

Top tips for social media use in sports and exercise medicine: doing the right thing in the digital age

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Sports and exercise (SEM) clinicians need thick skin and a nimble brain to juggle the plethora of competing professional responsibilities; from athlete clinical care, to work/life pressures, all while developing professional knowledge and skills. In recent years there has also been an assertion that SEM clinicians need to develop/maintain a social media presence, and many working in amateur and elite sport now have Facebook, Twitter and Instagram profiles. Although professional bodies have provided social media guidance (see web appendix for additional reading) there is no explicit SEM specific social media guidance.

In amateur sport, where there is not the day-to-day contact with athletes that a professional sporting environment allows,

social media represents a channel of communication between the sports clinician and the athlete.^{1 2} In this hyperconnected age it is appropriate to interact with the athletes under our care using social media, but this needs to be carried out in a way that is professional, ethical and in keeping with the social media guidance from the

respective professional organisations (see web appendix). Private discussions using social networks can help resolve communication/geographical challenges and may include multiple members of the multidisciplinary team at once, which can be beneficial while simultaneously remaining confidential (eg, WhatsApp messages and Twitter direct messages).

Sports clinicians communicating via social media need to be cognisant of their conduct in several areas. Confidentiality must always be respected, and broadcasted opinions on refereeing/coaching decisions may undermine the integrity of the competition and provoke team/club scrutiny and controversy. Disclosing injury statuses via social media posts is another obvious pitfall worth avoiding. ‘Trolls’ exist online in

Box 1 Sports and exercise medicine social media top tips

1. Always respect clinical confidentiality.
2. Embrace social media use—it is an effective tool for knowledge dissemination, promoting clinical best practice and networking with peers.
3. Think before you post—would you be happy re-reading your post in 1 week, month or years later?
4. Steer clear from trolls and puerile online arguments. Let the trolls stay in their caves.
5. Be cognisant of making a grave *faux pas* such as disparaging opinions on referees, tactics, releasing team and/or personal information, especially in the professional sports world.
6. When sharing images of players and colleagues, ensure you seek their informed consent prior to circulating them in the public domain.
7. Stay up to date and aware of new and emerging platforms that your players may be using (eg, snapchat).
8. In professional sports with media, marketing and communication departments, liaise with the experts to identify methods to utilise social media for wider public health benefits and to minimise risks of misinterpretation/misrepresentation.
9. Know your relevant profession’s code of ethics/conduct, or/and advocate for inclusion of social media guidance.
10. If you are working within a squad, consider acting as a reference point to help influence and generate good social media etiquette and practice.

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many guises,³ and high-profile clinicians who have a social media presence should avoid interaction with such individuals. For clinicians operating in professional sport, there are examples of public conflicts bringing undue attention on the clinician and club, with unwelcome consequences.

Relationships that exist between medical staff and athletes often extend deeper than traditional clinician–patient relationships seen in hospitals and clinics. In most medical settings a doctor or physiotherapist may not ‘retweet’ content from their patients but sports clinicians frequently do this, possibly as a means of promoting their sport or club which may seem to be of benefit to both the individual and the organisation. Many ethical considerations from these online interactions can arise, for example, if players and staff in a squad are often seen as parts of an ‘extended family’, due to the amount of time they spend together, then is it acceptable for clinicians to ‘befriend’ their players on Facebook? Or reply to their tweets on Twitter? Or comment on their photos on Instagram? It is difficult to be prescriptive in responding to these questions, as there will be prevailing sociocultural norms and individual circumstances. Social networking with athletes can result in ‘ethical baggage’, which can complicate the clinician–patient relationship and medical care as social networking is public and a very different entity to private–personal friendship.

Given how social media has become a normal part of society (and sport), it is suggested that sports clinicians embrace the media as it has the potential to enhance their practice⁴ and in some cases can be used to effectively deliver health-care interventions⁵ and even change public health policy.⁶ However, it is important that clinicians are aware of the appropriate use of social media, and steps to encourage social media education for

clinicians in other areas of healthcare⁷ should be adopted by sports medicine. We have generated a list of what we consider are social media best-practice recommendations for clinicians working in sports medicine (box 1) and hope that the sports and exercise medicine social media list can assist sports medicine clinicians to responsibly shape their social media presence.

Social media influences many aspects of the sports medicine clinician’s practice, as shown by the use and popularity of the *BJSM*’s Twitter feed, with almost 21 000 followers at the start of 2015.⁸ Sports medicine has always been a fast-moving and dynamic area of medicine, and social media has accelerated this scope but facilitated the potential for generating myths and disseminating incorrect/inappropriate information. Careful and considered use of social media should help this evolutionary process to be safe and enjoyable for sports medicine clinicians, and ensure that business and show business remain separate in the public domain.

Editor’s note See the referenced paper 1 in the upcoming *BJSM* issue 49.18.

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