From scientific research to helping your patient

Sietske van Berkel

GUIDELINES

Evidence-based practice is the cornerstone of our clinical work and evidence-based guidelines are a key part of this. Dutch scientific associations, like our own Dutch Sports Medicine Association (VSG), are making advances in developing monodisciplinary and multidisciplinary guidelines. Developing and implementing these guidelines is supported by the Dutch Knowledge Institute of Medical Specialists. All scientific associations use state-of-the-art guideline development methods. The process is almost identical to the National Institute of Health and Care Excellence guideline process in the UK. Guidelines go further than just systematic literature reviews with a clear distinction between evidence and clinical considerations, and also include patients during the whole process.

Patient involvement is novel as it is often not included in standard systematic reviews. Yet, it is patients who have problems, not the doctor or physiotherapist who treats them. The patient's opinion should matter and it is good to see that *BJSM* has room for the patient's voice as can be read in the article by Rodriguez in this edition (*see page 1179*). Finally, the guidelines have been authorised by all the relevant Dutch scientific organisations. Creating these guidelines is a demanding and intensive process. The guidelines are up to date and have a modular structure (Question, Recommendation, Evidence, Considerations, Methods). All guidelines are freely available online in Dutch (<https://richtlijnendatabase.nl/>) and the process is supported with governmental funding.

Highlighted in this issue is the Dutch Achilles tendinopathy guideline by de Vos *et al* (*see page 1125*). This was a massive undertaking and the guideline is already a very popular article online with excellent comments. It is a must read for everybody who sees and treats patients with Achilles tendinopathy.

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LOOKING FURTHER

This VSG edition of *BJSM* is full of interesting themes. We start the edition with an editorial from Professor Smith *et al* who call upon us to support disabled people to increase physical activity (*see page 1121*). Next, Professor Niebauer *et al* describe the latest advances in Exercise is Medicine in Europe (*see page 1122*), a high-profile topic that has been embraced in sports medicine as can be seen in the more appropriate name—‘sport and exercise medicine’.

Uniform presentation of research results is essential to improve the quality of studies and the subsequent use in clinical practice. This edition contains two studies using the Delphi method. Dr Barton *et al* present a checklist to report patellofemoral pain studies (*see page 1135*), and Dr Hoozeboom *et al* present a checklist for the assessment of therapeutic quality in exercise programmes (*see page 1153*).

Return to play predictions are always difficult especially in a relatively new disease like COVID-19. A study by Professor Schweltnus *et al* about symptoms clusters in athletes with acute respiratory illness and prolonged return to play is presented (*see page 1144*).

This issue is completed with two reviews. The first review discusses the evidence for the use of autologous stem cell therapy in knee osteoarthritis

(*see page 1161*). The second review is about the effectiveness of exercise-based prevention programmes in reducing non-contact musculoskeletal injuries in football (*see page 1170*). Both reviews are useful in the clinical setting. The remaining question is whether ultimately the patient is also happy with the treatment or prevention programme.

HYBRID CONFERENCES

A well-known Dutch saying from the famous professional football player and coach, Johan Cruyff (1947–2016), was ‘Elk nadeel heb se voordeel’. This translates to ‘Every disadvantage has its advantage’. This applies to the COVID-19 crisis. COVID-19, while generally terrible, has had some unforeseen positive effects. One positive effect is the giant leap forward in online communication and the possibility to follow conferences online. This not only saves a lot of time, it also widens the participants who can follow these venues. I hope that we will keep this advantage when returning to ‘normal’ life. I’d like to advocate for hybrid venues with both live and online participants. This would give us the best of both worlds.

One of the conferences that is coming soon is the 17th Annual Sports Medicine Scientific Conference of the VSG. It will take place on 9–10 December on location (COVID-19 regulations permitting) in Ermelo, the Netherlands. The latest Dutch research in sport and exercise medicine and sports physiotherapy will be presented during this event. The newest development in technologies will be present and the social interactions between lectures and during the dinner and party are other highlights.

This venue will cover both Exercise is Medicine and sports injuries in parallel sessions during this 2-day conference. This year, there will be inspiring keynote lectures from Dr Andreas Serner, Professor Evert Verhagen, Wanda de Kanter and more. More information can be found online (<http://www.sportmedischwetenschappelijkjaarcongres.nl>).

Stay tuned for the next Dutch multidisciplinary guideline in the pipeline on anterior knee pain. We hope to see you in Ermelo!

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