While sporting governing bodies prepare guidelines and policies to comply with social distancing requirements and government guidelines, and some may feel that such changes threaten the very existence of their sport, is there a hidden opportunity to be found among the noise?

**A WORRYING TREND?**

Elite team sports generate significant financial wealth and widespread media attention, but grass-roots participation rates in many traditional team sports have been decreasing, especially over the last 5 years.\(^1\)\(^2\) This contrasts with some data suggesting that physical activity levels actually may be increasing overall across the general population, especially among women and older people.\(^1\) This begs the question, are sports losing touch with the general population, and are people turning to non-traditional sports and individual activities for leisure-time physical activity?

First of all, why might people be turning away from traditional team sports? We know that some of the most frequently cited barriers to participating in sporting activities include: not feeling fit enough to participate; lack of time; poor accessibility; cost and fear of injury.\(^3\)\(^4\) However, as opposed to consigning these important findings to the pages of medical journals, could sports embrace these barriers as challenges to enhance participation, and secure their futures?

Positively, there are ‘bright-spots’ around the world, where these challenges have been met head on. Both New Zealand Rugby and the Rugby Football Union have announced several significant changes to school and club rugby in an effort to ‘future-proof’ the sport. These include providing flexibility in areas of the game such as team size, game length and the degree of contact, with more of a focus on non-contact rugby in order to enable participants to ‘enjoy the game without the usual commitment, nor risk of injury’.\(^5\)\(^6\)

In response to concerns around the risk conferred to the developing brain by heading the football, several national football governing bodies have now introduced new guidance around limiting practice of the act for children.\(^7\) Walking and mixed-sex versions of multiple team sports (including rugby union and football) now exist to try and overcome some of the aforementioned barriers, and to appeal as sports ‘for life’, similar to the likes of golf and tennis. The Danish Football Association has also introduced recreational football training concepts for untrained women, as well as for patients with prostate cancer and cardiovascular diseases.\(^8\)

**PAYING IT FORWARD?**

An extensive amount of interdisciplinary teamwork has been needed to produce COVID-19 sport-specific return-to-training guidelines, demonstrating significant flexibility and innovation.\(^9\) As such, we know that sports have the ability to adapt (dramatically in certain cases, such as in collision sports), but perhaps they could extend this to also embrace the important prepandemic challenges threatening their future health.

While the impact of any changes on participation is unlikely to be felt (or able to be quantified) for some time, especially given the current landscape, efforts to embrace the views of important stakeholders should be seen as potentially rewarding initiatives.

Our dream is that the future involves governing bodies and federations focusing on overcoming some of the key concerns relating to accessibility, flexibility and risk to participants:

- Might we in future see different membership options, activity times and formats of sports available to the wider population at the ‘coal-face’ of community sport?
- Will we see a widespread roll-out of evidence-informed injury prevention programmes and more detailed progression plans for contact sports that further embrace the concept of risk minimisation and health effect maximisation?
- Could we see a role for ‘local’ clubs in the community in encouraging community participation and involvement, which might provide health benefits and build a symbiotic relationship and a wider support base as a result?

All of these measures (summarised in figure 1) might increase the possibility of being successful in living up to recent statements from the WHO, that team sports have a role to play in reaching its target of increasing physical activity by 15% from 2018 to 2030, and in dealing with the public health challenges presented by the COVID-19 pandemic.\(^10\)\(^-\)\(^14\)

As has been widely circulated online in a quote attributed to best-selling author Dave Hollis, ‘in the rush to return to normal, let’s use this time to consider which parts of normal are worth rushing back to.’ While the COVID-19 crisis is...
Figure 1  A ‘menu’ of measures for sporting bodies to consider to further enhance population health.

undoubtedly a short-term crisis and presents a challenge that unfortunately may prove crushing to certain sports, sport would be wise to consider these words, and consider the current circumstances as a potential opportunity to address the elements, discussed above and captured in figure 1.

Twitter Steffan A Griffin @SteffanGriffin, Andrew Murray @docandrewmurray, Nicholas Peirce @peirce@123, Charlotte M Cowie @drccowie and Simon PT Kemp @drsimonkemp

Contributors  SAG proposed the concept and wrote the first draft. SK, KAS, AmM, PK and AnM contributed to the first draft, and the others to subsequent drafts of the manuscript. All agreed on final content before submission.

Funding  The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests  SAG is undertaking a PhD looking into Rugby Union, and Health and Wellbeing at the University of Edinburgh. He also works for the RFU as a Sports Medicine training fellow, and receives financial remuneration for work in professional sport. PK receives financial remuneration for work in professional football, and is a professor of Sport and Health Sciences at the University of Southern Denmark. AmM is the chief medical officer for the European Tour, and receives financial remuneration for work in professional sport. NP is the chief medical officer for the England and Wales Cricket Board. RJ is the chief medical officer for the Lawn Tennis Association, and receives financial remuneration for work in professional sport. RJ is the director of medical services for the English Institute of Sport. CMC is the Head of Medicine for the Football Association. KAS and SK are both employed by the Rugby Football Union.

Patient consent for publication  Not required.

Provenance and peer review  Not commissioned; externally peer reviewed.

© Author(s) (or their employer(s)) 2021. No commercial reuse. See rights and permissions. Published by BMJ.


REFERENCES