Knowledge is only rumour, until it is in the muscle

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Learning is not only knowledge acquisition; it is about taking action, generating results and mobilising others. An essential component of acquiring knowledge is the willingness to change, reflected in an old New Guinean proverb “Knowledge is only rumour, until it is in the muscle.”

With this fundamental idea, the Dutch Association of Sports Medicine (Vereniging voor Sportgeneeskunde)—founded in the Netherlands nearly 50 years ago—started an initiative to make Sports Medicine an independent specialty. A task force, established in 2009, was able to gain from their previous experience in 2002, when the specialist application from the VSG was first rejected. Since then, Dutch Sports Medicine has made significant efforts to improve the quality, training, scientific research and reputation of the specialty. Thanks to the concerted efforts of the task force, Sports Medicine is now a recognised specialty in the Netherlands. The Minister of Health, Welfare and Sport confirmed this decision on 8 April 2014, on the recommendation of the College of Medical Specialties of the doctors’ federation.¹

This is a major milestone in the history of the VSG and it is also the start of a new era for Sports Medicine in the Netherlands. The Dutch sports physicians have to keep their eye on the ball now, as we learned from football that cheering too excessively can cause serious problems.² We have to overcome many challenges in providing healthcare for athletes, but must also learn what our predecessors achieved.³ This excellent paper describes the potential effect of compression garments (see page 1340) and another that evaluates the effects of cold water immersion (see page 1388). Have you considered using one of these interventions for your team or player?

MUSCLING OUT PRP

An important aim for team physicians is to accelerate recovery and get athletes playing again as quickly as possible. Novel therapies, like the delivery of growth factors through platelet-rich plasma (PRP), are frequently used for this purpose in daily clinical practice. Reurink et al recently published their study results in the New England Journal of Medicine, which showed that there is no additional benefit of PRP injections in the management of acute hamstring muscle injuries. This excellent paper describes the first randomised controlled trial in the field of PRP injections for muscle injuries. In his editorial, Dr Bruce Hamilton discusses the contents of this article (see page 1336) and you can also access a podcast on hamstring injuries with Guusstaf Reurink (bjsm.bmj.com/site/podcasts/).

PREDICTING MUSCLE RECOVERY AND REINJURY

Sophisticated imaging is often used as a tool to measure recovery and clear an athlete to return to play. However, two papers in this issue (see pages 1358 and 1364) show that MRI abnormalities and isokinetic deficits are still present in athletes who are clinically fully recovered. It is therefore questionable if these tools are useful as parameters of recovery. Dr John Orchard discusses the role of MRI in muscle injuries in his editorial (see page 1337). The role of the initial MRI is also evaluated as a predictor of time to return to play (see page 1370) and as a measure of reinjury risk (see page 1377).

REFERENCES