Impact of professionalism on injuries in rugby union

EDITORS.—We were concerned about reports of increased injury in Scottish rugby union football.1 In their article, Garraway et al report the results of a 1997–1998 survey of Scottish club players, which, when compared with the findings of a 1993–1994 survey, indicate a substantial increase in the incidence of injury. The authors attribute this increase to factors associated with the advent of professionalism in rugby union football.

Garraway et al consider a number of possible explanations for their findings and then conclude that “the factor that is most likely to have contributed to the increased burden of injury in competitive play and requires the primary reason for using headgear and reported that they played more confidently when wearing headgear.

On the basis of their conclusions regarding the impact of padded equipment on the incidence of injury, Garraway et al recommend that the International Rugby Board “place a moratorium on the further development of protective equipment until it has been established that it is not contributing to the substantial increase in player morbidity associated with the introduction of professional rugby union.” In their abstract, they go further by recommending that the moratorium should be placed on the “use of protective equipment in contact matches”.

There is at present little evidence to suggest that padded equipment modifies the risk of injury in rugby. We have no argument with the need to find explanations for the disturbing increase in injury reported by Garraway et al. What concerns us is that their recommendations have been made in the absence of supporting evidence, and that in making such recommendations, attention is diverted from other explanations for the observed increase in injuries, such as law changes that affect the way in which rugby is played. Investigation of the effects of padded equipment on injury risk, through properly designed research, is required before recommendations about its use can be made. Placing a moratorium on the use of protective equipment may make it difficult to undertake such research.

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2 McIntosh AS, Best J. Reviews of medical aspects of laws. 4 Player clothing and personal protective equipment. Unpublished interim report. School of Safety Science, The University of New South Wales and Australian Rugby Union, Sydney, Australia.

Proportions of activities in a climbing gym

EDITOR.—I refer to the paper on indoor rock climbing by Wright et al.1 Firstly, thanks to the authors for adding some valuable information to the under researched area of indoor climbing injuries (particularly given the popularity of this activity world wide). While I have no doubt that many of your participants put leading or bouldering as the activity that they spent most time doing while in the gym, I would have significant doubts that it actually the case, particularly in lower grade climbers. I suspect that the participants in the study may well have overestimated the amount of time they spent in each activity, and that an analysis of actual time spent would reveal more time spent on a top rope than any other activity. This is a possible explanation for the otherwise unexpected findings when looking at the ‘preferred activity’ as a predictor of overuse injury.

I do agree with the idea that many ‘committed’ climbers will spend more time bouldering than the non-committed, but this should logically be a factor to some extent related to grades climbed, not independent of skill level.

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The editors will decide, as before, whether to also publish it in a future paper issue.

Authors’ reply

Thanks to David Humphries for his comments on our paper. We agree that our respondents may have overestimated the time they spent leading and bouldering in comparison with top roping, although, if this is the case, we should ask why. Braveado, perhaps wishing to appear bolder than they actually are, may see the most likely explanations. Memory error, resulting in this case in misclassification bias, is a potential source of error in epidemiological studies, a bias to which our study is no less susceptible than others reliant on memory based replies. If the misclassification is all in one direction—that is, some people stated that their most common activity was leading and bouldering when it was in fact top roping, and no one made the opposite error—the true odds ratio for leading and bouldering in comparison with top roping would be lower than that which we found. We have not performed a sensitivity analysis to estimate the degree of misclassification that would reduce the coefficient of this variable to non-significance.

We have one further comment to make in relation to Humphries’ remarks about “committed” climbers. We have highlighted out that we cannot regard our sample as a true cross sectional representation of the indoor climbing population. In particular, it seems unlikely that “team building” clients are believed to represent of a rapidly expanding market. In this sense, we suspect that almost all our respondents would be “committed” climbers, but the word has a different sense here from the way Humphries has used it.
Sports doctors’ resuscitation skills

Editor,—I cannot resist the temptation to join the debate on sports doctors’ resuscitation skills.1,2 The study by Thompson et al3 suggested that there is a perceived need among sports specialists for first aid skills. However, I received no response to my letter concerning this4 which indirectly posed the question, “should doctors who attend aquatic sports be able to deal with a suspected cervical spine fracture and recover the casualty?” Obviously, that is the task of a lifeguard in the same way that first aid at non-aquatic events is the task for a first aider, but perhaps doctors should be competent first aiders and/or lifeguards. This was never in the medical school curriculum and perhaps that should change. At least, first aid training is part of sports medicine courses, but I would like to suggest that lifeguarding should also be included. I would also suggest that all doctors at aquatic events should hold the NPLQ, NBLQ, or at least bronze medallion and bronze cross of the RLSS or overseas equivalent.

