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A Quarterly Insight

on the move...



current topics >>>

Words of Wisdom

I can't believe that we are already issuing the Spring edition for the year!

*It has been a year of **ups** (launch of our SASMA app, interesting collaborative webinars, and planning our 2021 Festival of SEM conference together with LTMIC, PASHDA and SASB) and **downs** (losing one of our stalwarts – Dr Shorty Moolla and all the restrictions due to COVID-19). I believe that we will rise from all the challenges and be stronger and better as the different societies named above, take hands and work as a unit.*

Enjoy the last part of 2020 and STAY SAFE!

*Prof Christa Janse van Rensburg
President*

*For more information visit our website
www.sasma.org.za or join us on Twitter
@SASMA_ZA*

In Memory of our beloved
Dr Shorty Moolla



SASMA Friends

join in >>>

Education @ SASMA



The Australasian College of Sport and Exercise Physicians (ACSEP)

This esteemed college hosts an electronic platform that offers the best sport education modules in the world.

Check out their website: <https://semacademy.org/>.

Over 50 modules covering various disciplines.

The President managed to negotiate a special fee for an annual subscription for the SASMA members.

The offer: The current rate is \$49 per month. They are offering SASMA a special rate of \$22 (which is +/- R 402) per month. The conditions are that one signs up for 12 months.

Some comments on the ACSEM modules

The modules are very well structured and presented clearly, in manageable and concise presentations.

Using them has given me more confidence in discussing relevant topics. Information is up to date and relevant. By including examples and cases, the modules allow for evaluation of your own understanding and appreciation of real-life applications.

Sports Physician in Training



The SEM Academy subscription is quite handy as it provides useful modules relevant for the exercise medicine physician. The modules range from clinical, practical resources such as sports specific MSK examination videos, concussion, internal medicine, special populations, rheumatology, environmental health, and athlete specific ECG interpretation amongst several others. Assessments and achievements are recorded at the end of each module.

Sports Physician in Training

It is an easy system to navigate and the modules are educational to both training Sports and exercise Medicine physicians and experienced ones. The content is relevant and is reviewed every 2 years to ensure that information is up to date. The examination videos are especially helpful as it focuses on different parts of the MSK.

Sports Physician in Training

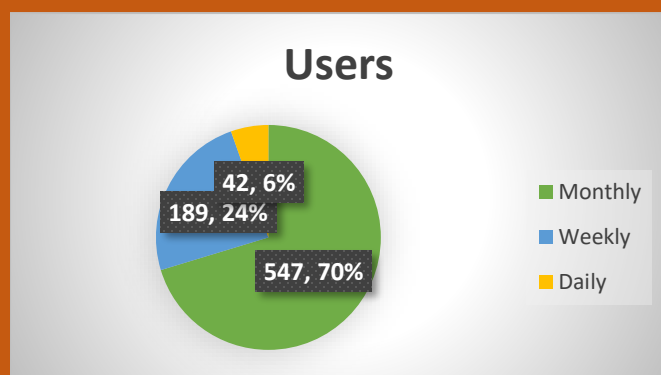


join in >>>

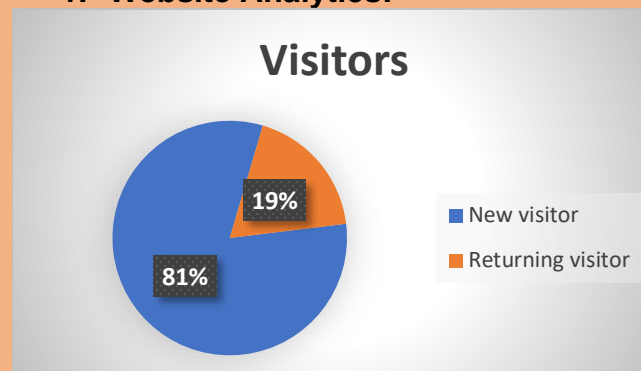


COMMUNICATION BUZZZZZZZZZZ.....

