PostScript

LETTERS

Month by month analysis of the number of athletic training injuries: a prospective one year study on 2701 athletes

Various studies have focused on sport injuries. In a previous report the incidence of injuries in athletes in a one year study was analysed using a sample size that was less than 150 subjects. It was hypothesised that subjects who were more involved in sport before injury (eight hours or more a week of sport and exercise) would exhibit a greater emotional response to injury and perceive their recovery to be less.

In view of this we analysed a large sample of athletes (2701) who trained a minimum of 10 hours a week to see in which months of the year athletic training injuries were most common.

In one year prospective study (from January 2004 to December 2004) we recorded the number of training injuries sustained in a month by month fashion. The mean (SD) age of the subjects was 39.62 (12.98) (range 14-63).

We recorded a total of 450 athletic training injuries. The greatest number of injuries were recorded in January (n = 71; 15.8%) followed by February (n = 64; 14.2%), March (n = 56; 12.4%), May (n = 54; 12.0%), April (n = 47; 10.4%), December (n = 37; 8.2%), June (n = 34; 7.5%), September (n = 29; 6.4%), July (n = 27; 6.0%), November (n = 22; 4.9%), August (n = 7; 1.5%), and October (n = 2; 0.4%).

A total of 191 injuries (42.4%) were recorded between January and March, 135 (30.0%) between April and June, 63 (14.0%) between July and September, and 61 (13.5%) between October and December. The total recorded between January and June was 326 (72.4%) compared with 124 (27.5%) between July and December.

In summary, our study has shown that the number of athletic training injuries was higher during the first semester of the year than the second.

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Effective measures to improve driver safety

In a recent article in this journal by Leonard and colleagues,1 it was concluded that changing the configuration of motor racing circuits by introducing chicanes may significantly decrease the risk of severe injury to drivers. We believe that this evidence is reliable up to a certain point. There are several other measures that could be implemented to improve the overall safety of drivers; making circuits slower is not necessarily the only or the best strategy. From a spectator point of view, the introduction of numerous slow chicanes over the past decade; disrupting the original configuration of some legendary circuits such as Hockenheim, Imola, and Monza, has contributed to making motor racing less spectacular. From a scientific perspective, driver safety may be improved by the adoption of alternative measures that will not substantially affect the attractiveness of motor racing. Some of these are much more readily and economically applied, and may even turn out to be safer. The foremost of these measures is to increase the weight of the car and reduce engine power, which may encourage manufacturers to build more robust cockpits and slower competition vehicles.2 Next, we propose the obligatory use of efficient protective measures for the most commonly and severely traumatised body parts (head, limb, and legs), such as the recently designed HANS carbon fibre collar, thereby improving safety without affecting the spectacle. Finally, more efficient protective measures on circuits, such as replacing tyre barriers and metal rails with temporary crash protection barriers made of steel tubes and pads of hard foam, may absorb some of the crash energy, reducing the loading to both head and neck during dramatic decelerations up to 100 g.3 As technological advances in competition are usually translated to production vehicles, these strategies may also be effective in preventing or limiting the severity of injuries from road traffic accidents outside the racing circuits.

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Competing interests: none declared

References

BOOK REVIEWS

Sports ethics: an anthology

Edited by Jan Boxill. Published by Blackwell Publishers, 2002, £60.00 (hardcover), $17.99 (paperback). ISBN 0631216960

This is a collection of 35 papers, 10 of which were written specifically for this anthology. It presents a wide range of material, spanning all the main topics: the competitive nature, the commercialisation, the sport and its audiences, the sport and its ethical implications, the sport and the media, the sport and its sporting success as our opponent’s loss. These ethical issues touch upon every aspect of sport, and also include abstract areas, such as the quality of sportsmanship. Most of the writing is by philosophers, but there are pieces representing sportsperson, physical education specialists, sport psychologists, sport scientists, journalists, and a basketball coach. For this reason, the book is stylistically very diverse. Fittingly, the volume closes with a 1999 piece by Rick Reilly, a writer for Sports Illustrated, written from the perspective of an 8 year old sports fan who is getting the wrong message from televised sport.

The theme of sport’s corruption seems to run strongly in this collection. There seems to be an undercurrent of moral outrage at sport’s degradation through commercialisation, new technology, and competition taken too far.

Editor Jan Boxill’s introductory piece on the moral significance of sport, for example, defines sport in terms of four “paradigmatic” properties, all of which seem prone to “perversion”. Sport, Boxill explains, can be degraded when we make a living from it, when we break rules, or when we view our sporting success as our opponent’s loss. These paradigmatic qualities, Boxill says, also explain the importance of sport: it is the “single most available and the single most participated in means” for attaining self development, self expression, and self respect. “Sport is the art of the people”, she claims, which sounds wonderful—yet we wonder if perhaps this amounts to a devaluation of sport fans’ appreciation of sport’s baser, less artistic, merits: Beckham’s glamour, McEnroe’s tantrums, or Mohammed Ali’s propensity to verbally raise the stakes of victory. Some of the “best” sportspersons on Boxill’s definition, such as Pete Sampras, are the least loved. And if sports are really “of the people”, then surely the popularity of a sport is a good metric of whether or not it is headed in the right direction?

We are not so worried about the perversion of sport as most of these authors are. Boxill, like many of the authors of this volume, is an avid amateur sportsperson as well as a philosopher, and it shows in her conception of sport—a conception that is more “of the sportsperson” than “of the people”. Sport evolves in ways that the sportsperson themselves are often slowest to accept, because they are most strongly affected by change. But from the point of view a sports appreciator,
Performance enhancing substances in sport and exercise

Edited by Michael S Bahrke, Charles E Yesalis. Published by Human Kinetics, 2002, £43.00 (hardcover), pp 384. ISBN 0736036792

This is a worthwhile addition to the library of all who work in sport and exercise medicine whether as physician, physiotherapist, or sports scientist. It extends to over 350 pages, is straightforward to read, well arranged, and with a useful index.

