

# PostScript

## LETTERS

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### Mandatory wearing of helmets for elite cyclists: new perspectives in prevention of head injuries

Cycling related injuries, especially those to the head, are common causes of morbidity, death, and disability and could largely be prevented by the proper use of hard shell helmets.<sup>1,2</sup> Unfortunately, obvious evidence is often not acknowledged, and the use of such a valuable preventive measure has been too long ignored. Media coverage of elite competitions, showing most athletes racing without helmets, has unfavourably influenced amateur and young cyclists for a long time. However, owing to the progressive increase in severe and fatal injuries, especially involving elite cyclists, and the evidence that the outcome of most of these tragedies might have been prevented,<sup>1,2</sup> the International Cycling Union announced that, from 5 May 2003, it is mandatory to wear a hard shell helmet in elite men's events for classes 4 and above. This decision was taken in agreement with the Professional Riders Association, who supported the initiative despite some internal differences of opinion. Images transmitted world wide during the 2003 Tour de France, a sporting event second in popularity only to the Olympics, are encouraging, showing all athletes wearing helmets throughout most of the race. This is a valuable message for both amateur cyclists and adolescents, as awareness is often more productive than restrictive measures. In addition, individual persuasion to wear helmets does not have the side effect of reducing the incentive to do cycling. Less cycling, in reaction to restrictive legislation, may counterbalance the beneficial effects on head injury prevention, as regular recreational aerobic activity, such as cycling, has manifest benefits on health, preventing the development of chronic disorders, including atherosclerosis, diabetes, osteoporosis, obesity, depression, and cancer.<sup>3</sup>

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### Complex regional pain syndrome in thoracic outlet syndrome

We read with interest the article by Casey *et al.*<sup>1</sup> Notwithstanding their substantial work, we have a few comments about their article. First of all, we wonder whether they performed any evaluations for coagulopathy in such a patient with severe thrombosis and endothelial damage. We also wonder why they delayed surgery for one month, whether they prescribed an exercise programme before prophylactic left cervical rib excision was planned, if the patient initially had any neurological findings, such as muscle weakness, atrophy, hypoaesthesia, or reflex abnormalities, or any objective evidence of neurogenic thoracic outlet syndrome (TOS). As the patient was diagnosed with TOS and it is generally recommended that first rib resection and scalenectomy be performed for this condition, why these were not applied is not clear from the text.

The main point that we would like to stress is the mechanism of the patient's pain relief after sympathectomy. Do the authors believe that it was due to improved circulation, which we believe is unlikely in such occluded vessels, and could it have been confirmed by imaging? We believe that some of the painful symptoms may have been due to complex regional pain syndrome, a likely diagnosis in patients with TOS, in whom the sympathetic fibres around the subclavian artery, innervating the upper extremities, become compressed by a cervical rib. The patient's good symptomatic relief despite some arm claudication after surgery also supports our hypothesis. Thus we propose that the favourable outcome after sympathectomy may rather have stemmed from its beneficial effects on complex regional pain syndrome.

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#### Reference

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### Upper body contribution to high intensity cycle ergometer exercise: implications for blood lactate measurements and power profiles

We read with interest the article by Hunter *et al.*<sup>1</sup> We would like to elaborate a little on

