Sports medicine education

Editor,—I read the section on sports medicine education in the August issue of the journal with great interest because of the issues raised for all of us involved. It stimulated me to raise two points.

Firstly, although it is desirable for undergraduate medical students to be introduced to sports medicine, it does seem to be an area of practice that seems very appropriate for continuing medical education and for postgraduate qualifications. Although a case can be made out for medical practitioners who wish to practice full time in sports medicine, the number of such practitioners will be relatively few. The much greater need is for the “up-skilling” in sports medicine of medical practitioners whatever their practice—family medicine, emergency medicine, rehabilitation medicine, paediatrics, orthopaedics. There is a great need for much better “duty of care” in sports medicine practice by local medical practitioners with regard to promotion of physical activity, recreational sport, school and regional sporting teams, and community sporting and physical activity events.

Secondly, the useful article by Professor Peter Fricker on sports medicine education in Australia does contain statements that require correction for the public record.

He states that there are two classes of medical practitioners with an interest in the practice of sports medicine in Australia: sports physicians and “sports medicine practitioners”. In fact, there are now two discipline bodies representing medical practitioners whatever their practice with regard to promotion of physical activity, recreational sport, school and regional sporting teams, and community sporting and physical activity events.

He also states that medical practitioners with an interest in the practice of sports medicine in Australia: sports physicians and “sports medicine practitioners”. In fact, there are now two discipline bodies representing medical practitioners with an interest in the practice of sports medicine in Australia: sports physicians and “sports medicine practitioners”.

In referring to the sports medicine programmes at the University of New South Wales in Sydney, Professor Fricker states that the teaching in these programs is carried out by “sports physicians and researchers”. In fact, in the distance delivery postgraduate programs (MSPMed, GradDipSpMed, GradCertSpMed), teaching is conveyed in weekly video presentations in which the contribution of sports physicians is 20%, valuable particularly in the area of musculoskeletal medicine. As is to be expected in the multidisciplinary area of sports medicine, 80% of teaching is provided by medical physiologists such as myself, cardiologists, rehabilitation physicians, rheumatologists, ophthalmologists, anatomists, respiratory physiologists, orthopaedic surgeons, sports scientists, sports dietitians, sports psychologists, pharmacologists, biomechanists, radiologists, physiotherapists, sports lawyers. This distribution of teaching load also holds in our CME week courses.

DAVID GARLICK
President, Sports Doctors Australia
Director, UNSW Sports Medicine Programs
School of Physiology and Pharmacology
Sydney 2052, Australia
garlick@unsw.edu.au
www.med.unsw.edu.au/sportmed
www.sportsdocs.com.au

LETTER TO THE EDITOR

BOOK REVIEW


As a physical education teacher and trampoline coach currently travelling around the world, I found this book a welcome fuel injection for the brain.

Homoeopathy and other complementary therapies are fields of knowledge in which I have always had a general interest. However, formal education has in some way prevented my ability to look beyond the sphere. This book has given me a starting point and an insight to the value of homoeopathic remedies. It has convinced me that there are other options to consider when an injured athlete is not responding effectively to medical treatment.

Emlyn Thomas cleverly emphasises the important link between the physical and mental traumas incurred by an athlete. I found his holistic approach to recovery both inspiring and logical. For the modest PE teacher there is a lack of certainty involved in making an accurate diagnosis of injury.

The Materia Medica, while having content and specificity, was a bit beyond my comprehension using third form Latin. Like most new skills, it would require a fairly steep learning curve to understand and apply this new depth of knowledge to the rehabilitatin patient.

Homoeopathy for sports, exercise and dance is a comprehensive, well sequenced document. The content is informative and accessible. There is a bonus section, which offers remedies for everyday health problems from asthma to sciatica. Considering the scope of information in this book, coaches, sports therapists, athletes, physiotherapists, and others in related fields may find something of value.

I would not have purchased the book myself, but I am sure that I will be consulting it—even if it is only for altitude sickness in the Rocky Mountains or sleeplessness in Seattle. It may even be the start of a new direction in my career. At the moment it will stay in my backpack and come around the world with me.