

Australasian College of Sport and Exercise Physicians welcome and highlights

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Kia ora koutou katoa. Welcome to the Australasian College of Sport and Exercise Physicians (ACSEP) edition of the *British Journal of Sports Medicine*. For the first time, we are not highlighting our national conference as it has shifted to November. You should put this in your diary for 2023 as we would love to see you all in Wellington, New Zealand. It is always a wonderful conference and November in New Zealand is a great time to visit almost anywhere in the country. Block off a week or two and see some of our wonderful attractions as well as catching up with your colleagues from Down Under.

PRACTICE-CHANGING CONTENT

We have got some great articles for you in this edition. I was most intrigued to see the systematic review of motor control training for patients with low back pain secondary to lumbar disc herniation (*see page 1230*). For 20 years, part of my rehabilitation for these patients has been ultrasound-guided retraining of the deep trunk muscles along with lower limb strengthening. It is great to see this study revealing clinical outcomes from 16 trials. It is very hard to do this type of research so unfortunately, there is a significant risk of bias in the outcome from the majority of these studies. The available data do however suggest that motor control retraining does improve outcomes in the long term for patients who have had this intervention as part of their multidimensional rehabilitation.

Those of us who have been in practice for many years would be familiar with the 'rule of thirds' for patients who ruptured their ACL (one-third function normally, one-third are unstable even with daily activities and one-third are stable with daily activities but unstable with sport). This was followed by advice to have a reconstruction in order to play (with 95% success), and further revised to only a 50%–70% chance of return to play. It is nice to see the growing evidence in this

space with an excellent new living systematic review by Saueressig and colleagues demonstrating that primary rehabilitation has similar outcomes to early surgical reconstruction (*see page 1241*). This will likely renew the debate but does make life easier when discussing options with the patient in front of you who thinks the only way forward is reconstruction.

TARGETING HEALTH INEQUITIES IN SPORT AND EXERCISE MEDICINE

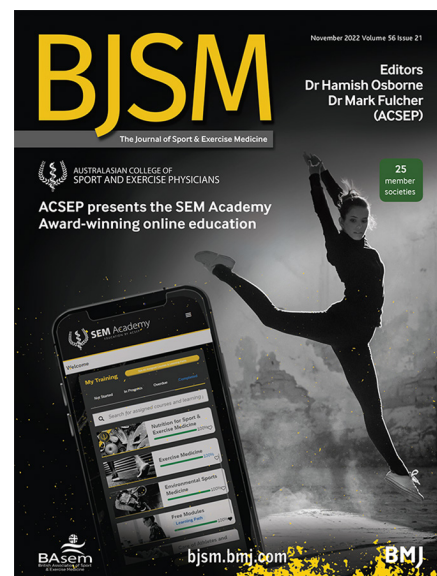
Congratulations to Pravesh Shankar Gadraj on a wonderful PhD showing that percutaneous transforaminal endoscopic discectomy is superior to traditional open discectomy (*see page 1253*). The lower costs and faster recovery times should help reduce healthcare inequities. It is not often a new medical intervention is cheaper and better.

Health inequities come in many forms. Hybrid work became familiar to many of us. In New Zealand, there was a boom in online bicycle sales and walking as families—noticeably greater numbers than prior to the COVID-19 pandemic. However, as Gilson and colleagues have shown, hybrid working generally resulted in increased levels of physical activity, but it was the higher educated who were best able to take advantage of this (*see page 1203*).

BETTER AND SAFER PHYSICAL ACTIVITY

Physical activity has long been associated with longevity. Using a large US cohort, Coleman and colleagues show that the positive effects on longevity plateau but only beyond 3 hours per week (*see page 1218*). In addition, muscle strengthening significantly improved longevity—thus both should be key parts of everyone's weekly routine.

Gerry Morris showed the power of occupational physical activity nearly seven decades ago.¹ However, not all physical activity is the same and there is a paradox in some vocational physical activity studies with increased rates of coronary artery disease. Feignberg and colleagues have done a fine job of illustrating that this may be associated with inflammation suggested by increased high-sensitivity C reactive protein (hs-CRP) levels. In contrast, they



showed that recreational physical activity lowers hs-CRP. Great work in starting to unravel this paradox.

The rates of sudden cardiac arrest are really quite low in marathons and an amazing team in Japan led by Tanaka were able to successfully achieve return of spontaneous circulation in less than 3 min in 90% of cases (*see page 1210*). They did this across more than 300 races over more than a decade and share their model emergency response plan powered by bicycle rescuers equipped with automated external defibrillators. The result was full neurological recovery in 95.5%.

ACSEP DELIVERING HIGH-QUALITY CONTINUING MEDICAL EDUCATION

The pandemic has had a wide-ranging impact on our working lives, it is not just about bike riding and home offices! Many have missed out on our regular dose of continuing medical education (CME). The ACSEP has created a range of online offerings to help deliver sport and exercise medicine (SEM) content. This is ideal for those who are time-poor, who have limited access to SEM education or for those in need of some urgent CME. For those looking for more educational content, please go to our SEM Academy, an online platform with over 70 modules designed featuring a range of international experts (www.semacademy.org). Alternatively, look out for the virtual offering from this year's ACSEP Annual Scientific Meeting, held in Adelaide in November. The plenary sessions, featuring all keynote presentations, will be live streamed and available for download after the meeting.

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Warm up

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