the measurement of high intensity exercise and in doing so identify possible factors that may have contributed to the conclusions drawn. We recently investigated the upper body contribution to high intensity exercise performance.<sup>2</sup> The purpose of the study was to examine the upper body contribution through handgrip to power profiles and blood lactate concentrations during high intensity cycle ergometry. Nine trained male subjects each completed a 20 second, high intensity cycle ergometer test twice, in a random manner, using two protocols, with a handgrip (WG) and without a handgrip (WOHG). Capillary (ear lobe) blood samples were obtained before and after exercise. Blood samples were corrected for changes in plasma volume, and analysed to determine blood lactate concentrations. In the WG protocol, mean (SEM) blood lactate concentrations sampled over the three conditions were 0.98 (0.33), 5.68 (0.46), and 9.14 (0.38) mmol/l respectively. During the WOHG protocol, blood lactate concentrations recorded were 0.99 (0.26), 5.58 (0.58), and 7.62 (0.65) mmol/l respectively. Differences were found ( $p < 0.05$ ) from rest to four minutes after exercise for both groups. Differences in concentrations were also observed between the groups at four minutes after exercise. Peak power output recorded using the WG protocol was also greater (1461 (94) v 1136 (88) W;  $p < 0.05$ ). No differences were recorded for mean power output, fatigue index, or work done. We also recorded the surface electromyography of the forearm musculature while performing each of the two protocols.<sup>3</sup> During the with grip ergometer tests, the intensity of the electrical activity in the forearm musculature was greater than the intensity of electrical activity recorded for the forearm musculature during 100% maximum voluntary handgrip dynamometer contractions, suggesting maximum isometric-type contraction during the "with grip" leg high intensity cycle ergometer tests. The findings of both studies indicate significant differences in power output and blood lactate concentrations between protocols. These findings suggest that the performance of traditional style leg cycle ergometry requires a muscular contribution from the whole body. Also, the upper body contribution may influence fatigue profiles of the lower limbs during this type of activity. Therefore, researchers should consider this, both in terms of the allocation of ergometer loads, and in the analysis of blood borne metabolites.

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during high intensity exercise. *Med Sci Sports Exerc* 2002;**34**:1037–40.

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## Clinical governance is unworkable

In your editorial on clinical governance, you cited “fragmented...evaluation” and “lack [of]...benchmarks of quality of care... which...impairs...improvements in patient care.”<sup>1</sup> If improvement in patient care is impaired, clinical governance is conceptually moribund.

Clinical diagnosis consists of evaluating patients' maladies— “[A]t the heart of [clinical governance] is the desire to evaluate the quality of medical practice against agreed standards”<sup>1</sup>—and thus entails an analogy between clinical evaluation of patients and performance evaluation of physicians. The clinical biochemical literature identified a deficit that renders that analogy false: “...total quality management (TQM) in laboratory medicine [requires]...that objective quality goals must be clearly defined a priori...”<sup>2</sup>

Obviously, an evaluator can compare care he examines with quality benchmarks in either laboratory or clinical medicine only if he has a clear, a priori, definition of quality of care in mind. Mechanistic goals of laboratory medicine may be amenable to a priori definition, but the more subjective, viewpoint dependent goals of clinical medicine are not, as Steffen inadvertently demonstrated as he sank into a conceptual quagmire in his attempt to define quality of medical care.<sup>3</sup>

Another logical bind little noted in the medical literature is that performance evaluation of individuals is counterproductive of Continuous Quality Improvement (CQI/TQM), because it instils fear and erodes morale,<sup>4</sup> so clinical governance, reliant on CQI, is likewise incompatible with it. Deming implemented CQI by substituting leadership for performance evaluation. Leadership, unlike performance evaluation, is compatible with collegial principles governing professional development in medicine.

Besides, the clinical assessor too often errs because of the customary procedure in medical peer review: without having examined the patient in question, he relies on the relevant clinical chart alone in his attempt to evaluate a physician's performance.

Accordingly, it is small wonder that “there is...little published evidence that clinical governance makes any...difference.” The foregoing fundamental internal contradictions render clinical governance unworkable.

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## BOOK REVIEWS

### Textbook of sports medicine

Edited by MKjaer, M Krogsgaard, P Magnusson, et al. Oxford: Blackwell Publishing, 2003, £89.50, pp 808. ISBN 0632065095

I have long been impressed by the Scandinavian contribution to sports medicine and exercise science. Therefore a textbook that is the product of leading Scandinavian authors is eagerly awaited. This one does not disappoint. It should appeal to both sports scientists and clinicians.

The first section of the book is devoted to basic science—exercise physiology, biomechanics, and tissue repair processes. The chapters are well written and up to date, but, as a clinician, I found the information was not as well presented as in Wilmore and Costill, which for me remains the benchmark for presentation style.

The second section deals with aspects of human performance and is both detailed and accurate. In the analysis of overtraining, there is appropriate mention of the work of major contributors such as Eric Newsholme and Laurel McKinnon. In the section on altitude training, there is discussion of the live high, train low concept, which is the product of relatively recent research. This demonstrates the contemporary nature of this text.