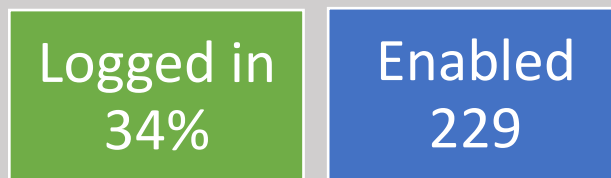
2. Facebook Analytics:



1. Website Analytics:



3. App Analytics:



4. Analytics – Webinars July/August 2020:

July	Institution	August	Institution
Rugby Mechanics	Wish Wits	The running shoes	Wish Wits
Training loads, Injury Profiles & Illness in Elite SA Rugby players	Sharks Medical Centre	Gender bias in Sports Medicine	Wish Wits
The Cricketer's Spine	Josi	Infectious Disease Prevention Planning for Sports	Wish Wits
Relative Energy deficiency in Sport	Wish Wits	Exercise is Medicine – The Why, The What and The How?	EIM
Female Physio's in Sport	Wish Wits	The Dancer's Feet	Wish Wits
Bone Health	Wish Wits	The Winning Mind	Wish Wits



join in >>>

SASMA WEBINAR

hosted by

Prof Christa Janse van Rensburg and Shona Hendricks



If screening is a waste of time as Roald Bahr tells us, why should you still be doing it?



Webinar

Cost: Free

Date: Friday 4 September 2020

Time: 16:00 (CAT)

CPD points: 2

Registration link:

<https://forms.gle/sYeeLszPMahr5khU6>



Dr Rodney Whiteley
Specialist Sport Physiotherapist



Website: www.sasma.org.za

Facebook:

Twitter: @SASMA_ZA



Dr Rod Whiteley is a Specialist Sports Physiotherapist at Aspetar for 10 years, who was awarded a fellowship in the first cohort in Australia. He subsequently spent time on the College of Sports Physiotherapy's Board as Chief examiner and has worked with a number of professional and international teams and individuals in Rugby League, Rugby Union, Baseball, Football, Squash and Athletics.

We are delighted to report that this Webinar was a huge success.

Numbers up to 30 September 2020:

4.2 k Views

17 906 People reached

1 462 Engagements

If you would still like to watch the video of this webinar, please follow this link to our Facebook page:

https://www.facebook.com/search/top/?q=south%20african%20sports%20medicine%20association&epa=SEARCH_BOX

Plus:

If you are a SASMA member with paid up membership fees, you can still apply for your CPD points. All you need to do is to send proof that you did watch the recording to admin@sasma.org.za.

INFOGRAPHICS

<https://twitter.com/sportscicomm/status/1304111849055514625/photo/2>

We are very excited to launch an Infographic section on our Website (Resources) and the SASMA App (News). Since infographics are such a valuable tool for conveying information, it was decided to put a system in place to build up a library of high quality, useful infographics in order to broaden the knowledge base of SASMA. We are looking at applying quality control guidelines, and creating searchable categories reflecting the different sport and exercise disciplines including those created by students as part of their training.

To ensure that our infographics are of a high standard, we have asked Natalie Erskine to compile a guideline for creating infographics. Natalie is the current Social Media Editor for Research in Sports Medicine, one of the top multidisciplinary sports medicine/sport science journals. She has undertaken to assist with the quality control and categorising of the infographics. Please read through these guidelines, make sure that your infographic meets the required standard, and submit it to nats.erskine@gmail.com.

Submitting Infographics: Guidelines for Authors

An Infographic is a visual representation of information, data, or knowledge intended to present information quickly and clearly and allows the reader to see patterns and trends.

Guidelines to follow:

1. Ensure the topic of the infographic is related to the one of the following disciplines: sports medicine, biokinetics, physiotherapy, exercise and sports science, dietetics and psychology.
2. Information is based on scientific fact rather than opinion
3. Provide credit to all sources, references, facts and figures used in the infographic
4. Authors should watermark and/or include links to their social media profiles/websites within the infographic (e.g. Made by XXX)
5. The size of the infographic should not be greater than 500mb
6. All images and text should be free of any copyright infringement. The authors are responsible for compliance and including the relevant credits where necessary.
7. Infographics should be saved as a png or jpeg format

Submitting to SASMA

1. Email your infographics to nats.erskine@gmail.com or send them via a file sharing service such as [we transfer](#)
2. Your infographic will be shared with our infographic coordinator, and, if accepted, we will upload your infographic to the SASMA website
3. Some editing may be recommended before the infographic is uploaded to the site.
4. Your infographic may be included in SASMA's marketing and promotional material

There are no charges for submissions or accepted infographics

Resources for creating infographics

- [The 7 G.R.A.P.H.I.C. Principles of public health infographic design](#)
- [How to make an engaging infographic? - British Journal of Sports Medicine](#)
- [How to turn your journal article into an infographic](#)

