Use of imaging data for predicting clinical outcome

EDITOR.—We would like to air three points that arise from the paper Sonographic incidence of tendon microtears in athletes with chronic Achilles tendinosis.1

Firstly, unfortunately the word “partial” has been omitted from the conclusion (abstract). The correct reading appears to be an association microtear formation and Achilles tendon rupture. The distinction needs to be made, as the paper’s take home message concludes with the words “we found no evidence for ultrasonography in stratifying athletes at high risk of tendon rupture”. In this case it appears that the authors mean complete tendon rupture. It is important that this meaning is clarified.

Secondly, although it is well accepted that in many cases tendinosis precedes spontaneous tendon rupture, it does not necessarily follow that sonographic abnormality will lead to (complete) tendon rupture. The tissue based pathologies found by Kannus and Jozsa may be more subtle than can be detected by sonography. We feel that, without longitudinal data in a large cohort with an appropriate control group, Gibbons and colleagues are not in a position to draw a conclusion on sonographic screenings of athletes.

Lastly, given the cross sectional study design, the authors should provide caveats emphasising that their theory of tendon remodelling paralleling that of bone is purely speculative. Cross sectional athlete-control comparisons (such as those provided to sustain the argument on tendon remodelling) do not provide evidence of causality—such differences can result merely from selection bias. If athlete-control difference were causally related, then one could take up basketball in order to grow tall.

We emphasise the need for prospectively collected data to predict future outcome. Researchers and clinicians should desist from speculating as to the longitudinal clinical significance of imaging data collected at one point in time only. To our knowledge, there is only one published prospective ultrasonography and clinical correlation study in the tendon literature at present, and it shows rather poor predictive value of ultrasonography in terms of development of symptoms and clinical findings of patellar tendinopathy in female basketball players. Until researchers and reviewers acknowledge the importance of longitudinally collected data for predicting clinical outcome, our imaging field will continue to be mired in debate based on speculation rather than science.

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REFERENCES

What is sports medicine? Medical students don’t know

EDITOR.—A large proportion of the population participates in sport occasionally and these envelopes a devoted core that plays often. As sport is a large part of British culture and its practice has direct effects on the body, one may infer that its study is of significance to doctors. Logically, a medical student would have an interest in learning about such a topic, as it would be a factor in future patient care. It should follow that medical schools would seek to include compulsory sports medicine training as part of a well rounded undergraduate curriculum. This is, unfortunately, not the case.

Few medical schools include compulsory training in sports medicine. Often, the only exposure a student receives is sport related fracture management during an orthopaedic rotation. Consequently, many medical students have little idea what sports medicine is and do not realise that it encompasses much more than treatment of injury.1

A sports trained doctor may be better able to advise on sport as part of a healthy lifestyle for both the lay population and athletes. This type of training allows the doctor to have greater understanding of how sport can affect a patient’s health and how their health can be affected by sport.

It is encouraging that some medical schools have begun to include sports medicine in their curriculum, including some courses for clinical students. Glasgow University leads the way with an intercalated BSc programme designed specifically for medical undergraduates.2 More compulsory sports medicine needs to be instituted, so that even if a student is not interested in it as a career, he/she will be better equipped to understand and deal with sport related issues in future clinical practice.

Greater exposure at the undergraduate level is also likely to spark further interest and recruitment to what is a new and exciting area of medicine.

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The report of the British Nutrition Foundation Task Force on obesity is a very important document. It is a pity therefore that it is so boring to dip into and read. Certain of the importance of this report, and mindful of my responsibilities to the British Journal of Sports Medicine, I brought this book with me on holiday. I tried to read it, oh yes I did. Every attempt was soon met with a gradual drooping of the eyelids and then blessed sleep in the sunshine. The presentation, with few illustrations, was the problem, but this, however, is my only criticism.

This multi-author report is chaired by Professor Garrow, an expert in the field of obesity, and the members and contributors comprise some of the most important workers on obesity in the United Kingdom. It is very timely, given that the prevalence of obesity in this country in 1995 (body mass index greater than 30 kg/m2) had risen to 13% of men and 16% of women, and over half the population are now overweight (body mass index greater than 25 kg/m2 but less than 30 kg/m2) or obese.