Moving on, there are well written contributions on exercise in acute and chronic disease states. Some of the major pioneering research on osteoarthritis and sports participation was done in Finland, and this work is given due mention in the textbook. There is a 25 page chapter on imaging of sports injuries, which provides a good analysis of the strengths and weaknesses of the various imaging modalities. The images and diagrams that accompany the text are well chosen.

For sports physicians, the bulk of clinical work involves injury diagnosis and treatment, which occupies the final 250 pages of the book. Here the content is mixed. There is a good description of common and less common causes of leg pain—for example, popliteal artery entrapment. However, tendinopathy is not mentioned as such in this section of the book—rather the term tendinosis is used. Alfredson's concentric then eccentric strengthening regimen is mentioned, but no specifics are given, such as appears in the textbook of Brukner and Khan. There are only two paragraphs devoted specifically to diagnosis and treatment of stress fracture of the navicular, which is a bit light in a textbook of this size. Sadly, there is no mention of the Vienna conference consensus on concussion held in 2002.

In summary, this is a useful textbook that successfully combines sports science and medicine into a unified body of work. Its strength is the close linkage and reference to

original research (each chapter starts with a reference to a classic paper). Its weakness is that, for clinicians, more detail on diagnosis and management of certain injuries would be required for those wanting a text to consult for specific advice.

It's a very good book, but in my view Brukner and Khan remains a better text for clinicians.

### Analysis

Presentation	14/20
Comprehensiveness	17/20
Readability	15/20
Relevance	18/20
Evidence basis	19/20
Total	83/100

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### Essentials of sports nutrition, second edition

Fred Brouns. John Wiley and Sons, 2002, £24.95, pp 227, softcover. ISBN 0471497657

The author summarises the aim of this book in his preface as “to give a scientific but easily understandable overview of aspects related to nutrition and physical activity”, and it does just that.

Having published numerous scientific studies himself, this well respected author, Brouns, is certainly qualified to write such a text. This, together with the panel of internationally recognised experts acknowledged as having critically reviewed the manuscript, ensures that this book is a highly credible source of sports nutrition information.

As expected in a sports nutrition book, this book logically summarises the macro and micro nutrients, with chapters dedicated to each of carbohydrate, fat, protein, fluid, minerals, trace elements, vitamins, and antioxidants. Each chapter provides a detailed overview of the research relating to the topic. The key points at the conclusion of each chapter provide a simple summary without the detail and research for those just wanting the bottom line.

With almost 500 scientific references provided to support the facts, it really is a scientific reference book. It is therefore easy to understand why this book is used as an educational text in graduate courses of sports science, physical education, and sports medicine, in several countries.

Although this book is certainly not targeted towards the sports person or athlete wanting to learn how to meet their nutritional requirements, some practical information could have easily been incorporated. In my opinion this is the only “essential” ingredient lacking. There is a chapter dedicated to “From theory to practice”; however, this is more of a summary of the scientific facts. There are some guidelines relating to “what to do”—that is, nutritional requirements. However the “how to” component is lacking. Additional tips and strategies for applying the facts would complement this book and perhaps extend its use.

Overall, *Essentials of sports nutrition* is a very useful addition to any sports nutrition library.

## Analysis

Presentation	16/20
Comprehensiveness	15/20
Readability	15/20
Relevance	17/20
Evidence basis	18/20
Total	81/100

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## Musculoskeletal injection skills

Monica Kesson, Elaine Atkins, Ian Davies.  
London: Butterworth-Heinemann, 2003,  
£24.99, pp 194, softcover. ISBN 0750643722

*Musculoskeletal injection skills* was written primarily by British physiotherapists for a graduate educational programme or physiotherapists who perform soft tissue therapeutic injections. The secondary audience for this book, according to the authors, is general practitioners. As is true for all books, this one has difficulty being all things to all readers.

At first glance, the book is very appealing. Colourful photographs demonstrate positioning and injection sites for dozens of soft tissue, tendon, and bursa injections, accompanied by sketches of the underlying anatomy and needle trajectory. There are frequent clinical tips and "pearls" as well as detailed lists of equipment required.

These advantageous features, however, are exactly what make this book less valuable for the doctor with significant experience with musculoskeletal injections. The first four chapters cover very basic information, such as basic pharmacology, needle sizes and colours, and no touch sterile procedure, which is probably useful for physiotherapists but not for experienced doctors.