Should the organisers of any sports medicine course want advice on this, they should contact the RLSS at River House, High St, Broom, Akerstone, Warwichshire B50 4HN, UK. I would be happy to help out but would make two stipulations: everyone on the course should feel obliged to join the RLSS and they should sponsor me for my next fund raising event for the RNLI.

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BOOK REVIEWS


This is the best book on the marathon that I have ever read. It is composed of a series of chapters based on lectures delivered at a British Heart Foundation symposium on marathon medicine held in London in 2000. The content includes a wide range of disciplines: history, sociology, psychology, medicine, physiology, and more.

It is noted in the introduction that the reader will be treated to the views of a veritable galaxy of experts. This is no false claim.

What a pleasure it was to read this book—comprehensive, direct, accessible, and practical—are all there. I found this increasingly useful as the details in this publication.


“Have we tried to strike a balance between being too academic on the one hand and competing with the pocket guides on high altitude emergencies on the other” proclaim Michael Ward, James Milleledge, and John West, three internationally respected authors on the subject of high altitude medicine. Their third edition is an attractively covered book, its suprising weight giving suitable notice of the serious reading within.

Each chapter starts sensibly with a list of contents followed by a carefully worded summary. I found this increasingly useful as the majority of text favours the clinical specialist and high altitude physiologist. By chapter six I was struggling with M = (P - P)Q/(1 - e^-W). Those of you who recognise this as relating to the total transfer of a gas will be at one with this book. I suspect the majority of readers will silently thank the authors for providing those chapter summaries.

In the midst of this text I could sense John West’s influence predominate, with the profusion of scientific tables and graphs sprinkled with references to the pioneers of high altitude physiology, and it was in these scientific chapters that the authors seemed most at ease. As a GP with an interest in mountain medicine, I found the latter third of the book much more relevant. The conditions of high altitude pulmonary oedema and cerebral oedema (HAPE and HACE), hypothermia, exhaustion, and fatigue are covered in workable detail, and there is useful information on how clinical conditions such as diabetes, COPD, and IHD are affected by high altitude.

I was excited when I saw this book as the five authors are all well known to me as prominent in their respective fields. Nicola Maffulli of Stoke on Trent via Aberdeen and Hong Kong is an orthopaedic surgeon with a special interest in children’s injuries, Kai Ming Chan, Rose Macdonald, Robert M Malina, and Anthony W Parker. I would recommend this book to all athletic training staff, physiotherapists, coaches, and students who care for participants in, or who are interested in, endurance sport. It is suitable for sophisticated athletes and both students and practitioners of sports science and sports medicine.


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Clinical risk management is a strange subject which will perplex many readers. If this was a book about cricket, it would have chapters on no balls, wides, missed stumpings, and accusations by Indian bookmakers, but it probably would not talk about how to be a successful cricketer. As a result, some readers will be a bit put off by both its lay out and content. However, for those who already practice high quality medicine, this text offers an opportunity to refine their practice further.

To a large extent, clinical risk management grew out of the need to address issues arising from litigation against individual doctors and health services—an influence that still strongly underpins this volume. A somewhat broader view, that there are inherent risks in all medical practice and we must learn how to deal with them appropriately, also strongly influences this book and represents the future of clinical risk management. This will not only reduce adverse events for patients, but will also have the pleasant side effect of reducing litigation.

The most interesting aspects of this book are those that apply the principles and issues of risk management to individual clinical disciplines. The reviews in areas such as oncology, psychiatry, and emergency medicine are well thought out and well referenced, providing us with insights to enable clinicians to further reduce adverse events in their specialty and the consequences of those adverse events.

While not quite having reached Bible status, this book provides an extremely comprehensive introduction to the area of clinical risk management for the novice, and also would be highly useful as a reference for individuals seeking to know more about clinical risk management. While probably not quite making it to bed time reading, it is a book where each chapter or area can be read in its own right. It is certainly a book that every clinical risk manager should have access to, and I would recommend that clinicians read their specific chapter. In future editions, this area of the book I am sure is destined for expansion.