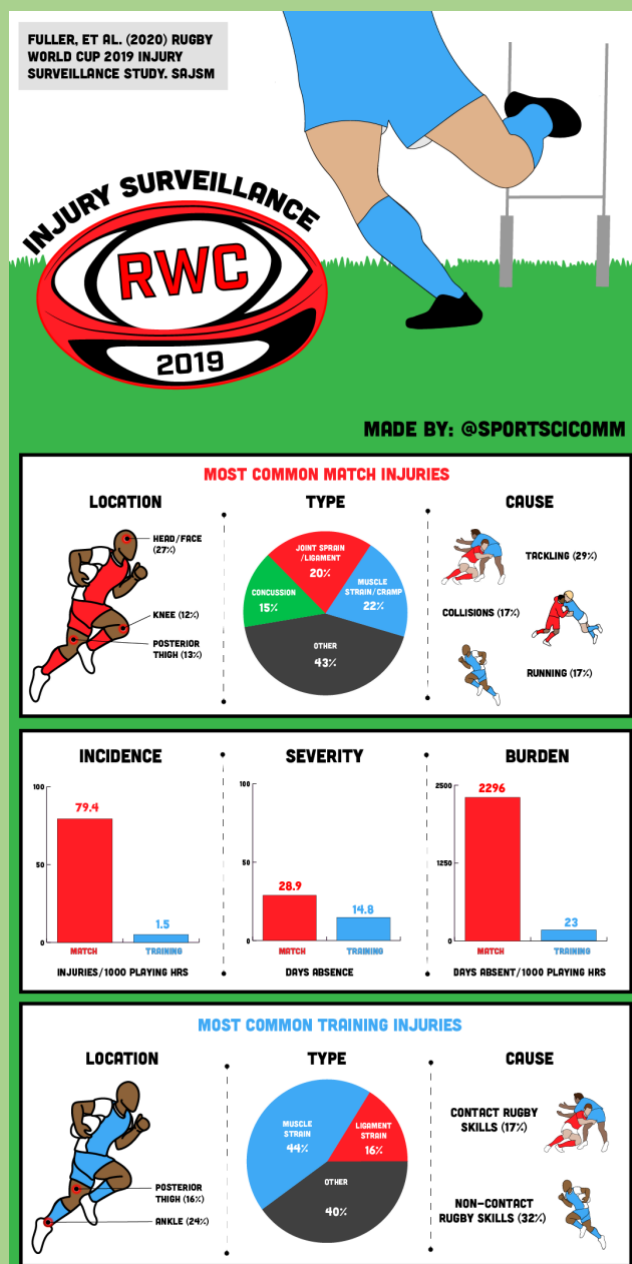
Examples of Infographics

- [BMJ infographics](#)
- [YLM Sport Science](#)

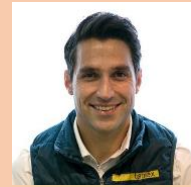
Note for Readers

Infographics are only a snapshot of scientific research, facilitating the sharing key messages and engagement with research. They are not a substitute of peer-reviewed research and thus it remains essential to read the credited sources.

EXAMPLE



Vive Le Tour!



Bringing the Maillot Jaune back home...

Dr Adrian Rotunno
Sports Physician

The 2020 Tour de France - an unusual race in an unusual year. The Covid-19 pandemic has put the world through its paces, with all aspects of life being affected in one way or another. The local and international sports arenas were not exempt from this and many of the Tour de France race traditions were wholly scrapped, or at the least turned on their heads. Since its inception in 1903, the only other times the race has not been held as scheduled were due to the world wars. After being postponed from its historical position in the month of July, it was moved to a slightly cooler September for this year.

Hosting a successful Tour de France during a pandemic was thought to be impossible, but this was made achievable through the implementation of strict health screening and hygiene protocols, team education and the creation of a 'race bubble'. These protocols were written by the appropriate stakeholders with input from the team's medical staff. The goals were to safeguard the health of all riders, the team personnel and the rest of the race entourage.

Because a cycling grand tour is not confined to a stadium and the race covers a large geographical area, there are additional peri-pandemic variables that needed consideration. All athletes and staff (a maximum of 30 people per team) were required to provide a negative Covid-19 PCR swab test between 5 and 7 days prior to entering the bubble, and then all re-tested prior to race start, as well as two further tests over the race period. All team members were required to submit twice-daily self-reported symptom screening throughout the four-week period and daily clinical monitoring was performed by the relevant team doctors. Any team members with symptoms were risk stratified, isolated, and immediate appropriate action was taken to ensure continued race safety.