On the other hand, there are injections described, such as the hip joint (intra-articular) or the iliopectoral bursa, which are unlikely to be performed by primary care doctors, or by most sports physicians for that matter, without radiological guidance. Other injections are for conditions for which there is controversy (at best) about the injection's value, such as lateral epicondylitis, but the book merely hints at the lack of data and does not fully address the issue.

Although the production value of the book is high, it is difficult to recommend it wholeheartedly to any group. It is somewhat helpful for family and general doctors, although it is probably both too basic and too complex at the same time. It might be a useful introductory text for doctors training in sports medicine, but would lose its value as the practitioner's experience increased.

## Analysis

Presentation	20/20
Comprehensiveness	15/20
Readability	19/20
Relevance	11/20
Evidence basis	11/20
Total	76/100

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## The female athlete

Mary Lloyd Ireland and Aurelia Nattiv. London:  
Harcourt Publishers Limited, 2002, £48.00,  
pp 803, hardcover. ISBN 0721680291

This book is a very informative source, both from a practical point of view with its sports medicine content, and also from an educational angle with information on the psychosocial aspects of the female athlete, which are very relevant and are not often included in general sports medicine texts.

The book presents sex differences in injury occurrence and gives effective advice on prevention and injury management. It is targeted mainly at sports medicine professionals, but also significant sections are relevant to coaches, trainers, administrators, and, in some part, the athletes themselves and their families.

The organisation is logical, with the content divided into sections including firstly historical, psychosocial, and performance issues followed by chapters on female specific and general medical conditions, and finally sections dealing with orthopaedic, rehabilitation, and sport specific conditions. The chapters are well written and easy to read, with a considerable level of research literature and statistical data discussed within most. The presentation of the text is clear with good use of tables, figures, and other visual representation of information.

The initial section gives a good historical background to female sports participation and explores psychosocial and performance issues and how they relate to the athlete and those working with her. This is important in knowing how to create a successful working relationship by understanding the subtle differences in dealing with female rather than male athletes. This is particularly well explained. There could be more information included here, for example on race, class, and sexuality as such subjects are rarely broached in this type of literature and would improve the knowledge of those caring for the athlete.

The following section covers in great detail problems associated with nutrition, menstrual dysfunctions, and other obstetric and gynaecological issues including pregnancy as well as general medical conditions. Despite some repetition of information, there are very good chapters covering the female athlete triad and the sequelae of disordered eating, with pragmatic advice on recognising symptoms of these conditions. The chapter on the physically challenged athlete supplies detailed information on some of the unique problems faced by this group of sports-women, about which there is very little written and will considerably enhance the knowledge of the non-expert reader.

The orthopaedic section includes all the major injuries usually seen, with relevant female specific information and advice. The chapters on stress fractures, knee, and shoulder injuries are particularly clearly written and presented. There could be a greater contribution, where appropriate, from relevant sports rehabilitation specialists to discuss the specifics of certain aspects of treatment in addition to the surgical or bracing procedures. For example, the foot and ankle chapter could be expanded with the views of a podiatrist on both assessment and management.

The following section on rehabilitation provides a general approach, giving advice

on sport specific rehabilitation programmes, upper and lower limb rehabilitation, strength training and evaluation, and proprioception. Some parts of this section are excellent, with detailed practical advice and evidence based research included, particularly in the upper limb rehabilitation and strength evaluation chapters. However, others are a little basic with insufficient detail and evidence given from research literature. This could be improved by lengthening this section, with more practically orientated information provided.

The final section on sport specific conditions gives a good account of injury type and incidence in a wide variety of sports, including data on some that often receive little attention in the research literature such as cheerleading. It does not, however, include other popular sports played by females around the world such as rugby, netball, and handball. The omission of a chapter on rugby is surprising, as the USA are former world champions in this sport!

Of course not every book will please every reader all the time, and this book is no exception. However, it does, and very successfully, attempt to cover a huge area in dealing with many aspects of care of both the recreational and the professional athlete. Overall, this book makes practical and enjoyable reading and it should be on the shelf of all those managing athletes. Obviously it is impossible to include everything that each reader wants to see, but I want to commend the authors and contributors for their hard work in providing this wide reference base on the female athlete. Such a work is long overdue.

