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NEWSLETTER – August 2014

Dear SASMA Members

Team South Africa flies the flag at the 2014 Glasgow Commonwealth Games

In previous SASMA newsletters, we reported on the renewed sense of co-operation between SASMA and SASCOC. Feedback from the recent Commonwealth Games suggests that this relationship is bearing fruit. Congratulations to SASCOC, the athletes and our medical team. Dr Kevin Subban is to be congratulated on putting together a very professional medical outfit that represented South Africa with distinction. He and SASCOC continue to have SASMA's support.

Commonwealth Games CMO Dr Phatho Zondi writes:

Team South Africa recorded its best yet performance at a Commonwealth Games bagging an impressive 40 medals in Glasgow. What a privilege and a pleasure to be involved in such a performance! The Games, which took place between 23 July and 3 August, were attended by approximately 5000 athletes from 71 different nations. We were welcomed with warmth (a few good days of sunshine), and infectious enthusiasm from the locals, making this a particularly enjoyable event. Special recognition must be given to Team South Africa's medical team- the unsung heroes whose long hours and tireless efforts in the background often go unnoticed yet are instrumental to these athletes' success. Strapping, rubdowns and miracle concoctions all play a part in those medal-winning performances! It was both humbling and inspiring to lead this medical team who displayed professionalism, camaraderie, clinical acumen, and diligence throughout the Games. I would also like to acknowledge SASCOC's general management who worked diligently to ensure that all athletes and their management teams were adequately supported in terms of team preparation prior to the Games and logistics during the Games. The landscape for Sport in South Africa certainly looks promising - we are indeed a nation (and profession) alive with possibility.

Drs Karen Schwabe, Phatho Zondi & Kevin Subban at the Commonwealth Games

Phatho Zondi with lawn bowls medal winners Colleen Piketh, Tracy-Lee Botha & Esme Steyn

"Rose amongst the thorns!
CMO Phatho Zondi with the Gold medal winning "Blitzbokke"!

Team South Africa's Medical Team

Chief Medical Officer: Phatho Zondi

Chief Physiotherapist: Grace Hughes

Doctors: Kevin Subban, Karen Schwabe.

Physiotherapists: Fikile Phasha, Given Baloyi, Colin Hill, Evah Ramashala, Miranda Symons, Tarina van der Stockt, Robyn John, Avilarsh Lukhan, Sandhya Silal.

From the BJSM Blog
http://blogs.bmj.com/bjsm/

Time to stop menisectomy for degenerative tears: Practice must catch up with evidence

By Kay M Crossley (@KayMCrossley) , Joaane L Kemp (@JoanneLKemp), Charles Ratzlaff, and Ewa M Roos (@Ewa_Roos)

In 2002, a randomised controlled trial (RCT) in the *New England Journal of Medicine* [1] made us all sit up and take note. The trial was remarkable because, despite the accepted dogma that placebo (or sham) controlled trials were not possible for orthopaedic surgical procedures, participants were randomised to arthroscopic debridement (including chondroplasty, removal of debris and partial menisectomy), arthroscopic lavage (sham surgery), or placebo surgery (skin incisions only).

Arthroscopic surgery is no better than sham

The study was also prominent because the intervention group never reported less pain or better function than the placebo group at any follow-up time point. This contradicted contemporary practice, where arthroscopic debridement was commonplace for knee osteoarthritis, including younger patients and in sports medicine settings. The sports medicine and orthopaedic community continued to promote knee arthroscopy, moving the focus from knee osteoarthritis to arthroscopic partial menisectomy. Since degenerative meniscal tears are part of the knee osteoarthritis disease process [2], this re-branding ('menisectomy' instead of 'debridement') allowed surgeons to

continue performing essentially the same operation, but under a different guise.

In the past 12 years, five more RCTs have evaluated knee arthroscopy; one examined debridement [3] and four specifically focused on menisectomy [4-7]. Of these, Sihvonen and colleagues [6] reported no benefits of partial menisectomy over sham arthroscopy. Importantly, this study was done in those who we would have thought were *most likely to benefit* (ie. patients with a degenerative tear, but no radiographic osteoarthritis).

Thus, despite the difficulties inherent in conducting RCTs of surgical treatments, six high quality RCTs failed to provide any evidence that arthroscopic menisectomy provides additional improvements in pain relief or physical function over placebo/sham surgery[1-6]or non-surgical treatments, such as physiotherapy [3,5,7]. These findings are consistent, regardless of whether concomitant debridement was performed or not.

