, Farmham Park Rehab. Centre, Farmham Royal, SLOUGH, Bucks.	Lunch Included	Not known
Sun. 14-16 Nov.	International Congress of Sports Sciences (under auspices of ICSPE (UNESCO)	Netaji Subhas National Institute of Sport, PATIALA, Punjab, India	Organising Secretary ICSS, Netaji Subhas NIS, PATIALA 147001, India	Included	\$75.00 US
Fri. 19 Nov.	Hillingdon Athletes Clinic 3rd Annual Seminar	Skyway Hotel, Bath Road, nr. Heathrow North	Dr. P. Sperry, Hillingdon Hospital, UXBRIDGE, Middlesex	Hot buffet £5	£15
1983 Sat. 15 Jan. 9.30 a.m.	1st Symposium on Sports Medicine "Section 63" applied for	West Middlesex University Hospital	The Secretary, Medical Centre, West Middlesex University Hosp., ISLEWORTH, TWICKENHAM, Middlesex TW 6AF	No	No
20-30 Jan. 83	Body Imaging Conference	St. Moritz, Switzerland	Applications and enquiries to Body Imaging Conf. as above	See Oct. 9-17, '82	Not known

## FUTURE MEETINGS OF BASM AND OTHER ORGANISATIONS (Continued)

Sat. 15 Mar.	2nd Symposium on Sports Medicine "Section 63" applied for	West Middlesex University Hospital	The Secretary, Medical Centre, West Middlesex University Hosp., ISLEWORTH, TWICKENHAM, Middlesex TW7 6AF	No	No	Not known
Easter Date to be notified	Society of Sports Sciences - "The Endurance Athlete, a multi-dimensional perspective",	University of Birmingham	Mr. M. Cudahy, Dept. of Physical Education, University of Birmingham, PO Box 363,	Not known Call for papers. Title and brief abstract by 30th Nov. 1982	No	Not known
May 83	Body Imaging Conference	UK – site to be decided	Applications and enquiries to Body Imaging Conf. as above	See Oct. 9-17, '82	Included	Included but Hotels also available
Tues. 30 Aug. - Fri. 2 Sept.	International Federn. of Adapted Physical Activity	West London Inst. of Higher Education, Borough Road, Isleworth, Middlesex TW7 5DU	Mrs. E. McLeish W.L.I.H.E.	See Oct. 9-17, '82	Not known	
8-16 Oct.	Body Imaging Conference	Maui, Hawaii	Applications and enquiries to Body Imaging Conf. as above	See Oct. 9-17, '82		

### NEW MEMBERS

*The following were elected by the Executive Committee on 23rd June, 1982*

#### *ORDINARY MEMBERSHIP*

	<i>Proposed by:</i>
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Mr. M. H. A. G. Hussein (Chiropody Student), c/o The London Foot Hospital and School of Chiropody, 33-40 Fitzroy Square, LONDON, WC1	B. Francis
Mr. J. M. Tansey (Medical Student), 23 Harcourt Drive, Four Oaks, SUTTON COLDFIELD	H. E. Robson

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Man. United

**Scottish Swimming Coaches Association**

*Rep.:* Mr. A. T. Gordon, 10 Clarence Gardens, GLASGOW, G11 7JN

H. E. Robson

*The following were elected by the Executive Committee on 4th September, 1982.*

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B. Helal

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J. MacGregor

Dr. R. G. Sweeting, P.O. Box 6330 s.s., NASSAU, Bahamas

H. E. Robson

Capt. (Miss) Sheila M. Warnock, RAMC, Medical Centre, The Infantry Junior Leaders Battalion,

Sir John Moore Barracks, Shorncliffe, FOLKESTONE, Kent CT20 3HE

H. E. Robson

**STUDENT MEMBERSHIP**

Mr. J. M. Applegate, 17 Downing Road, Gorleston, GT. YARMOUTH, Norfolk, NR31 7AP

J. G. P. Williams

Miss Jan Bruce, 16 Priest Avenue, WOKINGHAM, Berkshire

J. G. P. Williams

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**TICKETS** (limited to 200) £15, including tea and coffee. Hot buffet (5-7 p.m.) tickets (£5) available at registration.

**APPLICATIONS** urgently to Organiser, Dr. Peter Sperryn, Hillingdon Hospital, Uxbridge, Middlesex (Tel: 0895 38282).

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2. REVIEW ARTICLES on special topics, which should include an adequate but not necessarily an exhaustive bibliography.
3. ABSTRACTS of verbal communications given at scientific meetings. These may be published as 'Proceedings' of meetings, and sometimes the author might be invited to submit a fuller edited text of his talk, together with illustrations.
4. ANNOTATIONS, case reports, preliminary reports of research, and of pilot studies, usually not exceeding 400 words.
5. CORRESPONDENCE, - 'letters to the Editor'.
6. CONFERENCE REPORTS from Area organisations of B.A.S.M., or of other meetings with direct relevance to the work and interests of B.A.S.M. members.
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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AN ABSTRACT not exceeding 150 words should follow the heading of a long paper. This should include the chief points made in the paper, and the main conclusions drawn or suggested. Only very essential references are included here. On the advice of the Editorial Board, a communication may be published in abstract only. Following the Abstract, some three to six KEY WORDS should be inserted to assist with indexing.

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TABLES should be numbered in capital Roman numerals.

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