

Calling for improved equity, diversity and inclusion in sport and exercise medicine – it starts with us

Jane S Thornton ,^{1,2} Lee Schofield,³ Victor Lun⁴

Welcome to the Canadian Academy of Sport and Exercise Medicine (CASEM) issue. As physicians who practise sport and exercise medicine (SEM) in Canada, we have a responsibility to treat each patient that we see with dignity and respect, and consider the whole person in our approach to their care. We have the unique opportunity to work with athletes, and it is key that recognise how unique each individual is as we support them. In this issue, we have made a concerted effort to showcase authors and study populations from underrepresented and marginalised communities to actively promote and advocate for their voices to be heard.

EQUITY, DIVERSITY AND INCLUSION: A GLOBAL ISSUE

Inequities are ever present in physical activity and in sport. As Nonhlanhla Mkumbuzi and coauthors point out, the COVID-19 pandemic made these worse, with heavier burdens on athletes' physical, mental and fiscal health outcomes, particularly in low-income and middle-income countries (*see page 191*). The authors call for a 'greater commitment to a post-pandemic retrospection to help confront persistent inequity in sport, to better support marginalised athletes and avert further disparities'.

An important first step is global representation in research. Antonio Garcia-Hermoso and team studied 3.3 million participants across 31 countries to explore adherence to aerobic and muscle strengthening activities guidelines in their systematic review and meta-analysis (*see page 225*). They found that sociodemographic and lifestyle factors played a

¹Western Centre for Public Health and Family Medicine, University of Western Ontario Schulich School of Medicine and Dentistry, London, Ontario, Canada

²Fowler Kennedy Sport Medicine Clinic, University of Western Ontario Schulich School of Medicine & Dentistry, London, Ontario, Canada

³Pivot Sport Medicine, Toronto, Ontario, Canada

⁴Sport Medicine Centre, University of Calgary, Calgary, Alberta, Canada

Correspondence to Dr Jane S Thornton, Western Centre for Public Health and Family Medicine, University of Western Ontario Schulich School of Medicine and Dentistry, London, Ontario, Canada; jane.s.thornton@gmail.com



major role in adherence. Women, older adults and individuals with low/medium education levels, underweight or obesity, and poorer self-rated health reported the lowest adherence. Results from research with global representation signpost where we can and must begin to effect change.

Reflected in this issue are articles on improving representation in SEM by addressing the data gaps across sex and gender (*see page 212*), across the lifespan (*see page 230*) and across abilities (*see pages 237 and 203*).

CANADIAN CONTRIBUTIONS

We have also highlighted papers involving Canadian researchers and practitioners who are advocating for better standards of practice and care. The latest CASEM Position statement is a timely contribution from Michael Koehle and his team to outline personal strategies to mitigate the effects of air pollution exposure during sport and exercise (*see page 193*). Bruce Forster lends his expertise to an original research article outlining MRI detected muscle injury in athletes participating in the Tokyo 2020 Olympic Games (*see page 218*), and Jane Thornton and Dawn Richards team up to outline the important lessons from athletes and patients with 'lived expertise' (*see page 189*).

CASEM'S ROLE IN EQUITY, DIVERSITY AND INCLUSION

One of us (LS) is the chair of the new equity, diversity and inclusion (EDI) committee within CASEM. This committee will have the opportunity to be educated and as best informed as possible so that we can support our fellow physicians in SEM, as well as advocate for the athletes and patients that we treat. We are in the initial stages of developing this committee within CASEM, but the variety of areas that this committee will be able to contribute to is already emerging. It is important for SEM physicians to understand how we can apply the EDI lens to the medical training programmes we come from, the projects that we are undertaking, and representing all groups in our communication and work. We are working to develop our terms of reference for the CASEM EDI committee this coming year, and will survey our membership to help guide what projects we may initially explore.

CASEM 2023: BACK TO BANFF

Although the 2020 50th Anniversary CASEM Annual Symposium was cancelled due to the COVID-19 pandemic, it did not prevent going 'Back to Banff' for the 2023 CASEM Annual Symposium (https://casem-acmse.org/annual_symposium/banff2023/).

Back to Banff will be held in person at the Fairmont Banff Springs Hotel from 8 March 2023 to 11 March 2023. As with all CASEM Annual Symposia, Banff 2023 is bringing together a stimulating collection of lectures and workshops on highly relevant sport medicine topics including, the patellofemoral joint, hip joint and calf problems, the female athlete, exercise medicine, management of prolonged concussive symptoms, spine problems in the paediatric athlete, harassment and abuse in sport and injection therapies. Banff 2023 will also feature free time between lectures and workshops to enjoy your favourite winter sport activity. Hope you can make it Back to Banff!

LOOKING FORWARD WITH RENEWED FOCUS

With so much on the horizon for CASEM, we know we will need to keep advocacy for EDI front and centre. For appreciable change to take root, we must consider the athlete, context and the environment in our care. We must also recognise EDI as an opportunity to improve across SEM. Researchers and practitioners in SEM have a duty to ensure all athletes and active individuals are fairly reflected across research and actively promote and advocate for their voices to be heard at all levels of care. We all win as a result.

Twitter Jane S Thornton @janesthornton

Contributors JST developed the idea. All 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 JST is an editor of the BJSM.

Patient consent for publication Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Thornton JS, Schofield L, Lun V. *Br J Sports Med* 2023;**57**:187–188.

Accepted 19 December 2022

Br J Sports Med 2023;**57**:187–188.
doi:10.1136/bjsports-2022-106660

ORCID iD

Jane S Thornton <http://orcid.org/0000-0002-3519-7101>