This high quality evidence trumps the positive results from uncontrolled case series studies and dictates that menisectomy is an ineffective treatment for symptomatic degenerative meniscal tears. In addition, while degenerative meniscal tears increase the risk for incident radiographic osteoarthritis [8], long-term follow-up studies following menisectomy provide an equally bleak picture: people undergoing menisectomy have an approximate ten-fold increase in osteoarthritis at 10-20 years compared to controls [9-10].

Arthroscopy for degenerative meniscal tears no longer supported

The increasing evidence against menisectomy is reflected in the recent guidelines. The UK's NICE guidelines [11] state: "Do not refer for arthroscopic lavage and debridement as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking (as opposed to morning joint stiffness, 'giving way' or X-ray evidence of loose bodies)". However, the assimilation of meniscal tears within the osteoarthritis process makes the differential assessment of "clear history of mechanical locking" challenging [12] and subgroup analyses from aforementioned RCTs suggest no difference in treatment effect in those with mechanical problems. Even the leading body for surgeons, the American Academy of Orthopaedic Surgeons [13] state: "We are unable to recommend for or against arthroscopic partial menisectomy in patients with osteoarthritis of the knee with a torn meniscus."

Dr. Hutchinson's knee exam tutorial: available on BJSM YouTube channel: http://youtu.be/fkt1TOn1UfI

So why patients are still subjected to this procedure?

Millions of people worldwide undergo menisectomy for degenerative meniscal tears, despite no additional benefit to that from sham surgery, placebo surgery or nonsurgical treatments. Patients are subjected to unnecessary and substantial costs and risks. While fewer arthroscopies were performed for patients with knee osteoarthritis over the past

decade [14-15], rising rates of menisectomy are reported over the same period [14-16]. Notably, there was a 2-fold increase for patients aged 35-55, and a 2.7-fold increase for those older than 55 years [16].

Approximately half a million arthroscopic knee meniscal procedures are performed annually in the US alone [14-17]. This may reflect that arthroscopic menisectomy is funded through Medicare in the United States, whereas debridement with or without menisectomy for knee osteoarthritis is not. It may simply reflect that contemporary practice is not keeping pace with the evidence. Or it may reflect the opinions of a recent editorial in *Arthroscopy*, which states that "patients who may not be of entirely sound mind are selected as research subjects (in placebo controlled surgical studies), and research performed on such individuals would not be generalizable to mentally healthy patients"[18]. The authors also argue that it is *unethical* to perform sham surgery (ie a surgery without a therapeutic intervention). However, arthroscopy (i.e. menisectomy [6] or debridement [1]) provides no benefit and, hence is not therapeutic. Their own reasoning suggests that both arthroscopic debridement and menisectomy are unethical.

Sports medicine clinicians (physicians, surgeons, physiotherapists and other allied health professionals) have an important role to bring clinical practice into line with the evidence. Recent high-quality RCTs [1-3, 5-7,19], clinical guidelines [11-13] and editorials [20-21] inform us that menisectomy for degenerative meniscal tears is no more beneficial than placebo/sham or physical therapy approaches. And armed with this information, we must make informed, evidence-based decisions regarding optimal patient care and challenge the continued practice of menisectomy.

References available at
http://blogs.bmj.com/bjsm/

Facts about BJSM

Editorial Statistics and Achievements for 2014 so far:

- There were **282 submissions** to the journal in Q2 and **573** for all of 2014. The acceptance rate for original articles was 16%.
- The **UK** continues to be the highest submitting country followed by **the USA, Australia and Brazil**.
- The BJSM editorial team is performing efficiently, with the average time to first decision at **18 days** for all papers.
- Production has streamlined their processes and the journal presently records **13 days** to online publication for 2014.

BJSM Online

The online presence of BJSM continues to grow.

BJSM has **4,097 Facebook** likes and

16,400 Twitter followers

There were **3,750** people signed up for ETOC alerts in March

- a month-on-month increase of 33.

Traffic to the main website saw **535,474 visits**

in Q2 2014, compared to **550,331 visits** in Q1 .

Mobile traffic was recorded at **85,673 visits** in Q2

2014, compared to **85,958 visits** in Q1.