Other issues that required consideration included the ever-present risk of close proximity fans, media and press conferences/interviews, hotel logistics, bus and food hygiene, and implementation of the ceaseless mask and social distancing protocols. All of these factors needed continual balancing and had to be kept in check within the socially intricate, mobile behemoth that is the Tour de France. A tough ask, even when there is no pandemic around.

A noteworthy and welcome side effect of the stringent hygiene protocols was that the incidence of general illness was far below the normal rate in a grand tour event. Usually, by the late second to third week, as the athlete immune system function starts to diminish under the excessive load, the incidence of upper respiratory tract infections in particular starts to increase. This year however, our team and several others, reported a reduction in this typical spike. Going forward, perhaps all grand tour and professional cycling events should continue under these stricter protocols, especially given the time, effort, and

Injury and trauma rates were more or less similar to that of previous years. The typical first week nerves of the Tour are a notorious cause for unnecessary crashes, but in conjunction with the 2020 race being the first prestigious event post-lockdown, and added slick streets after some early Autumn rainfall, perhaps it all contributed to a slightly more jittery peloton than usual. Unfortunately, we lost one of our climbing lieutenants to one of these early minor crashes with a fractured clavicle, and another sustained a fractured sacrum that kept him out of the action until the final week. But, on we fought.

Our medical team looking after UAE Team Emirates is led by Dr Jeroen Swart, with other South African team physicians Jason Suter, Raaghib Fredericks, Jarrad Van Zuydam, and myself, Adrian Rotunno. We monitor our athletes on a day to day basis, no matter where they are in the world. We also have a network of foreign physicians and other relevant specialists on hand for when the need arises. Athlete and staff health are paramount, and one of our most important duties is to provide onsite medical care for the entire team during the race. This means being on call for the 30-member team 24-7 for the four-week period of the Tour. The daily grind usually involves an early morning doping control, urine refractometry, athlete morning weights, morning ward rounds, team strategy meetings, transfers to the start, athlete meetings, a final pre-start check, following the peloton in a white-knuckle vehicle column behind, or waiting for the sprinters at the finish, hopefully a podium, more doping control, transfer to the next hotel, evening ward rounds, a dash to the pharmacy, stage debrief meetings, dinner shovel, and hopefully in bed by 1am. Then wake up, and repeat.

Getting to the start line of the Tour de France takes months of strategic preparation and planning. Throw in a pandemic, and the efforts are doubled. So, it has been quite a journey getting to the Grand Depart of this year's Tour. Something we would not have been able to do had it not been for the leadership, clear planning, and collective team work within our medical team. The pre-Tour goals were to win a stage and to get at least a top 5 in the general classification. The team did slightly better than this. We won the Tour de France, won the King of the Mountains and Best Young Rider classifications, and took four stage victories. We also got to wear the Sprinters green jersey for a couple of days, so all four jerseys were on the shoulders of our riders at some point during the three weeks.

Winning the race on the penultimate stage was something surreal; likened to the famous win by Greg Le Mond over Laurent Fignon in the Tour of '89. To take back almost a minute lost in the notorious crosswind Vent D'Autan on stage 7, seemed impossible. But the final individual time trial stage was always considered as a potential ace up our sleeve in the pre-Tour race reconnaissance. In the final week, this idea started to gain momentum and there was a quiet confidence building in Tadej, as well as in the team. As I did the pre-race medical check on him that morning, he was calm, he was ready, and it was time.

The rest all seems a little blurry, and as I write this, the reality of being part of the team that gets to proudly bring the coveted Yellow Jersey back to South Africa, has not quite hit home. It is something we will cherish for the rest of our personal, and professional lives.

Dr Adrian Rotunno
Team physician
UAE Team Emirates Professional Cycling



HISTORY OF SASMA

1977

The establishment of the South African Sports Medicine Association was preceded by sports medicine activities including an international sports medicine conference in Johannesburg in 1977 (October 25-28), a sports medicine textbook written by South Africans, and a growing interest in the clinical practice of sports medicine.

1980 - 1989

Following the first successful congress in Johannesburg, from February 1980, Dr Louis Sirkin, a radiologist, arranged monthly meetings for a group of doctors at the Sunnyside Park Hotel.

