

SASMA

SOUTH AFRICAN SPORTS MEDICINE ASSOCIATION

The Voice of South African Sports Medicine

The South African Sports Medicine Association is an internationally recognised, a-political, non-profit, multidisciplinary professional and scientific society dedicated to co-ordinating and integrating a high standard of medical, scientific and educational services in sport, exercise and health in South Africa



SASMA EXCO 2016 Bosberaad: The Game Changer

2016 kicked off with a bang as the SASMA EXCO met on 23 – 24 January to map the future of the organisation for the next 4 years. It was an inspired and inspiring meeting - the outcome: a crystalised vision and clear 2020 roadmap for SASMA. Guest speaker, Professor Nick Binedell (founder and former Dean of the Gordon Institute of Business Science), spoke about “The state of the nation” and challenged the EXCO about their role as individuals and professionals in building a better South Africa. In a talk entitled “Sweet ’16?”, Dr Adrian Saville (Economist and Investor), addressed the EXCO about the economy, the rand, and how recent and projected trends may influence personal and business investment decisions in 2016. The good news is that, although they acknowledged the current economic and emotional dip in South Africa, both experts were positive about the future of our country. You have good reason to be too.

This issue of the Newsletter is dedicated to giving you feedback and updates about the organisation, and informing you, the SASMA member, of the outcomes of the strategy session.

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Member Survey: Here's what you had to say

Thank you to all the members and non-members who completed the member survey conducted over December and January. Your feedback was instrumental in charting the roadmap to 2020. Thank you for highlighting SASMA's strengths, and for bringing to light the areas that need attention.

In summary:

- Benefits most important to members are Professional Affiliation, Networking, and Access to academic journals.
- Of all the activities organised by SASMA, members are most satisfied with the Newsletter, Journal Club, and Quality of CPD meetings.
- Members are least satisfied with the infrequency of CPD meetings and inactivity on social media.
- The biennial conference remains the flagship event for SASMA. There was overwhelming satisfaction with past conferences and helpful suggestions were received for future improvement.
- Overall, 65% of the respondents were either very satisfied or extremely satisfied with SASMA.



How does SASMA fair in transformation and diversity?

The survey was also used as a dipstick to test how SASMA is fairing as an organisation in the areas of transformation, gender equity and professional diversity.

Of the 152 respondents –

- 31% physiotherapist, 29% medical doctors, 16% Biokineticists, 10% Sports Scientists, 4% Chiropractors, 3% Podiatrists, 1% Dieticians and 6% Unspecified
- 50: 50 Female/Male ratio
- 88% respondents between the ages 25 – 64 with largest group being 24 – 34 year olds
- Race/ethnicity: White 86%, Black 6%, Indian, 5%, Coloured 1%



The *SAJSM* - a publication of the South African Sports Medicine Association (SASMA) - is a quarterly, peer reviewed journal which publishes research articles, reviews, commentaries, letters, case studies on topics related to the disciplines represented by SASMA.

New Look & Home for SASMA Journal Website

The South African Journal of Sports Medicine (SAJSM) has changed address and is now available using the following link: <http://journals.assaf.org.za/index.php/sajsm/>

We are also pleased to announce that the abstracts presented at the 2015 SASMA Conference in the Free Communications Sessions are now available on the following link: <http://journals.assaf.org.za/index.php/sajsm/issue/archive>

Visit the website for information on how to publish in the SAJSM. Material that is particularly unique and relevant to South Africa and its inhabitants are given preference; however, any other material of general interest and relevance will also be considered.

SASMA Website

What you need to know to get the best out of the website

We often get enquiries from members wanting to utilize certain features on our website. It's simple really, if you just know where to look ☺

Please note that all new approved members are required to register on the website. Each registration is screened and approved by the web administrator who then issues an individual username and password.



www.sasma.org.za

The SASMA website consists of 3 main sections:

1. The SASMA Public Website at <http://www.sasma.org.za>
2. The SASMA Online Member Network at <http://www.sasma.org.za/members>
(Can also be accessed by clicking "MEMBER LOGIN" from the top menu on the public website)
3. SASMA Practitioner Directory

Points 2 and 3 above are of particular value to SASMA Members.

A) The SASMA Online Member Forum

Existing SASMA Members can register for the Online Member Forum. Members have full access to Private Forums, Discussions and Topics, Events Calendar, Member Photo Galleries, Document Manager and more!

Simply follow the easy steps below and you will be up and running in no time.