The initial chapter on the history of performance enhancing substances (PES) contains considerable information on early attempts at performance enhancement within sport, with much that was new to the reviewer. It also manages a brief reference to the current Governor of California under the subject of body building and anabolic agents!

The first 300 pages consider ergogenic agents in specific groups—identifying the mode of action, likely performance gains, relevant clinical studies, potential problems resulting from use, and ending with a brief overall conclusion. The statements made are generally referenced, and the sources for these are listed extensively at the end of each chapter.

The book would appear to have been initially published some three years ago—my review copy was dated 2002. As the world of PES changes very rapidly, the book inevitably predates some very significant incidents, publications, and changes in regulatory activity. There is no reference to therapeutic use exemption (TUE) certificates, nor to the 2002 IOC report on supplement contaminants. It follows that the 2004 whistle blowing on “designer drug” use by elite USA athletes is also omitted.

I attempted to use the book to find specific information on a drug that had recently been brought before the UK TUE committee for consideration. There was good information on the group to which it belonged, but only a passing reference to the drug itself. That said, the chapter-end discussion of potential benefits and disadvantages was helpful and evidence based.

There is an inevitable North American slant to the text, and some of the examples cited refer to American sports that are not universal in popularity. I noted reference to a local regulatory control—the US Dietary and Supplement Health and Education Act 1994; the need for regulation of non-drug supplements is clearly in harmony with current European thought on the matter.

In the chapter on anabolics, there is what seems to be an unusual statement (p 33) “from the late 30s to the mid 80s, anabolic steroids were used successfully to treat depression, melancholia and involutional psychoses”. This certainly hasn’t been my experience of conventional UK management of any of these conditions.

B-agonists are dealt with in some depth, Clenbuterol, which is not available in the UK or the USA but is obtainable in Europe, being the most closely scrutinised. This revisited the few unpleasant memories I have of the Barcelona Olympics, where its use by two athletes caused significant problems to GB team officials. However, I could find nothing in the chapter to justify the considerable effort many of us have made in implementing recent IOC regulations in respect of permitted B-agonist inhaler use.

One area of discussion struck a chord with me, the difference in perception of doctors and athletes—or to be precise some athletes. Doctors and sports scientists put their faith in scientific studies. Athletes, however, often place much greater importance on testimonials and internet advertorials and treat research with suspicion if not contempt.

Which raises the question: how valid are clinical studies of PES in athletes? The point is well made that there may be numerous confounders at play, and this is demonstrated in the often conflicting study results contained in many chapters. Athletes rarely use ergogenic aids in the framework that would be demanded of a clinical study. PES are not used in isolation, but rather within “cocktails” where the dosage consumed and the frequency of dosage may have little to do with their use in clinical indications and which would be rejected out of hand if forwarded to an ethics committee for consideration.

The later part of the book looks to possible future developments in doping techniques and deals with some of the more difficult areas of drug testing: its problems and limitations. In the final chapter, the legal context of PES is also considered. I’ll leave the saddest quotation in the book to the end: “To be a great athlete today you need a great coach, a great chemist and a great lawyer”. I really do wish that didn’t ring any bells with me.

References


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CALANDER OF EVENTS

Osteosynthesis International 2005
15–17 September 2005, Curitiba, Hamburg
Congress-Chairman: Johannes M. Rueger, M.D., Professor and Chair
Topics:
- Innovations in intramedullary osteosynthesis
- New frontiers in osteoporosis and fracture treatment
- Current trauma research
- Special topic: Recent development in pelvic and acetabular fractures

Abstract submission deadline: 31 March 2005
Further details: INTERCONGRESS GmbH, Martin Berndt, Düsseldorfer Str. 101, 40545 Düsseldorf-Germany. Tel: +49 211 585897-80; Fax: +49 211 585897-99; Email: martin.berndt@intercongress.de; Website: www.osteoint2005.de

4th European Sports Medicine Congress
13–15 October 2005, Lemesos, Cyprus
Further details: Email: pyrgos.com@cytanet.com.cy

BASEM Conference 2005
10–12 November 2005, Edinburgh, Scotland
Further details: Email: BASEMinfo@aol.com; Website: www.basem.co.uk

8th International Congress of the Society for Tennis Medicine and Science
14–15 January 2006, Melbourne, Australia
To be held immediately prior to the 2006 Australian Open tennis championships, the congress will combine presentations from international and Australian experts, including Professors Tim Noakes, Bruce Elliott, and Mark Hargreaves to stimulate discussion on topical tennis science and medicine issues.
Registrations are now open via the congress website.
Further details: Email: stms2006@meeting-planners.com.au; Website: www.stms2006.com.au

13th Commonwealth International Sport Conference (CISC2006)
9–12 March 2006, Melbourne, Australia
Further details: Email: enquiries@cisc2006.com; Website: www.cisc2006.com

BASEM Conference 2006
5–7 October 2006, Oxford, UK
Further details: Email: BASEMinfo@aol.com; Website: www.basem.co.uk

A mistake in the second sentence of the first paragraph of "Historical Perspective" has been noted:
"The theory of a stroke volume plateau developed from early research based on a few subjects during two or three exercise intensities..." should read "two to five exercise intensities".
In addition, there is a misprint in table 1. Under Ferguson et al the values in the V0₂MAX column and the SVMAX (ml/beat) are incorrect and should be:
7 MT women (18–30): V0₂MAX 42.1 ml/kg/min, SVMAX (ml/beat) 90
9 ET women (18–30): V0₂MAX 64.3 ml/kg/min, SVMAX (ml/beat) 121