

Evolving roles of medical and healthcare professionals: where do we go from here?

Stephen Aspinall

The negative repercussions of COVID-19 on global health and the economy have added to the considerable challenges we already faced as an international health and care community. Although widespread, these challenges are being felt most keenly by groups affected by health disparities. When the WHO released the Global Action Plan for Physical Activity¹ in 2018, it was a public health call to action and seems even more relevant post-pandemic. Moving beyond treating a specific disease or injury and addressing a patient's future health are key parts of this plan. As healthcare professionals, we play a key role in public health, working as part of a global team with strong, clear and consistent public health messaging.

In the UK, the British Association of Sport Rehabilitators and Trainers (BASRaT) is part of the Community Rehabilitation Alliance (an alliance of more than 50 charities and professional bodies that are all committed to improving commissioning, planning and delivery of rehabilitation). For each profession that is part of the alliance, in addition to being clinicians treating patients, we are working to influence system-wide change and legislation, breaking down professional barriers and supporting patients and people to fulfil their potential and live as well as possible. Hopefully, this collaborative working is being mirrored across the globe and we are becoming stronger as a community. This BASRaT-guided issue of the *BJSM* hopefully reflects the direction and knowledge that underpin this collaborative effort to improve global public health.

WHAT IS NEW IN THIS BASRaT ISSUE?

The 2020 WHO Guidelines on physical activity and sedentary behaviour² are a comprehensive set of public health recommendations that form an essential part of our practice as clinicians. The evidence base for the recommendations is continuing to grow and several key gaps in our knowledge will be discussed in this issue of the *BJSM*.

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CARDIORESPIRATORY FITNESS, WEIGHT LOSS AND SLEEP

What is the predictive value of cardiorespiratory fitness (CRF) and can it be comparable with commonly used risk scores like Framingham? In the first meta-analysis to quantify the association of CRF with cardiovascular disease (CVD) and cancer mortality, Minghui Han and colleagues from Zhengzhou and Shenzhen Universities in the People's Republic of China seek to provide answers to these important questions (*see page 733*). The authors also generate useful discussion and links to earlier research about using estimated instead of directly measured CRF.³

One topic of conversation that frequently arises with patients is the relationship between weight loss and exercise, a highly nuanced topic that probably needs to be reframed to reflect the complex interactions between these factors. In a harmonised meta-analysis, Dr Jakob Tarp from the Norwegian School of Sports Sciences and a big hitting team of researchers from across the globe look at the relationships between adiposity, device-measured physical activity (PA) and mortality (*see page 725*). They offer some key insights about the importance of PA promotion regardless of weight status

and the survival benefit with different combinations of adiposity and activity levels. In a similar theme, a discussion piece by Dr Stuart Phillips and colleagues from McMaster University delves into the science and rationale underpinning exercise, long-term metabolic health and the importance of lean muscle mass for the maintenance of weight loss (*see page 771*).

When we consider our daily cycle and maximising positive health outcomes, we often consider sleep as important, but we do not necessarily understand its specific associations with sedentary behaviour and PA. Can lower PA levels amplify the negative implications of poor sleep and can higher levels of PA offset them? In a novel prospective study, Bo-Huei Huang and prominent researchers from Australia and London seek to answer these questions and provide an insight into the interactions between sleep and PA in relation to all-cause, total CVD and cancer mortality (*see page 718*).

MUSCLE MATTERS

Although muscle strengthening activities are included in both national and international PA recommendations, they are frequently deemed a lot less important from a mortality perspective than aerobic exercise. In an exciting

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The British Association of Sport Rehabilitators and Trainers (BASRaT) is the UK regulator for sport and exercise rehabilitators and an advocate of the multidisciplinary healthcare team. Improving public health by lifestyle and physical activity is a key part of our mission and supporting this, we are proud to be a member of both Arthritis and Musculoskeletal Alliance and the Community Rehabilitation Alliance. BASRaT guides sport rehabilitators on all aspects of their role and responsibilities, ensuring public protection, professional competency and continued professional development.

The BASRaT register of sport rehabilitators has been approved as an accredited register by the Professional Standards Authority for Health and Social Care. For more detail, please visit us at www.basrat.org.

systematic review and meta-analysis, Drs Haruki Momma and Ryoko Kawakami's team from Japan set out to define the independent association of resistance training (RT) with the risk of CVD, total cancer, diabetes, lung cancer and all-cause mortality (*see page 755*). This paper should provide valuable knowledge to underpin the rationale for RT exercise prescription above and beyond improving physical function and maintaining lean muscle mass.

Other must-reads in this issue include the safety of maximal exercise testing in individuals with sickle cell disease, the effects of before-school PA programmes on children's PA levels, health and learning and a set piece approach to emergency action planning

for managing emergencies in sport. We also have a patient voice from a young athlete and an inspiring service spotlight with a call for volunteers. Here is to collaborative working and improving global health!

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REFERENCES

- 1 World Health Organization. *Global action plan on physical activity 2018–2030: more active people for a healthier world*. Geneva: World Health Organization, 2018.
- 2 World Health Organization. *WHO guidelines on physical activity and sedentary behaviour*. Geneva: World Health Organization, 2020.
- 3 Artero EG, Jackson AS, Sui X, *et al*. Longitudinal algorithms to estimate cardiorespiratory fitness: associations with nonfatal cardiovascular disease and disease-specific mortality. *J Am Coll Cardiol* 2014;**63**:2289–96.