‘Keeping you active’—the Australasian College of Sport and Exercise Physicians

Hamish Osborne

Welcome to the Australasian College of Sport and Exercise Physicians’ (ACSEP) special edition of BJSM. This edition has a selection of articles that represent all the college stands for and is represented in our recent name change. The position statement on the use of mesenchymal stem cells in sport and exercise medicine (see page 1237) has been recently updated by the college board and should be read in conjunction with our latest editorial in this issue (see page 1229).

A recent delegation from the college recently visited our Singapore colleagues and they were very impressed by the progress they have made in integrating exercise medicine into public hospital medicine (see page 1232). While New Zealand led the world with Green Prescription in 1997 (see page 1267) and the University of Otago undergraduate medical programme now has the physical activity vital sign built into the undergraduate teaching programme, Australasia is still some way from having system-wide public hospital exercise medicine as part of the norm. We can learn from Singapore the way all countries can learn from each other.

HEAR FROM ACSEP FELLOWS IN THIS ISSUE

This ACSEP issue celebrates the work of numerous fellows. Perth’s Dr Ken Fitch has been at the forefront of corticosteroid use and fighting its abuse in elite sport longer than anyone else. He has a unique experience to update us all on the use of this medication at the Olympic Games (see page 1267). It is a great read.

Sydney’s Dr John Orchard has a huge experience in epidemiology and injury surveillance in sport. He cut his teeth in Australian Rules Football, has played a major role in cricket over decades and here shares the international cricket injury surveillance consensus meeting (see page 1245), a benchmark for the cricket world.

FAR AND WIDE

I recently attended the American College of Sports Medicine meeting in Boston and enjoyed the company of my friends from Boston Children’s Hospital Sports Medicine and the Micheli Center. Dr Dai Sugimoto is doing great work there and dissecting from the literature what it really takes to reduce risk of anterior cruciate ligament rupture (see page 1259).

I also met Dr Greg Myer in Boston and his work in brain biomarkers in concussion is world-leading (see page 1276). Having an easily detectable biomarker for concussion with a finger prick test would revolutionise treatment of concussion and provide the potential to prevent long-term harm.

The best strategies for managing pain in our patients with knee osteoarthritis are weight loss and physical activity prescription. Most patients with low back pain also get better with exercise prescription. Medication has always appeared to have relatively limited appeal and efficacy with patients and now we know that paracetamol is not our first-line drug—the risk benefit ratio just does not stack up (see page 1286).

We hope you enjoy this ACSEP edition and hope to see as many as possible of you at our conference on Australia’s Gold Coast, 10–12 February 2017 (http://www.acsep.org.au). Fitting with our name change is the conference theme—‘Keeping you active’. Programme updates are via our website and social media channels including (@ASCP_Sportsdocs). It is a great way to escape a northern hemisphere winter and get a start on topping up your 2017 fitness. Each day an early morning run and swim at the beach, alfresco coffee with colleagues, and then an excellent conference programme. I am looking forward to seeing you there.

Twitter Follow Hamish Osborne at @Hamish_Osborne

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.

Accepted 8 August 2016
doi:10.1136/bjsports-2016-096826

REFERENCE