Society of Sports Therapists – a response

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Sports medicine is a very wide and varied subject which involves the dissemination of knowledge within a multi-disciplinary group of professionals. Many of these have worked long and hard, with little or no remuneration, to establish the best possible medical and scientific services for sport in this country. It was this thought that came to mind when I learned of the formation of a group called the Society of Sports Therapists.

The injured sportsman is to be treated by this group with only the most basic medical education. The diploma which proves their competence to practise is awarded after 24 days study. A valid first-aid certificate is the only pre-entry requirement.

In my opinion this society could seriously damage the foundations laid down over the past 30 years by those dedicated professionals trying to establish the speciality of sports medicine. It will cause further fragmentation in the already complicated world of sports medicine. It could also threaten the Chartered Society of Physiotherapy (CSP) by creating a two tiered profession.

There has been evidence recently that sports medicine in Britain was beginning to put its house in order, with more positive intercommunication emerging between various groups and with BASM at the forefront of these negotiations. There has even been the suggestion that a National Sports Medicine Institute should be created as mentioned in the *British Journal of Sports Medicine* editorial of March 1990¹. The National Institute could act as an umbrella, creating a free-flowing information service for all like-minded professionals. However, the emergence of this association proves to me that the 'go it alone' attitude is still thriving strongly.

This new association has as its chairman a chartered physiotherapist who is still a member of the CSP General Council. Its mailing address is a life assurance company. They hope, I believe, to fill the pressing need for therapists in sports medicine². It is commendable that someone has taken the initiative and thought of a way to encourage more people into sports medicine, a profession sadly lacking trained personnel. However, I feel that this energy and time could have been better spent in solving the problems that have caused this present crisis. By going for this

solution I believe that they may be creating a far-reaching problem which may prove impossible to solve in the future.

It is not difficult to understand why this current dilemma has now unfolded. The profession of chartered physiotherapists has only itself to blame. During the four years basic training there is little provision for the treatment of sports injuries. It is up to those interested people to go out and join professional societies which will help them further their knowledge. The Association of Chartered Physiotherapists in Sports Medicine was created approximately fifteen years ago for such a reason. Why is it, then, that the membership has failed to grow into a significant speciality group?

Should not this group have established its importance with the various sporting bodies rather than waiting for people to approach them for help. If they had done so, would this new society be necessary? Should we be upset when they, rather than us, are asked for help?

There are, I believe, a number of fundamental reasons why this has been allowed to happen. The profession of physiotherapy has many specialist areas where a physio can gain experience within the confines of a normal working day, but the speciality of sports medicine is one area that has usually to be pursued in one's own time, after work and at weekends. This has meant that only the truly dedicated physiotherapist will donate the time needed to maintain such specialist interest – usually at great personal and financial expense. This does not encourage younger members to participate fully. The ACPSM is then used in two ways – either as a social gathering once a year where the membership complain that the committee don't do enough for them (little realising the time and effort put in by the dedicated few to organize this one meeting), or as a promotion point for private practice.

Another major problem has been that physiotherapy as a whole is very much female orientated, with low wages attracting few men into its ranks. The men who do enter the profession are quickly snapped up by the male dominated sports bodies like rugby, football and cricket who offer most of the few full-time sports injury jobs in this country. There has been a great reluctance by these male institutions to let women cross their portals – let alone treat their injured players. They feel it more appropriate to employ unqualified males than qualified females to treat their players who may be worth many

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thousands of pounds. Thankfully this attitude is beginning to change.

Many physiotherapists would feel that the inevitable sacrifices of being involved with a professional team are not worth the rewards, which are more professional satisfaction than financial gain, especially when there are so many other attractive specialities in the profession.

As the full-time physiotherapist employed by a football league team, I am only too aware of the problems in being connected to a professional club including the virtual seven day week from August to the end of May, the isolation from other professionals, the lack of appreciation and the fact that you are at the whim of a manager whose mood depends on the team's last performance! There is also the danger that, in the eyes of your fellow professionals, your job is of little importance in the real world and that your career is put on hold whilst you are employed by the club.

The rewards are worth it. There is the opportunity to work with an injured player as often as clinically required without worrying that you are keeping another patient waiting. There is the challenge of getting the players fit without compromising your profession, or there is the thrill of a good cup or league run and the general camaraderie of belonging so closely to a team.

The Football Association, recognizing the difficulty in recruiting professional staff, have established their own sports injury course at Lilleshall National Sports Centre (from September 1990). Every club must employ a chartered physiotherapist or an FA-qualified trainer to treat sports injuries. The FA diploma is very similar to that of the Society of Sports Therapists – not surprisingly, because they were set up by the same person. Both courses require an up to date first-aid certificate and consist of two blocks of 12 days full-time study with a break time of nine to twelve months between each block. Six months prior to the FA course the candidates are sent a reading list. They are also required to carry out two case studies between the two blocks to prove their competence in keeping medical records and they are asked to keep an analysis of the injuries they encounter.

At no time during the FA course are the students taught any mobilization or electrical techniques and post-graduate courses in these fields are not encouraged because their organizers feel that 24 days study is not enough time to go into such advanced techniques, a thought I wholeheartedly agree with.

The FA is only trying to ensure that those treating injuries in clubs can treat the basic soft tissue injuries and can recognize their own limitations and refer the patient on to a more qualified person when necessary.

It is in the latter case where the two courses differ fundamentally. The sports therapists are offered post-graduate courses of one or two days duration in subjects that include ultrasound, manual therapy and combined electrical therapy – subjects which take the chartered physiotherapist many weeks to master.

It is interesting to note that, as yet, the sports therapy qualification has not been recognized by the FA. This then poses the problem of where the sports therapists will find employment? The only avenue left open to them appears to be private practice. I have no doubt that some of these therapists who have their initial diploma and two or three post-graduate courses will believe that they are as competent as any chartered physiotherapist. This confidence will be further endorsed by the fact that the sports therapists are offered their own insurance indemnity. I accept that this offers the patient some protection but I think that it will encourage some therapists to attempt techniques or use modalities in which they have only the smallest amount of knowledge and training. This could cause more serious and longer lasting repercussions for both the general public and the CSP.

The Chartered Society of Physiotherapy must make a stand if it is going to maintain the high professional standards which the general public has come to expect. How will the profession recruit school leavers and persuade them to study for four years when youngsters will believe they can achieve the same result with 24 days study over a 12 month period? We must make people understand that four years is the bare minimum study time required to gain the depth of knowledge needed to give the patient a fair appraisal. We have been taught to treat the patient in a holistic way. How can we expect sports therapists to recognize a more serious medical problem which might present as a simple sports injury? I do not believe that our standards should be compromised so that more people might be attracted into sports medicine.

BASM and other sports medicine groups should put pressure on national sporting bodies to remunerate doctors and physiotherapists who work for them rather than relying of their donation of goodwill. This only promotes the amateur attitude which many of our top sportsmen and women have long complained about.

The way forward must be by research and proper planning by a cohesive multidisciplinary approach and not by small groups with little more than basic knowledge. We must not allow the dedicated enthusiast with only advanced first-aid skills to emerge simply because we are finding it difficult to encourage true professionals into sports medicine. It is imperative that sports physiotherapists are not forced to lower their standards.

We must find a solution in a united professional manner by offering a platform whereby the problems which exist within sports medicine can be clearly and openly discussed by all disciplines involved and thus prevent less knowledgeable groups being tempted to exceed their competence.

References

- 1 Editorial *Br J Sports Med* 1990, 24, 3
- 2 Anon. *Sports Therapy* 1990 (April/May), 1, 24