Sports Medicine and national fitness

Sports Medicine might be defined simply as ‘the medicine and science of health, exercise and sport’. Fitness has a similar problem of definition. Everybody knows what it is, but they all know differently and, indeed, it comprises general and specific components. The recent National Fitness Survey confirmed the depressing message of previous surveys of our consumption-driven Western society. Based on a nationwide study by exercise physiologists it gives a valuable snapshot of the nation’s exercise capacity.

One-third of British men – and two-thirds of women – are hard-pressed to walk up a 1 in 20 slope at a meagre 3 m.p.h. While 96% of 24-year-old men could achieve this standard, 92% of older women could not. Half of all women, and 30% of men, aged 65 to 74, could not lift half their body weight – about the strength needed to get up from a chair without depending on the arms.

Obesity is rising in Britain despite the increased risk of stroke and ischaemic heart disease (IHD). The proportion of overweight men at 48% and women, 40%, compares with 39% and 32% respectively in 1980.

The level of exercise participation is grimly deficient. Seventy per cent of men (and 80% of women) took too little exercise for health benefits to accrue. One in six had taken no moderate or vigorous physical activity lasting at least 20 min in the month of survey. A full 81% of middle-aged males – those at greatest risk of IHD – failed to take enough exercise to gain any preventive benefit.

We must look beyond the physiologically interesting freaks of elite sport to lay claim to the broader field of sports medicine with its general health benefits. What does the ordinary citizen need, limping his way through sport-for-all programmes? How do we get the passive majority of Britain out of its seats for thrice weekly half-an-hour of brisk exercise? The attitudinal challenge is clear – 80% of us think we are fit and believe in exercise but only a minority actually do it adequately!

Clearly more education is needed than the propaganda put out by the Sports Councils and the Health Education Council. Perhaps their main role is to inspire and change public attitudes.

Permanent health benefits depend on sustained long-term exercise. Normal people won’t follow programmes they don’t enjoy, so sport, games and recreation are central to exercise habits. The dictum ‘Sport for All means Sports Injuries for All and needs Sports Medicine for All’ remains true. The pusillanimous attitude of Governments and Sports Councils toward this vital aspect of the nation’s health continues with their inability to breathe life into that mute infant, the National Sports Medicine Institute. For cash, it has to compete with culture (and the rest of sport) in the Arts Minister’s slush fund, or gamble on gambling in that token of modern morality, the forthcoming National Lottery. It is sad that our state does not have a rationally funded national policy on health and fitness.

The Report of the Royal College of Physicians covered much the same ground a year earlier, recommending the general adoption of regular recreational exercise throughout life. We were critical then of the College for its pious prescription but failure to introduce practical action to implement important recommendations such as provision of exercise-aware medical care. The same criticism is true of the new survey.

If British government departments are to remain in thrall to the Treasury, the Sports Council to remain ludicrously underfunded for its ambitions and the National Health Service is increasingly to resist paying even for the sick, then there is not much hope that national fitness will change in the near future.

BASM will follow its vision through the present political wilderness and continue its mission of educating professionals in sports medicine. We can help to ensure that, when reason returns, there will be a sound nationwide base for implementing the clinical services essential to the underpinning of a national exercise programme.

References