Show courage!

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We are proud to present to you the annual Norwegian Sports and Exercise Medicine Society’s issue of BJSM.

MOT means courage in Norwegian. MOT is also the name of the organisation and life skill programme established 25 years ago after the 1994 Winter Olympics at Lillehammer, with the main aim to build robust youth who include all and help youth to show courage. Using top athletes as ambassadors and role models (Olympic champion Birk Ruud on the cover photo), MOT promotes the message to show the courage to care, the courage to say no and the courage to live. This also includes to accept yourself and feel valuable as you are. You can read more about MOT and their work in the service spotlight.

In the spirit of MOT, we would like to encourage health personnel working in the field of sports and exercise medicine to show more courage! Racism in sports has been, and still is, a prevalent issue. Recently, the first professional male football player in England since 1990 came out publicly as gay. We believe that medical personnel are in a position within sport to use their position to influence the cultures from the dressing room to the boardroom to make it easier for people to be themselves.

Talking about Norway, we are happy to announce that the Norwegian SEM conference will be held physically in Sandefjord from 29 to 31 October 2022. The conference will also be broadcasted digitally, and you are more than welcome to join us!

An example where researchers really show courage is the relationship between smoking and health problems. The first smoking ban in Norway was put in place in 1632 by Christian IV, but was later overturned, until it was prohibited from public places. During the Norwegian SEM conference, professor Geir Kåre Taberner pointed out the lack of considering the athlete’s sports-specific training capacity in the RTS decision-making process, thus, proposing a revised StARRT framework including sports-specific training capacity in step 2 (Assessment of Activity Risk) (see page 832).

Unfortunately, many athletes with breathing problems are treated as having asthma. However, some of them may have exercise-induced laryngeal obstruction (EILO). As you will read in the patient voice, Madeleine Rubinstein was one of those (see page 890). After realising that neither asthma medication nor harder cardio training solved her problem, she was diagnosed with EILO. After 8 weeks of treatment, she gained better control over her larynx during high-intensity exertion and returned to full Judo activity.

Finally, we hope to see you in Sandefjord, either physically or digitally. And we hope you all find your way to somehow show courage in your sports medicine community.

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Contributors Both authors were responsible in writing and editing the manuscript and final approval of the 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 None declared.

Patient consent for publication Not required.

Ethics approval Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.

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10.1136/bjsports-2022-106026
Warm up

Accepted 29 June 2022

doi:10.1136/bjsports-2022-106026

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