## Analysis

Presentation	17/20
Comprehensiveness	13/20
Readability	16/20
Relevance	19/20
Evidence basis	15/20
Total	80/100

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## Strength and power in sport, 2nd edn

Edited by P V Komi. London: Blackwell  
Publishing, 2003, £75.00, pp 523, hardcover.  
ISBN 0632059117

Enhancing strength and power is now acknowledged as an integral part of the training process for many sports, as well as being beneficial for members of the general public. However, a number of myths and misconceptions about strength and power training still exist. By encapsulating our current knowledge in this area, *Strength and power in sports* may help to dispel some of these myths and lead to better practice in the field. The range of topics covered in this book is vast, spanning most of the issues that influence the development of strength and power. These issues are examined in detail within the five sections of the book, which are: definitions; the biological basis for strength and power; mechanisms for adaptation in strength and power training; special problems in strength and power

training; strength and power training for sports.

Readers who enjoyed the first edition of this book will be delighted to see that most of the original 30 contributors (all world experts in their field) accepted the invitation to revise and update their chapter(s) for this edition. Although such multiauthor books can sometimes lack congruency and be repetitive in places, the editor should be applauded for ensuring consistency and minimising repetition. Although the structure and content area of the current edition is very similar to the first edition, some excellent new chapters have also been included. These new chapters describe: proprioceptive training; aging and neuromuscular adaptations to strength training; biomechanics of strength and power training; the application of vibration loads for strength and power development. Such additions to this edition reflect the rapid growth of research interest and knowledge in these specialist areas. On the other hand, some chapters that I valued in the first edition—for example, anthropometric factors related to strength and power, as well as training for bodybuilding and power events—have been omitted. However, the lack of such sections is a minor quibble, as the material presented in the current edition is well written and probably covers the most important aspects of strength and power development.

This book offers a great reference for anyone interested in strength and power training and development. I would recommend its purchase for sport scientists (in particular exercise physiologists and biomechanists), sports medicine professionals, university students in the field, strength and conditioning coaches, clinical exercise specialists, and perhaps personal trainers. Hence, I believe that a copy of this book should be found in the library of any institution in which sports science or medicine is taught.

Overall, I found the book to be well presented with a logical structure (both within and between chapters). The numerous figures and tables highlighted pertinent results and processes and complemented the material presented in the text. Consistent with the aims of the International Olympic Committee (IOC), this book was very comprehensive, covering (in detail) most issues that have relevance to strength and power development. However, chapters on the influence that anthropometry and nutrition have on strength and power would have been invaluable. Although some of the nutritional issues are discussed in *Nutrition in sport* (another book in the IOC Encyclopaedia of Sports Medicine series), it would be convenient to find such material in *Strength and power in sports* as well. Similarly, although one chapter described training for Olympic weightlifting, I would have also appreciated the inclusion of comparable chapters on other sports as well. *Strength and power in sports* was a pleasurable and informative read, as it was generally written in a scientifically rigorous yet reader friendly manner. However, some readers may find sections within the small number of mathematically based chapters more difficult to follow. Regardless, readers should endeavour to work through such chapters, as they will be rewarded with a greater understanding of strength and power development. As the material covered in this book is based predominantly on peer reviewed journal articles (a good number of which were written by the chapter authors), such material generally reflects

the current views in the field. However, some examples of anecdotal evidence and/or personal views also appear in certain chapters. The presentation of such non-referenced material may reflect the relative infancy of research in strength and power training and/or the accumulated wisdom and experience of the authors. Although not yet experimentally validated, such speculation may act as a catalyst for further research.

#### Rating

● Presentation	18/20
● Comprehensiveness	16/20
● Readability	17/20
● Relevance	17/20
● Evidence basis	16/20
● Total	84/100

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#### Exercise and sports cardiology

P D Thompson. McGraw Hill, 2001,  
AUD\$167.95, pp 504, hardcover. ISBN  
0071347739

On numerous occasions athletes are charged with “having no heart” or alternatively “having a huge heart”. According to this text they all have one, but they do vary in size considerably.

