As different as Venus and Mars: time to distinguish efficacy (can it work?) from effectiveness (does it work?)

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Implementation. Knowledge Translation. Dissemination. Will these words dominate the 2010s the way ‘evidence-based’, ‘systematic review’ and ‘Madonna’ dominated the 1990s? At five diverse conferences in April and May ‘implementation’ was much more than a buzz. Responding to the zeitgeist, BJSM will focus on how research can move from the shelf (publication) to actually improve health outcomes (implementation). In the clinic, in the school, in the community. Personal and public health. Given that physical activity is arguably the most powerful public health solution,1 we need to embrace the public health domain of exercise medicine. Exercise is not only Medicine but also Public Health. Thanks to Professor Caroline Finch (Monash University and Twitter @CarolineFinch) for joining our Senior Associate Editorial Board to captain the implementation team (Think Dirk Nowitzki but even smarter). Listen to Caroline’s keynote talk from the World Congress on Injury and Illness in Sport on the International Olympic Committee’s (IOC) excellent website http://www.ioc-preventionconference.org/ (Online Presentations Icon). See her launch of BJSM’s initiative on implementation in this issue (page 763).

One line summary? Examine the research cycle2 (figure 1) and move from steps 1–3 through to include 4–7. Teppo Jarvinen (concept) and Malcolm Willett (artist) combined to create this month’s BJSM cover focus on steps 3-5 in particular. This was originally used in a BMJ analysis.3

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Figure 1 The research cycle.2 In this model, there are seven distinct steps. The first is identifying the burden of disease and the seventh is evaluating a programme that provides health benefits in the real world (eg, a prevention program for sports injuries).
issue which addresses Children and Sport (BJSM provides 16 issue a year!). This terrific issue came of an IOC initiative to invite global leaders to Lausanne for a workshop in February of 2011. The key message? Time to implement what we already know about children and sport.

The year closes with November’s AMSSM (The American Medical Society for Sports Medicine) issue, December’s hamstring-focussed ECOSEP (European College of Sports and Exercise Physicians) issue as well as the IPHP issue on Youth Sport Olympics.

In closing this month, beware the smokadiabetes, but if you are an unwitting victim of it, remember that 22 minutes of physical activity daily could prevent even more deaths in America. Time for all clinicians to try to get that behaviour to be widespread. Time to step up Archie Cochrane’s ladder (cover image) and crank the research cycle (figure 1) all the way around.

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REFERENCES

Figure 2 A comparison of deaths attributable to low fitness (men (m) and women (w)) and the combined effect of smoking (S), diabetes (D) and obesity (O) (men and women). Slide represents the identical data published by Blair (2009).