The report is extremely up to date, covering such areas as the new genetics of obesity (leptin and human obesity syndromes) and new treatments such as use of the pancreatic lipase inhibitor Orlistat. The references are relevant, and go right up to 1998. Every aspect of obesity, from epidemiology and health risks through clinical assessment, societ, prevention, treatment, and suggestions for further research are covered. The book’s target audience is really all of us—those that it defines as communicators, including government, health and local authorities, health care professionals, researchers, the food industry, and journalists. Traditionally, exercise has not been given priority in obesity treatment programmes or commercial weight loss programmes. However, the prevalence of obesity

CONFERENCE REPORT

Active aging in the new millennium: fifth world congress on physical activity, aging, and sports.

The 5th PAAS congress Active aging in the new millennium took place in Orlando, Florida on 10–14 August 1999. It was attended by a large number of delegates from all over the world and gave birth to ISAPA, the new International Society for Aging and Physical Activity.

One session which had been planned by Dr Michael Pollock, who died earlier this year, went ahead much as he had planned it, but sadly as a memorial and tribute to him. The highlight of this event was the opening presentation from Professor Per-Olaf Astrand, who used the opportunity to take us, with gentle skill, very seriously and thoroughly back to our roots in the physiology of exercise,Warning: all versions of this paper were downloaded from a network. Protected by copyright. http://bjsm.bmj.com/ on 1 February 2000. Downloaded from http://bjsm.bmj.com/ on September 17, 2023 by guest. Protected by copyright.
is increasing in our population despite the fact that the total energy intake of the population has actually fallen for the last 25 years. This is totally due to an increase in the sedentary nature of the population, with lifestyle related inactivity (resulting from increased availability of labour saving technology) and fewer people engaging in physical activity. The increase in obesity, to the national diet to lower the level of physical activity, and activity. And so, it’s a question of prevention and treatment of obesity. The second contains answers to questions from medical professionals, which are in fact questions that many of the population would ask us.

To summarise, would I want to buy this book personally? No, because it does not contain the information that I would want to have it to hand? Yes, Yes, Yes. This is a definitive work and I feel much the richer in being asked to take part in its review. The book is divided into easy reading chapters, and terminology used is basic medical language. Sections of the book outline basic massage techniques have good detail and are supported with clear referenced photographs. The chapter identifying injury problems is somewhat lightweight, and little reference is made to the importance of making a specific diagnosis. Timing of the healing stages and effects that massage may have at these stages is also not detailed. Throughout the chapters, there are no references to current scientific literature to support the authors’ comments. Information on the relation to specific sports and the different massage techniques found to be beneficial—for example, for before and after competitions—is also not evident. The later chapters introduce the reader to a variety of complementary medicines—for example, aromatherapy and reflexology—but no further practical techniques are outlined. A short bibliography of further reading is available, although this is somewhat dated. The quality of information provided is somewhat basic, and regretably has nothing practical for the experienced sports medicine practitioner. The book does, however, provide a basic introduction to the art of sports massage for a student wishing to pursue this field.

Evaluating the rehabilitation programmes used by the author following various injuries and operative procedures provide useful practical guidelines. This book is too good to hurry. I was at first disappointed as I had misunderstood that it would address itself more exclusively to postgraduate issues, my chief domain. Its 36 chapters pertain to the education of the so termed “beginning practitioner”, defined as “the level of competence and stage of prepa-
ration the graduate has achieved on entry to their profession”. However, as the sections were unveiled, it was apparent from the scope of the book that it had intended to address comprehensively the education of the beginning practitioner by considering the entire process, from even before the undertaking of the initial training programmes. The chapter on the development of professionalism was particularly interesting in referring back to the earliest stages even before the conscious selection of a chosen profession occurs. As the themes of the book continued to be developed, so I found myself engrossed in the topics addressed. The quality of information provided is somewhat basic, and regretably has nothing practical for the experienced sports medicine practitioner. The book does, however, provide a basic introduction to the art of sports massage for a student wishing to pursue this field.