

Sports medicine in Wonderland? Keep on running

Rhijn JA Visser,¹ Johannes L Tol²



This paper is freely available online under the BMJ Journals unlocked scheme, see <http://bjsm.bmj.com/info/unlocked.dtl>

"Well, in our country," said Alice, still panting a little, "you'd generally get to somewhere else – if you ran very fast for a long time, as we've been doing" "A slow sort of (lower land) country!" said the Queen. "Now, here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!"

TWICE AS FAST

This fairy tale excerpt from Lewis Carroll (1865) adeptly describes the current position of sports medicine in The Netherlands, and probably worldwide.^{1,2} For political and financial reasons, we need to run twice as fast to achieve our goals. Kinetic chain adepts would probably beg to differ, but doubling your speed seems to be easy and doable: just move your legs forward twice as fast! Increased speed will eventually grant recognised specialists status of sports medicine and, at the same time, this will be a tremendous stimulus for grant-funded research projects.²

We are proud as members of The Netherlands Association of Sports Medicine to see our speed increase significantly through our affiliation with *BJSM*. You are all kindly invited on our seventh annual congress to celebrate this milestone. The congress will take place at the Efteling, the largest fairy tale theme park in The Netherlands. This park is renowned for its fantasy forest and with over four million visitors each year, it is the largest tourist attraction in the country.

SPORTS MEDICINE IN THE FANTASY FOREST

Once upon a time in 1965, The Netherlands Association of Sports Medicine was ready

¹Department of Sports Medicine, Elkerliek Hospital, Helmond, The Netherlands

²Department of Sports Medicine, The Hague Medical Centre, The Hague, The Netherlands

Correspondence to Dr JL Tol, Department of Sports Medicine, The Hague Medical Centre, The Hague, The Netherlands; hanstol@hotmail.com

for a crusade and founded itself at a round table. After some sticky situations with hungry tendinopathic trolls and heavy smoking hyperlipidaemic goblins, it has grown into a proud, strong and healthy association. Presently, over 120 active clog-wearing knights of sports medical physicians are enrolled.

In recent years, our annual meetings took place only yards away from the Dutch national football team's headquarters. But when the Spaniards dashed our fairy tale ending in 2010, it was decided to move south to the Efteling. The congress offers a full 2-day programme: alongside jousting and frog kissing antics, keynote lectures and parallel sessions will focus on health, chronic illness, high-level sport and injuries in the three age groups (childhood, adulthood and old age). With previous internationally respected keynote speakers like Maffulli, Batt, Corrado, Witvrouw, Seiler and Cullen, we are eagerly awaiting the revelation of the upcoming key note speakers. The visitors are sure to become endowed with special powers and a vast new knowledge to help them campaign against the evil twins: injury and inactivity.

ACADEMIC SERVANTS

In the fairy tale 'The Six Servants', the princes who wished to win the hand of the beautiful princess and tried to be accepted by the sorceress Queen, had to complete difficult and almost impossible tasks. Failure would lead to rejection, kneeling down and death by beheading. Aided by cooperative and multitasking servants, the prince eventually succeeded in being accepted by the Queen and raised his high impact (factor). Any assumed similarity with peer-reviewed journals is accidental.

These virtues of cooperation and pooled talents are also highly committed by our Dutch academic servants. Our universities in Amsterdam (Van Mechelen), Groningen (Diercks), Maastricht (Hartgens), Rotterdam (Koes) and Utrecht (Backx) cooperate closely with our national sports medical stakeholders (www.LOSO.nl). Their research projects focus on musculoskeletal issues such as groin injuries, ankle instability, running injuries and patellar tendinopathy, as well as the overtraining syndrome. Furthermore, the research

extends into the broad field of sports medicine with projects on exercise interventions in psychiatric disorders, Parkinson's disease, diabetes mellitus, cancer and (in) active youth.

The final say is given on to Collard and colleagues (*see page 1058*) from Amsterdam.³ They are the first group worldwide to have studied the physically activity-related medical and non-medical costs in school children. Compared with physical education classes and organised sports, the lowest injury incidence density and highest costs were reported for leisure time activities. They recommend that upcoming intervention programmes should focus on these leisure time activity injuries.

CONNECTED TISSUE RESEARCHERS

Independently as well as in cooperation with some of the academic research council members, we have created a speedy fast running informal study group for basic and clinical tendon-related researchers. Our meetings are open for (all) sports medical outcasts (like brilliant veterinarians) and other tendon geeks, who all enjoy sharing their knowledge.