1. Visit www.sasma.org.za
2. From the top menu, click the link "MEMBER LOGIN"
3. You will be directed to the new **Online Member Forum**

4. On the right hand side of the page, you will see a **REGISTER BLOCK**. Please click the "Register" link and follow the steps to create your user account on the system. **Please create your own preferred username and password.**

5. Within 24-48 hours you will receive an email confirming your account activation.

6. Visit the SASMA Network at any time by following step 1 and 2 above, and login with the username and password you have chosen in the above steps.

B) SASMA Practitioner Directory

This directory is available to SASMA Accredited Practitioners. It provides a directory which is searchable by the public.

To add your details to the directory, simply select the "**Practitioner Directory**" link **from the top menu on the public website**, and follow the easy steps.

The SASMA Administrator must first approve your listing before appearing on the site. You will receive a notification email once your listing is active. The email will include a secret pass code to allow you to edit your listing at any stage. Please store this email in a safe place.

British Journal of Sports Medicine

Accessing BJSM for SASMA members:

1. Go to www.sasma.org.za
2. On the home page scroll down until you see the BJSM banner on the right side of the screen. Click on the banner and you will be directed to the Member log in page.

OR

3. On the SASMA home page, click on "Member log in" on the top right
4. Sign in using email/member name and password OR register if previously unregistered
5. On the very next screen "British Journal of Sports Medicine" will appear on the top line; click on it and the BJSM website opens on the most recent articles.

We're pleased to let you know that we're in the process of upgrading our website - a few changes here and there that we hope will make for a better, more efficient online experience. In the meantime, we hope these guidelines will help you better navigate the website.

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SASMA EXCO BOSBERAAD OUTCOMES

2020 Vision:

1. Grow and diversify membership
2. Build a strong brand
3. Grow participation in the regions
4. Achieve multi-discipline integration

Why? Because we believe that success in these areas will provide our members with an edge.

Six strategic thrusts were identified as key to achieving the 2020 vision: membership, education, communication, student relations, inter-organisational integration, and international relations.

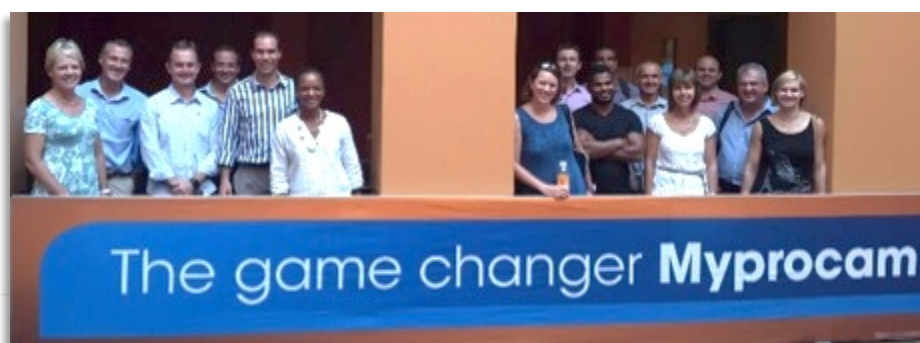
In order to encourage membership diversity and growth the following new rates apply in 2016:

Normal Full Membership: R800

Co-Membership Fee: R500 (subject to providing proof of current registration with member organisation eg BASA, SASP, ADSA etc)

Postgraduate Student Fee: R350

Undergraduate Student Fee: R100



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6 STRATEGIC THRUSTS THAT WILL ENABLE ACHIEVEMENT OF THE 2020 VISION

Membership

- OBJECTIVE: To provide an edge to our members by enabling a consistent, strong, multi-disciplinary, growing association

Education

- OBJECTIVE: To provide an edge to our members by providing relevant, open access to material and engagement on topics that promote an integrated multi-disciplinary, evidence-based approach to sport science and exercise medicine

Brand & Communication

- OBJECTIVE: To provide an edge to our members by building a strong brand through effective & relevant internal and external communication

Student Relations

- OBJECTIVE: To provide an edge to our student members by exposing them to multi-disciplinary teams and an edge to our members in general by building a strong brand and membership pipeline

Inter-organisation Relations & Integration

- OBJECTIVE: To provide an edge to our members by creating and developing an integrated, multi-disciplinary approach in SASMA and the Sport, Exercise and Health environment through trusting relations across professional organisations

International Relations

- OBJECTIVE: To provide an edge to our members by building strong associations with international (including African) SEM organisations and extending the benefit of international research and clinical protocols to members

NOW WHAT?

We implement - by working on a number of projects that will deliver these goals. “Rome wasn’t built in a day” but kancane kancane (little by little), step by step and hand in hand, we’ll work towards the goal.

If you feel you can contribute, you are most welcome to join the team. Email president@sasma.org.za for more information.



