

## SPORTS PROBLEMS

CLINTON SAYER, M.A., D.P.E.

*The Sports Council*

The Research Committee of the Advisory Sports Council and the Information (Research) Committee of the Sports Council had been concerned with supporting research studies relating to demand and provision for sports facilities and their management requirements, to the provision of information and documentation services, and to some aspects of physiology and medicine.

In the latter field, the Sports Council enlisted the consultant services of Dr. Edholm of the M.R.C. whose place since he retired had been taken over by Prof. Weiner. Amongst the projects in which it has been involved were the following:—

1. **Altitude and Temperature Acclimatisation** — research at Mexico City (1966) and Fort Romeu in France (1967).
2. **Medical Aspects of Boxing** — study undertaken by the Royal College of Physicians (1967-70).
3. **Treatment of Sports Injuries** — Discussion with the Department of Health and Social Security established the need to provide evidence (a) that the treatment of sports injuries was neglected by the National Health Service and (b) that the proper treatment of sports injuries could be carried out within the National Health Service. Accordingly, two pilot schemes were arranged:—

*Sports Injuries Survey* — study undertaken by Professor R. C. Browne and Mrs. D. Weightman of the Department of Medical Statistics and Industrial Health at Newcastle University (1969-73) to survey injuries and their treatment in 12 sports in the counties of Northumberland, Durham, Cumberland and Westmorland.

*Sports Injuries Clinics (1973-74)* — a study supervised by Dr. K. Kingsbury involving clinics at 13 hospitals to demonstrate the need for a bigger network of clinics offering a free specialist service to sportsmen and women.

#### 4. Exercise and Fitness

- a. *Exercise and Middle Aged Men (1970-)* — a study arranged in conjunction with the M.R.C. and carried out by Dr. Carruthers and W. A. Murray in which middle aged businessmen had taken exercise

under supervision at a private gymnasium in the City of London. A further study was to be undertaken with a control group so that the benefits of exercise can be more exactly measured.

#### b. *Evaluation of Subjective Aspects of Fitness Schemes (1974- )*

The Sports Council had commissioned the Royal Institute of Consumer Affairs to undertake a study of the subjective responses of individuals to a selection of well known fitness schemes of different types.

#### c. *A Fitness, Sport and Health Study* — on men of the London Fire Brigade carried out by Professor Rose of St, Mary's Hospital.

d. *A Study of Obesity and Physiological Performance* — in children and young adults carried out by Dr. Mervyn Davies of the M.R.C.'s Environmental Physiology Unit.

#### 5. *Detection of Anabolic Steroids (1969- )* — a study carried out by a research group at St. Thomas's Hospital, led by Professor Raymond Brooks, to develop tests for screening blood and urine capable of detecting the use of anabolic steroids by sports competitors.

The Sports Council had been in touch with the International Olympic Committee, international federations and governing bodies of sport who were taking the necessary steps to establish testing procedures. The B.A.S.M. had taken a welcome initiative to arrange a special conference on the subject of anabolic steroids in February, 1975.

#### The Sports Council's Interest

1. The Sports Council is obviously interested in the beneficial aspects of sport, whether physical, mental or social and therefore wishes to mount a case for a higher level of expenditure on facilities, programmes and opportunities for the whole community to take part in and enjoy sport. Its case will, of course, be greatly strengthened if sport can be shown to have economical values though the evidence for this is still fragmentary and to some extent inconclusive.
2. It is also anxious about the deleterious effects of sporting activity and is wanting to minimise or

overcome them where possible.

3. It is *not* a fitness Council and seeks to promote sport as a natural, worthwhile and enjoyable form of human expression which eminently deserves support *in its own right and for its own sake*.
4. It has not assumed any responsibility in the 'pure science' aspects of physiology or biomedicine; the M.R.C. and the S.R.C. exist to fund work in these areas. Nor is it the Sports Council's role to be concerned with the training of doctors, physiologists, sports medicine specialists and researchers.

### SOME ACADEMIC ASPECTS

a. Scientific –	Professor J. E. KANE	(Principal, Loughborough College of Education and Professor of Human Movement Studies, University of Loughborough)
b. Medical –	Dr. P. J. R. NICHOLS <i>The new Diploma in Medical Rehabilitation</i>	(Postgraduate Adviser in Medical Rehabilitation to the Royal College of Physicians)
	Dr. D. R. L. NEWTON <i>Consultant Training</i>	(Chairman, Specialist Advisory Committee on Rheumatology of the Joint Committee on Higher Medical Training)

J. E. KANE, Ph.D., M.A., D.L.C.

*Principal, Loughborough College of Education  
Professor of Human Movement Studies, University of Loughborough*

It is probably not very useful to dwell overlong in a symposium of this sort on the possible reasons for, or implications of, the distinction between the two headings 'scientific' and 'medical' set down in the programme. The distinction made by intention or default, is thoroughly welcomed by myself and, I am sure, by many of my colleagues, as an opportunity for strengthening the lines of communication between the medical and the non-medical contributions to sports science. There is, as you know, difference of opinion as to how the term 'sports medicine' may be interpreted – whether as Jokl (1968) would have it as 'a branch of clinical medicine' (supported by four disciplines, Applied Physiology, Clinical Medicine, Traumatology and Rehabilitation) controlled by physicians, or more widely as suggested by the objectives of our parent body, the Fédération Internationale de Médecine Sportive (F.I.M.S.) which were set down at its inauguration in 1928 as:

1. To initiate scientific research on biology, psychology and sociology in their relation to sport.

### Conclusion

The Sports Council is concerned to promote sport for all those who wish to take part by encouraging the provision of an irresistible choice of sports activities.

It is also concerned to raise standards of performance by helping to provide increased opportunities for talented sportsmen and women to realise their full potential.

The Sport for All Campaign is directed at these two targets – to increase participation and to develop excellence in sport.

2. To promote the study of medical problems encountered in physical exercise and in sport.

3. To organise international congresses to be held simultaneously with the Olympic Games.

Equivocation is noticeable also in the titles of the relevant journals. The official publication of F.I.M.S. is called the *Journal of Sports Medicine and Physical Fitness* suggesting a special kind of mixture, whereas another equally reputable international journal is entitled *Medicine and Science in Sports*, presumably intended to identify the two main interacting elements in sports science. And it can hardly have escaped your notice that while we are the British Association of Sport and Medicine we nurture in our nest a cuckoo known as the *Journal of Sports Medicine*.

Even a cursory checking through the journals mentioned reveals the way in which sports medicine is defined operationally. Contributions from physicians and experts in applied physiology, traumatology and