Evert Verhagen, Marienke van Middelkoop

Throughout history, we—the Dutch—have been a travelling and trading community. We crossed many borders and discovered new countries, cultures and exotic goods. Let us make it clear, we detest the cruelty our ancestors have brought to many corners of the world. However, it also forced us to incorporate other cultures and worldviews into our way of life. This has brought our country cultural richness and taught us that, being a small country, working together inside and across our local borders is the way forward.

A similar lesson may apply to our field of sports and exercise medicine (SEM), a very broad field of clinical practice and research. Our field brings together professionals with a multitude of backgrounds, all with the common goal of providing the opportunity for every person to achieve and maintain the highest performance at their own optimal level. The most important thing is to optimise health in the short and long term. In order to reach this goal, SEM looks at everything from primary prevention to quaternary prevention in young and old people, people who are healthy, people who have a disease and people who are at risk.

EMBRACING DIVERSE TOPICS

It goes without explanation that no professional in our realm has expertise in all the disciplines and topics that encompass SEM. Multidisciplinary and transdisciplinary approaches, as such, are often foreign to most of us. Hence, this breadth is unfortunately not always represented in full in our scientific SEM specialty journals, which are generally dominated by large contemporary topics such as COVID-19 (since 2020), concussion or football. But, as a clinical and research field, SEM is so much more. To achieve our common goals and push the boundaries of current knowledge, we must work together as a community to tackle the SEM issues in front of us. This requires us to get out of our comfort zones and cross borders.

CROSSING BORDERS BETWEEN RESEARCH TOPICS

SEM is concerned with physical activity (PA), exercise and sports in all individuals, from children to Olympic athletes, healthy to chronically ill. Prevention of non-communicable diseases through the promotion of PA is among the list of topics covered by SEM. By doing so, we should pay attention to these ‘new athletes’ at risk of injuries. It is often overlooked that novice and recreational athletes are at greater risk of injury than more experienced athletes.1 Active risk prevention and identification is what prevents injury and increases safety, and as such, it must be a key component of exercise as medicine. Injury prevention strategies will ensure that all can enjoy PA throughout a lifespan.2

CROSSING BORDERS BETWEEN RESEARCH PARADIGMS

We must step away from a reductionist view of SEM issues. The problems we face and attempt to solve do not have a single modifiable cause. They often have a complex aetiological underpinning. We recently adopted the term ‘wicked problems,’ by which we acknowledge that ultimate solutions do not exist and that we can merely develop optimal solutions. To do so, we must develop preventive approaches based within the patients’ and athletes’ contexts. This may require a drop in established efficacy but will ultimately reach a higher effectiveness.

To get there, we must cross borders between research paradigms and start to examine why and how through alternative research methods, instead of the common what, where, when or who in positivistic approaches. This looks at putting more emphasis on transferring knowledge through implementation research that uses mixed-method designs and participatory action approaches.

CROSSING BORDERS BETWEEN ROLES AND RESPONSIBILITIES

Any clinical and practical environment involving patients or athletes knows multiple roles and responsibilities that relate to health outcomes. None of the roles involved can or should bear sole responsibility (and accountability) for the health of the patient or athlete. Roles must work together based on their own expertise to allow for wholistic approaches. This implies that open communication and interaction between roles is required. There is evidence that injuries are more likely to happen in professional football when there is a lack of management, leadership and communication.3 4 Why would this be any different in other sports, at other levels and in other clinical settings? There is ample room to intervene in the context of the patient and the athlete instead of focusing on the behaviour of such end users. If we do not get our act together, how can we expect them to follow our advice?

CROSSING PHYSICAL BORDERS

Importantly, we must cross physical borders. Contemporary issues and approaches in SEM require us to combine data and efforts. Instead of being in competition, we must join forces internationally to acquire the ‘volume’ in specific patient and athlete groups. Even though international diverging legislation on data acquisition, storage and sharing are massive barriers, we must find ways to bring data uniformly together into large datasets to apply machine learning approaches. We must unify our efforts and share our skills, expertise and insights. Only when we actively collaborate and are
open to others’ opinions and beliefs can we move forward.

**SAIL ON**

Remaining true to our Dutch heritage, we ‘cross borders’ between Dr Bálint Zsidai discussing living systematic reviews (see page 1261) and a medical doctor avoiding ACL surgery (see page 1325).

Dr Jessica Gorzelitz investigates the associations between weightlifting, aerobic activity and all-cause and cancer mortality (see page 1277), while Behnam Liaghat reports on the effects of different loads on self-reported function in hypermobile shoulders (see page 1269) and Dr Nivash Rugbeer investigates the effects of different types of sprint training on health-related markers (see page 1320).

Was there ever a more apt article title than Dr Rock Vomer’s ‘It’s high time for a change’? Read and decide (see page 1267). Prolific researcher Dr Christian Barton leads a systematic review on running-related knee injuries (see page 1307), while the highly topical issue of cardiopulmonary capacity and muscle strength in transgender women is evaluated in Professor Leonardo Alves’s cross-sectional study (see page 1292).

Enjoy this Dutch Sports Medicine Federation-guided issue of *BJSM*. You’ll sail through it!

**Twitter**

Evert Verhagen @Evertverhagen and Marienke van Middelkoop @mvanmiddelkoop

**Contributors**

Both EV and MvM contributed equally to the writing of this editorial.

**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 applicable.

**Ethics approval**

Not applicable.

**Provenance and peer review**

Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.


Accepted 7 October 2022


doi:10.1136/bjsports-2022-106418

**ORCID iDs**

Evert Verhagen http://orcid.org/0000-0001-9227-8234

Marienke van Middelkoop http://orcid.org/0000-0001-6926-0618

**REFERENCES**

1 Kemler E, Valkenberg H, Verhagen E. More people more active, but there is a counter site. novice athletes are at highest risk of injury in a large population-based retrospective cross-sectional study. *BMJ Open Sport Exerc Med* 2022;8:e001255.