Analysis
Presentation 15/20
Comprehensiveness 17/20
Readability 18/20
Relevance 14/20
Evidence basis 15/20
Total 79/100

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Sports Injuries Management of the Shoulder
8 December 2001, School of Physiotherapy, Manchester, UK
NSMI in partnership with ACPSM
Further details: Isabel Lancom, NSMI;
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Competency Course in Musculoskeletal Ultrasound
7–8 January 2002, Oxford, UK
Further details: Alison Davies, Department of Radiology, Nuffield Orthopaedic Centre, Oxford OX3 7LD, UK;
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II International Congress on Physical Education, Sports Medicine & Exercise Science
14–17 January 2002, Donapaula, Goa, India
Further details: Dr Jasarj Singh, Organising Secretary, LINPE Gwalior, India 21, Lakshmibai National Institute of Physical Education Shakti Nagar, Gwalior 474400 M.P 47002 INDIA; Tel: +91 751500932/340588; Fax: +91 751500932/340588; email: jsraj@sancharnet.in
Website: www.alumni-linpe-gwalior.com

The Sixth International Paralympic Committee Scientific Congress
4–6 March 2002, Salt Lake City
Further details: Michele E. Brown, P.O. Box 45002, Salt Lake City, Utah 84145–002, USA; email: michele.brown@saltlake2002.com

6th World Conference on Injury Prevention and Control
12–15 May 2002, Montreal Convention Center, Montreal, Canada
The purpose of the conference is to bring together the stakeholders to facilitate exchange between sectors and disciplines; promote the sharing of knowledge and inter-vention models and encourage partnerships between the public and private sectors.

The conference will include plenary sessions on all topics of concern to all professions (for example, the influence of the media on the safety of populations: the role of policies and laws) and state of the art presentations focusing on their respective fields. Simultaneous translation of these sessions and the opening and closing ceremonies will be available in French and Spanish. Additionally, as the focus is to facilitate exchange, parallel sessions (oral presentations, round tables, and debates) and poster sessions will be organised around six major themes: Road Safety, Occupational Safety, Sport, Leisure, Home, Institutional and Product Safety, Suicide Prevention, Violence Prevention and Post-trauma care and Rehabilitation.
Further details: Carol Pincos-Langevin; Tel: +1 514 848 1133; Fax: +1 514 288 6469; email: trauma@coplanar.qc.ca
Website: www.worldtrauma2002.com

Letters, Book reviews, Calendar, Notes

Total 79/100
Evidence basis 15/20
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FACTOR EXTRACTED

Further details

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Website: www.alumni-linpe-gwalior.com

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Website: www.worldtrauma2002.com

World Conference on Women and Sport
16–19 May 2002, Montreal, Quebec
Further details: Deena Scoretz (secretariat), IWG Secretariat, 15 Eddy Street, 8th Floor Hull, QC K1A 0M5, Canada; Tel: +1 604 999 0989; Fax: +1 819 956 8019; email: dscoretz@infoserve.net
Website: www.iwg-gti.org

49th ACSM Annual Meeting
20 May 2002 to 1 June 2002, St. Louis, Missouri
Further details: Fax: +1 (317) 634–7817

Physical Therapy 2002
5–8 June 2002, Cincinnati, Ohio, USA
Further details: 2002 Annual Conference Program Committee, C/o Professional Development, APTA, 1111 North Fairfax St. Alexandria, VA 22314–1488 USA

12th Commonwealth International Sports Conference
19–23 July 2002, Manchester, UK
Further details: Conference Secretariat, HIT Conferences, Cavern Court, 8 Mathew Street, Liverpool L2 6RE, UK; Tel: +44 (0)151 227 4423; Fax: +44 (0)151 236 4829; email: sport@hit.org.uk
Website: www.hit.org.uk/sport/home.htm

Fourth World Scientific Congress of Golf
23–26 July 2002, St, Andrews, UK
www.basem.co.uk

The British Association of Sport and Exercise Medicine has launched its new website—www.basem.co.uk. The site provides information on the educational opportunities in sport and exercise medicine, and advice to those wishing to be involved in this area. BASEM members can also access the latest information of BASEM events.

www.UKSI.net

The UK Sports Institute (UKSI) is currently developing a password restricted website—www.UKSI.net—for the elite professional sporting community including athletes, coaches, and those in sport science and medicine. The site will be commissioning experts to write articles on a variety of topics. Each article will be aimed at the entire audience, promoting the integrated philosophy of the UKSI.

Bayesian statistics and evidence based medicine

Evidence based medicine is the buzzword of the day. But in fact, the standard statistics that are used in almost all studies do not answer the questions that are of interest to the clinician, even though they are misinterpreted as if they do. A new website www.physio.mcgill.ca/smcourse/bayesian is now available that compares the inferences that can be drawn from standard statistics with those that can be drawn from the Bayesian statistical approach. The authors welcome all questions and comments. This site is designed for both clinicians and epidemiologists.