2016 Conference Calendar

17 – 19 Feb	SSISA Wellness & Fitness Convention, Jhb, RSA
9 – 11 Apr	Return to Play, Football Medicine Strategies, London
14 – 20 Apr	2016 AMSSM 25 th Annual Meeting, Dallas, TX
31 May - 4 Jun	ACSM, 63 rd Annual Meeting, Boston, Massachusetts
24 -26 Jun	HPC International Congress for Sports Performance, Pretoria, RSA
6 – 9 Jul	Eur College of Sports Science 21 st Annual Congress, Vienna, Austria.
29 Sep – 2 Oct	FIMS 34 th World Congress of Sports Medicine, Istanbul, Turkey

From the BJSM Blog

blogs.bmj.com/bjasm/

Top 3 Most Popular Blogs of all Time

1. Diagnosing and treating acute hamstring injuries

This is a podcast by Dr Robert-Jan de Vos, sports physician in the Erasmus Medical Centre in the Netherlands, with Guustaaf Reurink, who is a registrar in Sports Medicine in the Netherlands and is currently finishing his thesis on diagnosis and treatment of acute hamstring injuries. Recently, he published a paper in the New England Journal of Medicine about the role of Platelet-rich Plasma (PRP) treatment for acute hamstring injuries (www.nejm.org/doi/full/10.1056/NEJMc1402340).

We start with discussing this interesting study, which did not show a benefit of PRP injections in acute hamstring injuries. Dr Reurink expresses the methods and results of this study and possible explanations for these findings are debated.

Dr Reurink also performed a number of studies on the value of clinical tests and Magnetic Resonance Imaging (MRI) in acute hamstring injuries.

Previously, he already showed that most MRIs are still abnormal when the athlete already returned to gameplay

(bjsm.bmj.com/content/early/2013...92450.abstract?eaf).

We close by discussing the role of MRI and standardised clinical tests as a predictor of time to return to play and re-injury.

2. Professor Peter O'Sullivan (@PeteOSullivanPT) on Tiger Woods' back and 'core strength'

Peter O'Sullivan has two recent BJSM podcasts (see below). In this podcast he shares his thoughts on the recent media attention around Tiger Woods' obvious back pain while playing in the US PGA.

He discusses what the pathology might be, why the media suggested that Mr Woods' 'sacrum went out'. He contends that 'core strengthening' may not be the panacea.

The lessons apply to the management of low back pain, and other pain, in a myriad of settings.

See also

Read Professor O'Sullivan's blog on Tiger Wood's back pain: bit.ly/1zaISGz

Listen to his podcast on lower back pain: goo.gl/jrQxSe

Listen to his podcast on overtreatment and overdiagnosis in sports medicine: goo.gl/vPZ3g8

3. Dr Alison Grimaldi with practical physiotherapy tips on treating lateral hip pain

With over twenty years' experience, accreditation in Sports Physiotherapy, and a recent PhD in the topic of lateral hip pain, Alison Grimaldi (@[AlisonGrimaldi](#)) was invited to this podcast by BJSM's Twitter community.

She is a popular conference speaker internationally. Here she walks you through each step of the assessment and treatment of an older patient with right hip pain. She then shares how to assess and treat a younger sportsperson.

In both cases, Dr Grimaldi emphasizes that compression is bad for tendons that run over bony prominences (trochanter in this case) and indicates how this can be addressed.

Enjoy one of our most practical podcasts. Recorded at the Physiotherapy New Zealand Conference, Auckland (September 2014) with thanks to the NZ Sports Physiotherapy Interest Group (@[SportsPhysioNZ](#)).



Parsonage-Turner Syndrome: A Case Study to illustrate the need for more SEM Departments

Sport and Exercise Medicine: The UK trainee perspective – A BJSM blog series

By Robin Chatterjee, Abosede Ajayi, and Fey Probst

Introduction

Sports & Exercise Medicine (SEM) is a relatively new and sometimes misunderstood specialty. There is a general preconception that it is solely to do with the medical management of the elite sports person. It is however much more than that and has a vital role to play in the future of a cost-effective, streamlined NHS. There is a paucity of NHS SEM departments in the UK. This case is just one example of how the involvement of SEM physicians can improve the efficacy of patient management.

Case Report

A 44 year old male bus driver presented to the Soft Tissue Injury Management (STIM) Clinic at Charing Cross Hospital. This is a daily clinic, within the Emergency Department, where individuals with acute and chronic musculoskeletal ailments, acute soft tissue injuries or medical problems related to participation in physical activity, exercise or sport are seen by an SEM doctor.