What we did learn is that healthy tendons can connect bones and muscles, and that, more importantly, degenerative tendons can connect researchers. This group provides an ideal protective environment where young research talents mature and where conflicting platelet-rich plasma study results can be presented without offending researchers' egos. To join the group, just let us know! (hanstol@hotmail.com).

Inspired by the two Vikings, Alfredson and Hölmich, our tendon PhDs boarded their Viking long ships to add a few knots and help our Association with another step forward on our way to Sports Medical Wonderland.

This issue focuses on tendon-related research in honour of their PhD projects on Achilles tendinopathy (de Mos, de Vos, de Jonge, Sterkenburg), patellar tendinopathy (Zwerver) and groin injuries (Janssen, Weir). Two examples of the scientific work of this study group are presented by de Jonge and van Ark^{4,5} (*see pages 1026 and 1068*). de Jonge shows us that with an incidence rate of 1.79 per 1000 registered patients, Achilles tendinopathy is worthwhile addressing.⁴ Learn from various authors (*see pages 1017, 1023, 1029*).

We learn from Malliaras and Cook that there is a relationship between patellar tendon anteroposterior diameter and normal, diffuse and focally abnormal tendons. This sonographic finding supports the

proposed reactive and degenerative model of tendon pathology (see page 1048).

TOM THUMB

Not every submitted paper can end up in *BJSM* given its acceptance rate of 10%. Together with our Belgian colleagues of the Flemish Association of Sports Science, we have a non-PubMed listed, easy accessible journal with Dutch and English papers: The Flemish and Dutch Journal of Sports Medicine *Sport en Geneeskunde*.

This journal has proven to be ideal for *Tom Thumb-like researchers*, who write their first papers, in order to find their seven-league boots on their speedway to international PubMed-listed journals, such as *BJSM* and beyond.

Our journal is open to foreign papers. Authors may choose the fast running track already taken by Freddy Fu in 2009.¹⁰ Believe us, his footprints are still there. You just have to follow and try to run faster.

KEEP ON RUNNING FASTER

And so we close this warm up tale. We look forward and strongly believe that we will enter Sports Medical Wonderland if we keep on running at least twice as fast. So, folks, put on your winged running shoes, double your speed and share your knowledge with us on 1st and 2nd of December in the fantasy forest of the Efteling.

Competing interests RJA Visser is the current President of the Netherlands Association of Sports Medicine. JL Tol is an active member of the Dutch Tendon Study Group and former editor of The Flemish and Dutch Journal of Sports Medicine (2007–September 2011).

Provenance and peer review Commissioned; internally peer reviewed.

Accepted 3 August 2011

Br J Sports Med 2011;**45**:1014–1015.
doi:10.1136/bjsports-2011-090467

REFERENCES

1. **McCroly P.** The end of the beginning. *Br J Sports Med* 2009;**43**:409–163.

2. **Humphries D,** Milne C. Specialist status: holy grail, poisoned chalice, or flat cola? *Clin Sports Med* 2008;**18**:109–10.
3. **Collard DCM,** Verhagen ALME, van Mechelen W, *et al.* Economic burden of physical activity-related injuries in Dutch children aged 10–12. *Br J Sports Med* 2011;**45**:1058–63.
4. **de Jonge S.** The incidence of chronic midportion Achilles tendinopathy. *Br J Sports Med* 2011;**45**:1026–9.
5. **van Ark M,** Zwerwer J, van den Akker-Scheek I. Injection treatments for patellar tendinopathy. *Br J Sports Med* 2011;**45**:1068–76.
6. **Andersson G.** Substance P accelerates hypercellularity and angiogenesis in tendon tissue. *Br J Sports Med* 2011;**45**:1017–22.
7. **Alfredson H.** Midportion Achilles tendinosis and the plantaris tendon. *Br J Sports Med* 2011;**45**:1023–5.
8. **Reule C,** Alt WW, Lohrer H, *et al.* Spatial orientation of the subtalar joint axis is different in subjects with and without achilles tendon disorders. *Br J Sports Med* 2011;**45**:1029–34.
9. **Malliaras P,** Cook J. Changes in anteroposterior patellar tendon diameter support a continuum of pathological changes. *Br J Sports Med* 2011;**45**:1048–51.
10. **Van Eck F,** Nguyen TD, Fu FH, *et al.* Dubbeletunnelreconstructie van de voorste kruisband: de nieuwe standaard? *Sport en Geneeskunde: The Flemish/Dutch Journal of Sports Medicine* 2009;**42**:22–9.