

50 years for the Netherlands Association of Sports Medicine (VSG) and counting!

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On 8th May 1965, a small group of pioneers founded the Netherlands Association of Sports Medicine (VSG) in Amsterdam. As we celebrate our 50-year anniversary, our blossoming professional organisation has almost 150 sports medicine specialists and 250 other doctors with an interest in sports medicine.

Sports and exercise medicine has developed into a specialty that encompasses prevention, treatment and rehabilitation, with performance enhancement at any level.¹ It is a very broad field, and the sports medicine physician is a facilitator, connecting all the professionals who are involved in supporting the athlete: physiotherapists, nutritionists, exercise physiologists, psychologists, orthopaedic surgeons, cardiologists, etc. The curriculum of the sports medicine trainee contains fellowships in all these areas, and the sports medicine doctor is therefore well equipped to coordinate the care delivered by the various specialists and advise the athlete. Their role is to ensure healthy performance of the elite athlete at one end of the spectrum, and the health and safety of patients with any medical condition that may profit from exercise, at the other end of the spectrum.

The breadth of the field of sports and exercise medicine, and the quality of the sports medicine and sports science practitioners in the Netherlands, is reflected in this issue of *BJSM*. It includes articles on injury prevention, diagnosis and treatment, eHealth, diet and exercise, performance in the heat and brain stimulation.

Evert Verhagen based his analysis on the keynote presentation at the IOC World Conference on Injury and Illness Prevention in Sport (Monaco, 12 April

2014), entitled 'Protecting the health of the @thlete—how online technology may aid our common goal to prevent injury and illness in sport'. He shows how eHealth has become a reality for sports clinicians and researchers, and outlines how it can be used in research, implementation and practice. He provides an overview of the opportunities that existing and the emerging eHealth solutions provide for sports and exercise medicine, and physiotherapy (see page 1174).

An excellent example of the use of eHealth is the ankle app that Dr Verhagen has developed. *BJSM* has embraced social media and eHealth.² You can read more about its use in this mobile app user guide (see page 1220).

Guustaaf Reurink and colleagues challenge the usefulness/utility of hamstring MRI in the sports medicine setting: "MRI has gained an almost magical reputation and is seen as the crystal ball that answers all the questions of the injured athlete". However, the authors show that the role of MRI in hamstring injuries is limited when it comes to predicting time to return to play, and should be used wisely, taking these limitations into account (see page 1162).

In a second article by Dr Reurink and colleagues, they looked at the effect of platelet-rich plasma (PRP)-injections in patients with acute hamstring strains. In this randomised controlled trial, 1 year postinjection, they found no benefit of intramuscular PRP (compared to placebo injections) in terms of return to play, reinjury rate and alterations of subjective, clinical or MRI measures (see page 1206).

Haiko Pas *et al* conducted a systematic review and meta-analysis on the conservative interventions for the treatment of acute hamstring strains. They found evidence of superior efficacy of lengthening exercises, but not for PRP injections. They showed limited evidence that agility and trunk stabilisation could reduce reinjury rates (see page 1197).

Since these hamstring injuries are so difficult to heal, this is probably a good time to develop a 'hamstring app', since it has been shown that the compliance of

evidence-based interventions of both coaches and athletes could be improved!^{3,4}

Consensus recommendations on training and competing in the heat, authored by Sebastien Racinais and colleagues (see page 1164), is an example of how researchers and doctors can work together to protect and optimise the performance of the athlete under challenging conditions, as has been shown during the FIFA World Cup in Brazil.⁵ It contains evidence-based practical recommendations for athletes, health practitioners and event organisers. Babette Pluim and colleagues highlight the main points of this Consensus statement in their accompanying editorial (see page 1161).

The article by Laura Cox and colleagues on 'Prevalence, incidence and risk factors for overuse injuries of the wrist in young athletes: a systematic review of the literature', gives a good overview of the available literature and helps to advance the field. Their ultimate goal is to develop diagnostic and preventive tools based on the risk factors identified in the study, in order to reduce the number and severity of wrist injuries in young athletes (see page 1189).

Hobbs *et al* looked at sedentary behaviour and diet across the life span (see page 1179), and found that sedentary behaviour and unhealthy diet are linked—another reason to get people to exercise.

Sports medicine in the Netherlands is at a crossroad, with specialist recognition for sports and exercise physicians but no clear role in the traditional, orthopaedic based, medical setting. However, they can play a central role in improving the public health of the general Dutch population, reducing the rate of lifestyle diseases, preventing chronic illnesses and helping people who wish to exercise safely; in addition to improving the health and performance of elite and recreational athletes. Bring on the next 50 years!

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REFERENCES

- 1 Engebretsen L, Bahr R, Cook JL, *et al.* The IOC Centres of Excellence bring prevention to sports medicine. *Br J Sports Med* 2014;48:1270–5.
- 2 Verhagen E, Bower C, Khan KM. How BJSM embraces the power of social media to disseminate research. *Br J Sports Med* 2014;48:680–1.
- 3 Goode AP, Reiman MP, Harris L, *et al.* Eccentric training for prevention of hamstring injuries may depend on intervention compliance: a systematic review and meta-analysis. *Br J Sports Med* 2015;49:349–56.
- 4 Bahr R, Thorborg K, Ekstrand J. Evidence-based hamstring injury prevention is not adopted by the majority of Champions League or Norwegian League football teams: the Nordic Hamstring survey. *Br J Sports Med* Published Online First: 20 May 2015 doi:10.1136/bjsports-2015-094826
- 5 Nassis GP, Brito J, Dvorak J, *et al.* The association of environmental heat stress with performance analysis of the 2014 FIFA World Cup Brazil. *Br J Sports Med* 2015;49:609–13.