This is not “Sports cardiology for dummies”. Pitched more at the cardiologist with an interest in sport, than the sports physician with an interest in cardiology, this text overflows with information. It assumes a basic knowledge of cardiology, for example arrhythmias, ECG interpretation, and the basics of echocardiography. If you are a little rusty, keep the basic text nearby.

Many parts are highly technical and delve deeply into cardiac and exercise physiology. For the scientist this is fantastic, the sports medicine clinicians may wish to skip it.

However, the clinical sections are excellent. The relevant topics are dealt with clearly, thoroughly, and with more than adequate depth. It describes diagnostic criteria for relevant syndromes (Marfans, HCM) affecting the heart simply and includes up to date genetic research in these areas. All appropriate sports medicine and cardiology issues are explored, with excellent sections on children, screening, and the effects of exercise on medical conditions such as diabetes and lipid disorders. Interestingly, treatment of all areas mentioned is discussed only fleetingly.

The book can be complex but the statements are reasoned, and the authors clinical perspective is interesting and thought provoking. Despite this complexity in some parts, *Exercise and sport cardiology* will be an excellent reference text for those studying and practising clinical sports medicine and is something that has been missing from the library until this point.

#### Rating

● Presentation	16/20
● Comprehensiveness	19/20
● Readability	13/20
● Relevance	14/20
● Evidence basis	19/20
● Total	81/100

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#### Campbell's operative orthopaedics, 10th ed (4 vols)

Edited by S T Canale, W C Campbell. St Louis,  
MO: Mosby, 2003, \$495.00, pp 4283, hard-  
cover. ISBN 032301240X

This is a book measured by the carton. In fact, just carrying the books around is liable to cause injury. Four volumes and 4283 pages is a lot of reading in anyone's language. What this represents is arguably the best orthopaedic reference around today. If you want to know about any aspect of orthopaedics, it is likely to be in these pages. Just picking a topic at random such as the complications of knee endoscopy gives a huge and somewhat mind boggling list of possibilities. Rather surprisingly for the non-orthopaedist, the book also covers non-surgical problems such as the diabetic foot. Surgical orthopaedics clearly is the focus, and the diagrams of the various surgical methods are easy to follow even for a simple sports physician such as myself.

Who should read it—obviously operative orthopaedic surgeons are the main market. After all they can afford it and are generally fairly beefy chaps capable of carrying the heavy books. Do sports physicians need such weighty tomes? No, although sports physicians in a large group practice or who have no access to an institutional library should consider having access to a copy. It would be nice for the non-orthopaedist if there were a similar detailed reference of non-operative musculoskeletal medicine. Certainly this is a void waiting to be filled.

This book began life in 1939, and the 10th edition represents a remarkable continuity of publishing as well as indicating just how orthopaedics has developed as a specialty over that period of time. This edition has 34 contributors, 10 of which are new. This gives an idea as to the desire of the editor to improve upon past editions.

The book is hugely impressive, up to date, and comprehensive. Concise it isn't.

#### Analysis

Presentation	8/20
Comprehensiveness	20/20
Readability	18/20
Relevance	10/20
Evidence basis	10/20
Total	76/100

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## CALENDAR OF EVENTS

### The 6th STMS World Congress on Medicine and Science in Tennis in conjunction with the LTA 2004 Sports Science, Sports Medicine and Performance Coaching Conference

19–20 June 2004, London, UK

Keynote speakers include Professor Per Renstrom (SWE), Professor Peter Jokl (USA), Professor Savio Woo (USA), Dr Carol Otis (USA), Dr Mark Safran (USA), Dr Ben Kibler (USA), Prof Bruce Elliott (AUS), and Professor Ron Maughan (UK).

*Further details:* Dr Michael Turner, The Lawn Tennis Association, The Queen's Club, London W14 9EG, UK; email: michael.turner@LTA.org.uk

### 9th European College of Sports Science Conference

3–6 July 2004, Clermont-Ferrand, France

More than 1500 participants from 70 countries are due to attend.

*Further details:* website: [www.ecss2004.com](http://www.ecss2004.com)

### The Leeds Sports Imaging Course

6–7 September 2004, Leeds, UK.

This two day course is aimed at both radiologists and clinicians who are involved in sports imaging. The course will comprise an imaging and clinical overview of all relevant joint, bone and soft tissue sporting injuries.