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- 50% reduction in bowel cancer death
- 42% reduction in diabetes related death
- 42% reduction in risk of developing diabetes
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Useful links:

American Sports Medicine Institute
www.asmi.org/

Physician and Sports medicine
https://phys**sports**med.org/

National Academy of Sports Medicine
www.nasm.org

Podcasts

Some podcasts available at **BJSM** via www.sasma.org.za or http://feeds.bmj.com/bjsm/podcasts

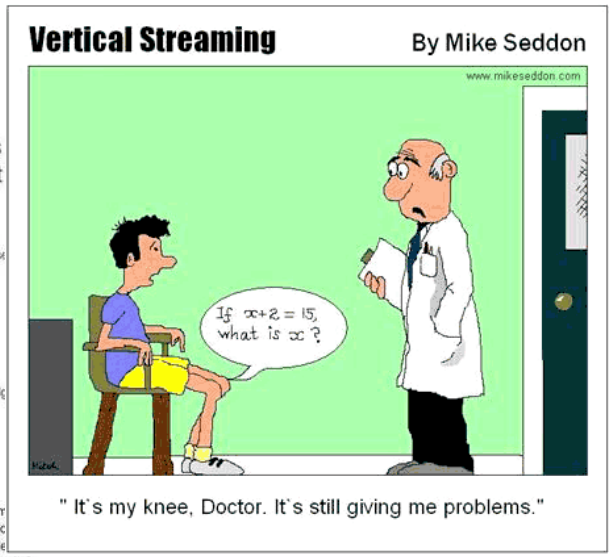
David Epstein – The sports gene – Why champions are champions

Ass Prof Aaron Bagish – Sports cardiology

(Will be a keynote speaker at SASMA 2015!)

Dr Josep Cakic – Hips and FAI

Have a laugh!



Children and Elite Sport

Children on Mont Blanc, the Commonwealth Games, and a memorial service for Stewart Hillis

CMAJ • August 6, 2014

Domhnall MacAuley is a *CMAJ Associate Editor* and a *professor of primary care* in Northern Ireland, UK

Taking your nine year old to climb Mont Blanc (altitude 4810m), seeking the record for the youngest ascent, is high risk on a mountain

where about 100 people die each year. At what point on the scale of encouragement-to-achieve do we stray into the red zone? Take a look at a clip from ABC News in the US showing Paul Sweeney and his two children aged eleven and nine climbing in the snow and, watch as one child, then another, slip off the mountain. The children were unhurt but the mayor of St Gervais les Bains, which includes Mont Blanc, was highly critical. While there are non-medical questions about who controls the wilderness and when we should intervene when adult behaviour puts others, such as the rescue services, at risk, there are other deeper ethical questions when children are involved.

An underage athlete was also one of the main medical stories at the Commonwealth Games. Chika Amalaha, a 16year old female Nigerian weight lifter was stripped of her gold medal when, according to the BBC, amiloride and hydrochlorothiazide, both prohibited as diuretics and masking agents, were identified in her urine sample.

While this clearly transgresses the ethical and legal boundaries, and is particularly serious when it involves a minor, other sporting situations involving children are less clear. To achieve excellence in sport requires immense commitment with intensive skills training from a young age. Children are vulnerable and may well not be making informed decisions for themselves so, although we are generally impressed by outstanding underage performance, we might also sometimes feel uncomfortable.

Other random Commonwealth Games medical thoughts- while I marveled at English diving sensations Victoria Vincent (13) and Matthew Dixon (14), on the 10m board, I wondered if repetitive diving risks damaging the developing brain. I have no idea if there is significant impact on striking the water. (Perhaps someone might respond.)
In boxing, blood streaming from cuts made dramatic, if rather unsavoury, television. Amateur boxing has shed head protection making head clashes more likely. Head gear may not reduce repetitive impact but it will reduce potential blood injury. Medicine struggles with boxing. It is difficult to defend a sport where the ultimate aim is to inflict direct injury but the sport is generally well regulated and undoubtedly benefits many young men and women. There is no body contact in squash but the ball is a perfect fit for the orbit and I was impressed with the eye protection worn by squash players in those amazing externally transparent courts. Good sports medicine should be in the background. If it is makes headlines, it usually means there is something wrong so we should acknowledge the outstanding work of the host medical team since among the non-stories were a well contained potential outbreak of gastroenteritis and an Ebola virus scare.

On Monday, as the athletes left the airport in a swirl of bagpipes, we gathered in another part of Glasgow for a memorial service celebrating the life of Professor Stewart Hillis, a cardiologist and one of pioneers of Sport and Exercise Medicine. Long-time Scotland Team doctor, he contributed much to soccer, including introducing cardiovascular screening of referees, worked enthusiastically with UEFA and FIFA medical committees, and was a close friend and confidante of many soccer legends, including Sir Alex Ferguson who gave one of the eulogies. In his academic role, he was a key to introducing the BSc and MSc in sport and exercise medicine to the University, and educating a generation in sport and exercise medicine, many of whom worked on the Games

and some of whom came in their team kit. His was a life spent in the service of others – a witty, inspirational, and incredibly committed professional, and a wonderful colleague and friend.

Congratulations again to Team SA!

Best wishes

JON PATRICIOS, SASMA PRESIDENT

Please email me at jpat@mweb.co.za with comments and suggestions.