

Diversity among our disciplines: let's provide differing perspectives in the interest of athlete care

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Zwide, a flat and dusty township on the outskirts of Port Elizabeth, where the apartheid government's utter disdain for residents ... had stranded people in a seemingly endless cycle of poverty and unemployment.¹

Excerpt, from "Against all odds", biography describing where South African rugby world cup winning captain, Siya Kolisi (Figure) grew up.

STRENGTH... AND PERSPECTIVE IN DIVERSITY

You can get a glimpse of a team talk given during the Rugby World Cup 2019 (<https://www.youtube.com/watch?v=GU5K3rGS6yo>) by Springbok coach Johan 'Rassie' Erasmus. He explains to the national team the benefits of the diverse backgrounds from which the Springbok players come—from remote and under-resourced rural areas such as Zwide to top private rugby schools with world class facilities. His take-home message was that the Springbok's strength lies partly in the diverse contributions from every team member, influenced by their differing backgrounds.

For many past decades, South Africa's legislated discriminatory policies had handicapped the country and prevented it from benefiting from the diverse talents of all of its people. The presence of an assorted cohort of 2019 World Cup players provided perspective on the supposed 'hardships' of professional sport, when compared with the adversity endured for a lifetime by players such as Springbok captain Siya Kolisi. This proved unifying in the players' motivation to unite the population across South Africa's demographic.

SHOULD WE AS CLINICIANS DELIBERATELY SEEK OUT DIVERSE PERSPECTIVES?

Can we make comparisons between rugby and our field of sport and exercise

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Figure 1 Rugby world cup winning captain—Springbok Siya Kolisi. Credit: Steve Haag

medicine (SEM)? First, exercise, with all its well-researched, documented and indisputable benefits, is a commonly accessible (free!) and potentially unifying intervention across the demographic spectrum. Physical activity is a wonderful equaliser. It still seems bizarre that the "Exercise is Medicine"² concept is not a 101 course on the medical undergraduate curriculum. Second, the diverse network of exercise-associated disciplines, skills and expertise clinicians (and athletes) have available to them, strengthens (or should!) our method of practice.

Alas, we have all experienced the exact opposite of diversity in our various professional arenas. I am painfully aware that referral to a neurologist can result in a neurologically focused solution, an orthopaedic surgeon—a surgical outcome, the dietician—a low-fat diet, the chiropractor—the predictable manipulation. All too often. In a recent BJSM editorial, Millar *et al* argued how the 'silo' approach compromised effective outcomes in tendinopathy management.³ Where are the true multidisciplinary clinical methodologies?

AN ECLECTIC EDITION...

In recognition of the benefits of diversity, this 10th SASMA-led edition of BJSM is deliberately eclectic—in terms of both topic and global authorship. Contributions come from Australasia, Europe, North America and, of course, South Africa.

Those who have been quarantined in a bomb shelter by COVID-19 and still do not recognise the benefits of exercise in every facet of health should read Dr Wong's paper (*See page 582*)—people with the highest levels of physical activity have 27% lower risk of advanced colorectal cancer.

The surgeons have their say too and we highlight rigorous work from two Scandinavian groups. Dr Bjarke Viberg's group from Southern Denmark report on the differences in knee osteoarthritis, secondary surgery, laxity and PROMS 10 years after ACL reconstruction versus non-surgical treatment (*See page 592*). Dr Barbara Snoeker and colleagues from Sweden found that early ACL reconstruction was associated with better outcomes for the medial meniscus (*See page 612*).

BJSM's Irish correspondent, Dr Ronan Kearney and his team bring us "Highlights from other journals" and they are continuing this issue's heterogeneous theme (*See page 623*). Topics include open kinetic chain rehabilitation of ACLs (from *Journal of Orthopaedic & Sports Physical Therapy*), kinetic factors in running injuries (*Scandinavian Journal of Medicine & Science in Sports*), the necessity for defibrillators at sports facilities (*Heart*) and the benefits of dexamethasone in acute mountain sickness (*Chest*).

Aussie stalwart Dr John Orchard—who recently earned that nation's national gong (AM)—takes a justifiably cynical view of rheumatological guidelines for corticosteroid injections (*See page 564*). My fellow BJSM-community sport docs, let's admit that the short-term benefits of CSI are tempting! Where do you fall on the "glass half-full" Orchardometer?

Leaving the best until last (!), our own South African contributors are the irrepressible Professor Martin Schweltnus reporting on a mass-participation event (102 251 race starters!) where investigators evaluated medical encounters, cardiac events and deaths (*See page 605*), and Dr Sharief Hendricks, a rugby-injury researcher *par excellence*, whose group advanced rugby injury video analysis research parameters (*See page 566*).

FUELLING SUCCESS

Did the World Cup-winning Springboks drink copious quantities of coffee? The meta-analysis from Dr Jozo Grgic's group from Melbourne suggests that caffeine is ergogenic, in more ways than you perhaps thought. Just two cups of joe promote muscle endurance, muscle strength, anaerobic power and aerobic endurance.^{4 5} Or perhaps it was the protein supplements in the Bok's locker room? Kerry O'Bryan's excellent paper (*See page 573*) illuminates the benefits of pure protein versus multi-ingredient protein supplements in strength and fat free mass gains in trained and untrained individuals across different ages.

MENTORING IS A MUST

Siya Kolisi can attest to the benefit that mentorship can play in guiding a career and points to his coach at Emsengeni Primary, Eric Songwili, as a pivotal figure. Sports medicine is no different. So, who better to mentor a young researcher in groin injury prevention than Denmark's professor of sports physiotherapy Dr Kristian Thorborg? Martin Wollin's excellent PhD on a complementary strategy for groin and hamstring injuries in elite football is the outcome (*See page 620*). Many of us have come across two stalwarts (and great mentors) in our field—Drs Margo Mountjoy and Lars Engebretsen. Their

excellent editorial on how SEM research can protect athlete health is not to be missed (*See page 563*). Their reference to the controversial issue of defining gender has particular (and painful) relevance in South African sport.

Interestingly, the newly appointed Springbok rugby coach, Jacques Nienaber, is a physiotherapist by qualification who cut his teeth as a sports clinician in Super Rugby. Through six seasons of working together, I know first-hand that he is a team player. Just as the Springbok captain understands the benefits of diversity, Nienaber knows how a medical team needs to collaborate in the player's best interests. If a truly diverse and multidisciplinary approach led to winning the Rugby World Cup, shouldn't we make sure we give that approach more than just lip service in our own practice?

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- 3 Millar NL, Murrell GAC, Kirwan P. Time to put down the scalpel? the role of surgery in tendinopathy. *Br J Sports Med* 2020;**54**:441–2.
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