The faculty will comprise internationally recognised skeletal imaging and clinical experts from the UK, Europe and North America who will deliver state of the art lectures and lead sessional discussions. Each session will cover the spectrum of injury for a specific anatomical area beginning with clinical lectures that will allow the subsequent imaging lectures to be placed in context. All aspects of imaging will be discussed but will concentrate on the use of ultrasound, conventional MR imaging and MR arthrography for the diagnosis, staging and prognosis of sporting injuries. Therapeutic image guided intervention using fluoroscopy, CT and ultrasound will also be demonstrated.

13 RCR category one CME credits have been awarded.

*Further details:* Carol Bailey, Course coordinator, MRI Department, B Floor, Clarendon Wing, Leeds General Infirmary, Leeds LS1 3EX; tel: +44 (0)113 3922826; fax: +44 (0)113 3928241; email: Carol.Bailey@leedsth.nhs.uk

### 2004 APS Intersociety Meeting – Integrative Biology of Exercise

October 6–9 2004, Austin, TX, USA

Abstracts due May 12, 2004

*Further details:* Email: [meetings@the-aps.org](mailto:meetings@the-aps.org); website: [www.the-aps.org](http://www.the-aps.org)

### Australian Conference of Science and Medicine in Sport

October 7–9 2004, Alice Springs, Northern Territory, Australia

*Further details:* website: <http://www.sma.org.au/ACSMS/2004/>

### BASEM Conference 2004

14–17 October 2004, Belfast, UK

Main themes: Overuse Sports Injuries and Muscle Injuries. Keynote speakers include: Chris Bradshaw, Medical Director, Olympic Park Medical Centre, Melbourne and Kim Bennell, Assistant Professor, School of Physiotherapy, Melbourne University.

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### The 23rd Congress of Sports Medicine of the AZ Sint-Jan AV

15–16 October 2004, Brugge (Belgium)

*Further details:* Tel: +32 (050) 452900; fax: +32 (050) 452231

### 2nd International Ankle Symposium

15–16 October 2004, Newark, DE, USA

The meeting will examine ankle instability and other related ankle pathologies from a multidisciplinary perspective. Attendees will include clinicians and scholars from the disciplines of orthopedics, podiatry, physical therapy, athletic training, biomechanics, and sports medicine. This conference aims to build on the success of the inaugural symposium held in Ulm, Germany in December 2000. Emphasis will be on oral and poster presentations of original research along with selected plenary presentations.

The deadline for abstract submissions is July 1 2004.

*Further details:* Jay Hertel, PhD, ATC, FACSM, Conference Co-Chair, Penn State University, email: [jnh3@psu.edu](mailto:jnh3@psu.edu), or Thomas Kaminski, PhD, ATC, FACSM, Conference Co-Chair and Host, University of Delaware, email: [kaminski@udel.edu](mailto:kaminski@udel.edu). Website: <http://www.udel.edu/ias/>

### 1st World Congress on Sports Injury Prevention

23–25 June 2005, Oslo, Norway

This congress will provide the world's leading sports medicine experts with an opportunity to present their work to an international audience made up of physicians, therapists, scientists, and coaches. The congress will present scientific information on sports injury epidemiology, risk factors, injury mechanisms and injury prevention methods with a multidisciplinary perspective. Panel discussions will conclude symposia in key areas providing recommendations to address the prevention issue in relation to particular injuries and sports.

*Further details:* Oslo Sports Trauma Research Centre and Department of Sports Medicine, University of Sport and Physical Education, Sognsveien 220, 0806 Oslo, Norway. Email: [2005congress@nih.no](mailto:2005congress@nih.no); website: [www.ostrc.no](http://www.ostrc.no)

### 4th European Sports Medicine Congress

13–15 October 2005, Lemesos, Cyprus

*Further details:* Email: [pyrgos.com@cytanet.com.cy](mailto:pyrgos.com@cytanet.com.cy)

## CORRECTION

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Sims J, Huang N, Pietsch J, *et al.* The Victorian Active Script Programme: promising signs for general practitioners, population health, and the promotion of physical activity (*Br J Sports Med* 2004;**38**:19–25). The authors of this paper were published in the wrong order. The correct order is: Huang N, Pietsch J, Naccarella L, Sims J. We apologise for this error.