In 1982 Dr Clive Noble, an orthopaedic surgeon, suggested the forming of a sports medicine association. On 24 January 1983 a meeting at the GR Bozzoli Centre at the University of the Witwatersrand was held, and a steering committee formed. This committee consisted of Dr Louis Sirkin, Dr Clive Noble, Dr Ivan Cohen, Dr Neil Gordon, Dr Etienne Hugo and Dr DP Myburgh.



Dr Clive Noble

Nominations were called for an Executive committee at the Johannesburg Country Club on 19 September 1983. The committee consisted of the President: Dr Louis Sirkin, Honorary Secretary: Dr Clive Noble, Treasurer: Dr Ivan Cohen and Dr Tim Noakes as Additional member. The committee agreed to serve for a year. A constitution was drafted and circulated prior to the first Association Congress held at RAU in Johannesburg on 14 March 1985. At this meeting Dr Clive Noble was elected President of SASMA, Dr Etienne Hugo Secretary/Treasurer and members were Dr Tim Noakes and Dr Dawid van Velden.

The second congress was held in Cape Town, 14-16 April 1987. Dr Etienne Hugo was elected President, and the Executive consisted of Prof Gert Strydom, Prof Justus Potgieter, Dr Dawid van Velden and Dr Joe Skowno. In 1988 the congress was held in Durban.

In 1989 the first regional branch was established in the then Northern Transvaal Province.

Between 20-23 March 1989, at the Cape Sun in Cape Town the third congress was held in conjunction with the South African Rugby Board.

1990 -1999

The fourth congress was held at Sun City from 24-27 April 1991. The fifth congress was held in Cape Town's Civic Centre from 9-12 March 1993.

The sixth congress was held at the Elangeni Hotel in Durban 22-24 March 1995. This was a watershed time, when at the Biennial General Meeting a motion was voted upon and passed that members who were not medical doctors qualify as full members with all constitutional rights. Professor Martin Schwellnus was elected President.

The seventh congress was at Sun City, 24 -26 March 1997 and the President was Dr Shorty Moolla.

The eighth congress was held at Vodaworld, Johannesburg in 1999 and coincided with the All Africa games held in the city, with President Prof Wayne Derman.

2000 - 2004

The 2001 congress took place at Caesar's Palace in Johannesburg and the President was Dr Philda de Jager. The 2003 congress took place at the Spier Conference Centre in Stellenbosch under the Presidency of Dr Michael Marshall. The 2005 congress was held in Johannesburg at the Wits Education Campus under the presidency of Dr Demetri Constantinou. This was the first ever combined ACSM and FIMS Advanced Team Physician Course. Each congress was international, with invited international experts contributing toward the programme. The association numbers varied over the years from 150 – 800 active members, including international members and nationally covering seven regional branches. As of 2004 all SASMA members enjoy a number of benefits. There have been, with almost no exceptions, no sporting activities in all regions of South Africa and across the Globe, where SASMA members have not proudly represented the sports medicine fraternity.

Click on the link to see a slide presentation of the history of SASMA.

<https://www.sasma.org.za/wp-content/uploads/2020/09/SASMA-History-Export.pdf>

**2004 – Present
in next issue**

get involved >>> set

Events Calendar

2021

*Watch this space!!

SASMA
LTMIC
PASHDA
SASB

Event	Link	Dates
*SASMA conference in collaboration with LTMIC, PASHDA and SASB	www.sasma.org.za https://www.biokineticssa.org.za/professionals/events https://biomechsa.wordpress.com/	22 – 24 October 2021 CSIR
IOC Monaco	https://ioc-preventionconference.org/	11 -13 Feb 2021
IOC ATPC Budapest	https://ioc-preventionconference.org/	19-21 April 2021
XXXVI World Congress of Sports Medicine (FIMS)	www.fims2021.com	23-26 Sep 2021
Isokinetic Conference: Football Medicine -The Player's voices	www.footballmedicinestrategies.com	17-19 April 2021 Lyon France

COMPETITION WINNER



Congratulations
Sarah **Ferguson**
from KwaZulu
Natal

final thoughts...

He who is not courageous enough to take risks, will accomplish nothing in life!



Forthcoming attractions >>>

Next issue: February 2021
Festival of SEM Conferences: 22-24 October,
CSIR, Pretoria

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