The patient had a 2 year history of worsening acute

intermittent left upper limb neuropathic pain with associated multifocal pareses. The pain initially occurred at the shoulder only, but over a period of months had started to radiate down the limb and cause weakness. The pain was not positional in nature but was worse at night and often awoke him when asleep. Each episode was self-limiting with pain ceasing after 2-3 weeks but then recurring again 3-4 months later. The severity of his symptoms had prevented him from working for several months. This consequently induced depression.

The patient had sought the advice of his GP several times and had also at various stages of his illness, had consultations with orthopaedic surgeons, physiotherapists, rheumatologists and a neurologist. He had had many blood tests, x-rays, an MRI scan of his shoulder and MRI brachial plexus, all of which were unremarkable.

When examined in STIM clinic, the patient had pain in the left shoulder and axilla with decreased sensation both in the regimental badge sign area and in the distribution of C6 and C7, together with difficulty in abducting the shoulder (grade 2/5). Ultrasonography of the shoulder was performed during the consultation which demonstrated wasting of the supraspinatus and deltoid muscles.

Nerve conduction studies were subsequently performed which confirmed the diagnosis of Parsonage-Turner Syndrome (PTS). The patient was then referred to an SEM Physician in the

private sector for further management.

Overview of Parsonage-Turner Syndrome

PTS (also known as idiopathic brachial plexopathy, brachial neuritis or neuralgic amyotrophy) was first described in the Lancet in 1948¹ and is classically described as a sudden onset, episodic and acute unilateral shoulder girdle pain² that may extend to the upper arm, forearm and the hand³ with night pain and associated neurological weakness, numbness, muscle atrophy and dysesthesia².

It has both an idiopathic and autosomal dominant hereditary form⁴. The current hypothesis is that PTS is secondary to an underlying pre-disposition and a susceptibility to mechanical injury of the brachial plexus; the episodes are then caused by an immune-mediated response to the brachial plexus^{4, 5}.

PTS affects men more than women⁶ and most patients present between the ages of 30 and 60 years⁷ though it has been reported from 3 months to 75 years⁸. It has an overall reported incidence of 1.64 cases per 100,000 people⁹.

Once preliminary tests such as MRI scan have ruled out alternate pathologies that may be causing the symptoms, electromyography (EMG) and nerve conduction studies (NCS) are the investigations of choice that can positively support the diagnosis of PTS^{10, 11}.

Treatment is composed of pain management, physical therapy and rehabilitation.

PTS has a good prognosis with 80% of patients functionally recovering within 2 years and 90% recovering within 3 years¹². The rate of recurrence in the idiopathic form is 5-26% and 75% in the inherited form¹³.

Conclusion

In theory the delivery of services and teaching of sport and exercise medicine has been a key concept of the medical profession in the UK since 1912. In practice, only since the formation of the Faculty of Sport & Exercise Medicine (FSEM) in 2006 has a formal SEM training programme been established and NHS SEM departments encouraged^{14, 15}. In light of the specialty being in its infancy, there remains a dearth of SEM clinics available in the public health system. With an ageing, progressively overweight and ever-increasing population, chronic non-operative musculoskeletal morbidity is becoming more and more prevalent. SEM can and should become an integral cog in the wheel of health service delivery in the modern British population where more departments and clinics to become available. The case discussed in this report is one of many examples where early consultation with an SEM specialist can lead to a 'one-stop-shop' service where the patient is reviewed in a holistic manner, a diagnosis is reached in a shorter time frame and where unwarranted investigations are avoided.

The unique nature of SEM training allows the specialist to have an insight into orthopaedics and rheumatology as well as emergency medicine, public health and exercise physiology too. The end result of this is a two-fold effect of improved efficiency of service delivered to the patient and also reduction of cost within the NHS. The former is achieved, as the SEM physician is skilled in diagnostic techniques such as ultrasonography, interventional procedures such as nerve root blocks and long-term management in the form of exercise prescription and psychological therapies. The NHS can benefit financially as an SEM physician can provide expert triage of both GP and A&E musculoskeletal referrals and thus reduce inappropriate referral to surgical specialties and instead utilise alternate services such as physiotherapy or podiatry.

Although PTS is a rare disorder, there are many common ailments such as atraumatic chronic low back pain, plantar fasciitis, chronic groin pain and obesity, where early consultation with an SEM physician can result in improved patient management (by achieving an early diagnosis and formulation of a definitive management plan) and therefore a reduction in subsequent visits to other healthcare professionals. Ultimately this will result in efficient healthcare management of the individual as well as being cost effective for the NHS as a whole.

Have a Laugh!



Please contact us with comments or suggestions.

Best Wishes!

Phatho Zondi
SASMA President

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SA Sports Medicine Association



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If you are located in an area too remote from these established chapters but with a growing/large number of sports practitioners, contact us on president@sasma.org.za and we may be able to help you set up your own chapter for CPD activities.

