Focus on the 'E' in SEM: Sports Medicine Australia invites you to the Sunshine Coast on 23–26 October 2019

Michelle Bergeron,[1] Mitch J Duncan,[2] Liam Richard West[3]

Every year the Sports Medicine Australia (SMA) Conference brings together academics and healthcare professionals to showcase leading Sport and Exercise Medicine (SEM) research from Australia and beyond. This edition of the *BJSM* houses articles that span SMA's interest areas of sports medicine, sport science, physical activity (PA), health promotion and injury prevention.

PA—ARE WE REALLY TAKING OUR EXERCISE POLYPILL?

PA and cardiorespiratory fitness (CRF) are integral to health and well-being. Yet Dr Kirsten Corder and colleagues report that both self-reported and objective daily PA levels decline from adolescence to young adulthood. (***see page 496***). Professor Grant Tomkinson and colleagues mirrored this bleak trend—their 20-year analysis discovered a decline in adolescent CRF between 1980 and 2000. This concerning decline subsequently plateaued, or even reversed, in some countries where there was the least income inequality (2000 and 2014). (***see page 478***). Dr Angela Donkin and Professor Michael Marmot (yes, THE Sir professor Michael Marmot of the Whitehall studies, https://en.wikipedia.org/wiki/Michael_Marmot) have suggested that causal models may be key to improving health and well-being on an international scale (***see page 462***). It's a fascinating read.

BUILDING PA INTO OUR ENVIRONMENT

Habitual PA (as distinct from organised sport and recreation) may be one way to address this decline in PA and CRF. We, SMA editors, included several editorials that show social and physical environments strongly influence health and well-being (***see pages 461, 465, 467***). Health will improve when communities are designed to create cities, towns and neighbourhoods that promote safe and habitual PA for all.

Figure 1 *BJSM* cover highlighting the conference venue.

Active travel is an important part of a healthy city, and it is exciting to publish that the Scottish Government has acknowledged this by doubling their investment in this domain (***see page 466***). Similar to this work in Scotland, SMA is proud to highlight that Australian researchers are also at the forefront of helping us understand how environments shape activity patterns—see the reference list for a few selected articles by SMA authors.[1–6] Could you make your home or work environment more conducive to engaging in every day PA? We challenge you to think of simple steps first to begin you on this journey such a placing the water cooler further away or have stand up desks in meeting areas! Can you park further away from work? Remember that a 10 min walk to and from work every day gets you to the guidelines!

THE ROLE OF EXERCISE PRESCRIPTION

National governing bodies have long relied on guidelines to help promote daily PA to their populations. We consider daily activity to be the Holy Grail, but we are realists - daily may not be everyone's cup of tea. Are you a weekend warrior? That's OK too! See Gary O'Donovan's infographic that celebrates the long-lasting health benefits of sporadic and inconsistent exercise (***see page 469***). Most *BJSM* infographics are based on key papers—in this case the data come from a paper the famous authors published in the prestigious *JAMA Internal Medicine*.[7] Those famous authors include Harvard's Professor I-Min Lee and our own Sydney University's Professor Emmanuel (Manos) Stamatakis. Remember that Manos is the *BJSM* Editor for PA epidemiology so don't be shy in reaching out to him with ideas for *BJSM*.

Another cohort who may not be able to achieve regular exercise are oncology patients who often suffer lethargy and/or nausea from treatment. For this group, well-tailored and flexible exercise prescription can improve quality of life but what is the ideal prescription? Neil-Sztramko and colleagues performed a systematic review of 51 exercise training studies in cancer survivors but found that no study that had reported all components of their exercise prescription (***see page 504***). As the authors note, this is problematic when trying to determine which programming is most beneficial—a call to action to all researchers in this field! Remember that the 'Consensus on Exercise Reporting Template' Consensus statement provides invaluable guidance on reporting exercise protocols.[8] If research authors follow this guide, we'll fix the problem that Neil-Sztrmako alerted us to.

