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 conclusion currently reads “appears to be an association between microtear formation and Achilles tendon rupture”. The distinction needed to be made, as the paper’s Take home message concludes with the words “microtears appear for ultrasound in identifying athletes at high risk of tendon rupture”, and in this case it appears that the authors mean complete tendon rupture. It is important that this distinction 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, Gibbon and colleagues are not in a position to draw a conclusion on sonographic screenings of athletes.

Thirdly, given the cross sectional study design, the authors should provide caveats concerning 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,2 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 a debate based on speculation rather than science.

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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 courses for clinical students. Glasgow University leads the way with an intercalated BSc programme designed specifically for medical undergraduates.2 More compellingly, 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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16th World Congress on Physical Activity, Orlando, Florida, May 1999

LETTERS TO THE EDITOR

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. This highlights 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, charging us along the way with snatches of song and cartoon drawings. A veiled reminder perhaps that in our haste to get new funding we should not neglect to read and ponder the findings of those who have gone before us.

Plenary sessions covered topics as diverse as feminist perspectives, health benefits, interdisciplinary research, public policy issue, the needs of the oldest old, and how to translate research into programmes. These were accompanied by full days of invited symposia, oral presentations, and poster presentations, with up to three events running concurrently.

E JOAN BASSEY
Queen’s Medical Centre, Nottingham

BOOK REVIEWS


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, etiology, 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...
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 participating in active exercise.

“Lose weight fast” diets are exposed for their non-physiological and ineective ap-proach. An optimal treatment combining diet, physical activity, and behavioural modi-
fication will enable weight loss maintenance to continue after an achievable goal, such as loss of 10% of weight, has been achieved.

The book is divided into easy reading chapters pertain to the education of the so-
graduate issues, my chief domain. Its 36 chapters pertain to the education of the so
of the book that it had intended to address

The editors have also made a huge con-
bution to the chapters within the book, and their knowledge and experience in the field is most apparent. It is a book that needs to be read thoughtfully in its entirety and then referred back to. To dip into the index only for selective reading would wholly miss the point. The editors and authors are to be con-gratulated on bringing together a thoroughly comprehensive work and I feel much the richer in being asked to take part in its review.

Analysis
Presentation 10/20
Comprehensiveness 12/20
Readability 12/20
Relevance 12/20
Evidence basis 10/20
Total 58/100

PAUL D JACKSON
General practitioner and sports physician, Devices, Wiltshire


This book is too good to hurry. I was at first disappointed as I had misunderstood that it would address itself more exclusively to post-
graduate 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 begin-
ing practitioner by considering the entire process, from even before the undertaking of the initial training programmes. The chapter on the development of professionalism was particu-
larly interesting in referring back to the earliest stages even before the conscious sele-
tion 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 whole of section two, exploring “the context of health science education” was a challenge, but worth the perseverence and time needed to decode the provocative elements of chapter 13, “Designing and implementing a learning programme: a femini-st and critical perspective”, which was both irritating and enlightening. From then on the remaining sections drew together all the strands relating to the undergraduate and ini-
tial postgraduate phases and were most inter-
esting and informative. The book does well to cover the links and similarities across the board of all the health professions and manages to span the world efectively in its referencing, although, understandably, the weight appears to be on the antipodean side.

The target audience has been well identi-

To summarise, would I want to buy this book personally? No, because it does not have either the time or inclination to dip into its chapters. The book’s promotional material omits the medical profession from its list of prospective readership, but I do believe that it is extremely pertinent to the medical educa-
tor, particularly with consideration for the breadth of experience of those contributing and literature research base.

The editors and authors are to be con-gratulated on bringing together a thoroughly comprehensive work and I feel much the richer in being asked to take part in its review.

Analysis
Presentation 17/20
Comprehensiveness 19/20
Readability 19/20
Relevance 20/20
Evidence basis 19/20
Total 94/100

ELAINE ATKINS
Chartered physiotherapist in private practice, Woodford Green, Essex


This handbook is designed as a reference book for students of sports massage and complementary therapies.

The book is divided into easy reading chapters, and terminology used is basic medical language. Sections of the book outlining basic massage techniques have good detail and are supported with clear refer-
enced photographs. The chapter identifying injury problems is somewhat lightweight, and little reference is made to the importance of making a specifc 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 scientifc literature to support the authors’ comments. Information on the relation to specifc sports and the dif-
ferent 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 fur-
ther 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 regrettably there is nothing practical for the experienced sports massage practitioner. The book does, however, pro-
vide a basic introduction to the art of sports massage for a student wishing to pursue this field.

Analysis
Presentation 12/20
Comprehensiveness 11/20
Readability 11/20
Relevance 12/20
Evidence basis 9/20
Total 55/100

TIM ATTER
Physiotherapy Manager, BUPA Hospital Cardiff


This book has some useful guidelines for any physiotherapist contemplating a switch from hospital employment to being a full time physiotherapist with a sports team. The author is realistic about the commitment required and weighs up the benefits and dis-
advantages of such a move. The dynamics of a team approach to providing medical/
physiotherapy support and the need for excellent communication between members of the team and other teaching and mate-
rial staff at a club are covered very well. His ex-
perience of what a team doctor with a sports team does is acknowledged. The mixture of sport specific areas and general topics means that there is repetition. There is also consid-
erable variation in the detail between topics; some issues such as isokinetic testing and some areas of rehabilitation are covered in depth whereas other areas are superficial and incomplete. The section on concussion is particularly poor. The suggested grading scale for antihormonal therapy is totally due to an increase in the sedentary
totally due to an increase in the sedentary

The book does, however, pro-
vide a basic introduction to the art of sports massage for a student wishing to pursue this field.

Analysis
Presentation 12/20
Comprehensiveness 11/20
Readability 11/20
Relevance 12/20
Evidence basis 9/20
Total 55/100

TIM ATTER
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