BEYOND PA

The recent emergence of 'lifestyle medicine' has directed the attention of researchers beyond PA to the importance of areas such as sleep and mental/physical well-being for general health and athletic performance. Professor Astrid Junge from Germany, one of the drivers of the terrific football injury prevention studies of the late 1990s and 2000s, examined symptoms of depression and anxiety in female football players. As personal and sport-specific factors play a role in players' mental health, the authors insist that players must have ready access to stigma free counselling and support (***see page 471***). Staying with athletes and well-being we consider concussion. There has been a huge emphasis on when to return to PA and sport but when is it safe to a return to driving? John Lucas' group highlight that Driving Under Concussion has public

[1]Melbourne Physiotherapy, Pilates and Fitness Group, Melbourne, VIC, Australia
[2]School of Medicine & Public Health, Priority Research Centre for Physical Activity and Nutrition, Faculty of Health and Medicine, The University of Newcastle (UoN), Callaghan, Australian Capital Territory, Australia
[3]Olympic Park Sports Medicine Centre, Melbourne, VIC, Australia

Correspondence to Dr Liam Richard West, Olympic Park Sports Medicine Centre, Melbourne, VIC, Australia; liamwestsem@hotmail.co.uk

safety implications, yet clinicians do not routinely address this (*see page 495*).

Finally, a paper that provides a reality check in terms of where we are with lower limb injury prevention. Deputy Vice-Chancellor and true sports medicine epidemiology royalty, Professor Caroline Finch (OAM) and colleagues performed controlled ecological controlled evaluation of the available randomised control trial (RCT) evidence on lower limb injury prevention. Because trial conditions and inherent design controls do not reflect the real-world contexts of sports delivery, we are not currently able to replicate the results seen in these RCTs. They suggest future exercise-training programmes need to be supported by context-specific and evidence-informed research (*see page 487*).

2019 SMA CONFERENCE—OPEN INVITATION

The articles in this SMA edited *BJSM* issue will provoke you to think more about the 'E' in SEM and how important it is that we all take ownership to help our patients become more physically active. Join us at the 2019 ASICS SMA Conference hosted on the Sunshine Coast, Queensland on the 23–26 October 2019 (figure 1). Can you believe this is issue #8 of 24 for the year—the *BJSM* year is 1/3 over! SMA is excited to host global research, stimulate debate and ensure the social programme is scintillating at our breath-taking Pacific coastal venue. See you there!

Contributors All authors contributed at all stages of this manuscript.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

To cite Bergeron M, Duncan MJ, West LR. *Br J Sports Med* 2019;**53**:457–458.

Br J Sports Med 2019;**53**:457–458.

Accepted 30 January 2019
doi:10.1136/bjsports-2018-100527

REFERENCES

1 Giles-Corti B. Healthy liveable communities: strengthening the evidence base. *J Sci Med Sport* 2014;18:e112–3.
2 Veitch J, Salmon J, Carver A, *et al*. REVAMP: a natural experiment to examine the impact of park renewal on park-use and park-based physical activity. *J Sci Med Sport* 2014;18:e146–7.
3 Timperio A, Ball K, Salmon J, *et al*. 305 Individual, social and environmental correlates of active transport to school among 10-12 year-old children. *J Sci Med Sport* 2005;8:178.
4 Giles-Corti B. People or places: what should be the target? *J Sci Med Sport* 2006;9:357–66.
5 Owen N, Cerin E, Leslie E, *et al*. Neighborhood walkability and the walking behavior of Australian adults. *Am J Prev Med* 2007;33:387–95.
6 Burton NW, Khan A, Brown WJ. How, where and with whom? Physical activity context preferences of three adult groups at risk of inactivity. *Br J Sports Med* 2012;46:1125–31.
7 O'Donovan G, Lee IM, Hamer M, *et al*. Association of "weekend warrior" and other leisure time physical activity patterns with risks for all-cause, cardiovascular disease, and cancer mortality. *JAMA Intern Med* 2017;177:335–42.
8 Slade SC, Dionne CE, Underwood M, *et al*. Consensus on Exercise Reporting Template (CERT): explanation and elaboration statement. *Br J Sports Med* 2016;50:1428–37.