



## NEWSLETTER – May-June 2014

Dear SASMA Members



### South African Winner at Major European Conference



Johannesburg-based physiotherapist and long-standing SASMA member, Dr Lou-Ann Rivett received the award for best presentation at the recent Scoliosis Conference in Wiesbaden, Germany. This is the first time that a physiotherapist from anywhere in the world has won this award. Congratulations Lou-Ann!



Dr Lou-Ann Rivett with Stephano Negrini (Italy), chairman of scientific committee(SOSORT) on her left and Theo Grivas( Greece) on the SOSORT board and Chief Editor of Scoliosis Journal on her right

### In Memoriam

#### Dr Shaheen Abrahams

The Gauteng and South African sports medicine communities were shocked to hear of the untimely passing of our colleague Dr Shaheen Abrahams.

Dr Abrahams qualified as a medical doctor in 1999 and pursued a sports medicine with his masters in 2004. He had worked with Bidvest Wits FC previously and was presently involved

as a consultant with Kaizer Chiefs FC. He also had worked in the Confederations and World Cup at Soccer city. Recently, he was also a lecturer at the FMARC Centre of Exercise Science and Sports Medicine at the University of Witwatersrand.

Our condolences go out to him and his family at this difficult time. – Dr Lee Pillay

#### Dr Jock Anderson

It is with sadness that I was informed of the passing away of Jock Anderson. Jock was a true friend of South Africa and was instrumental in the development of Sports Imaging in South Africa. He first visited South Africa in 1999, when he was a keynote speaker at the 1st Sports Imaging Congress held in Cape Town. He was also an invited speaker at the SASMA Congress in Johannesburg. He played a major role in the advances made in Musculoskeletal Imaging in Australia and the rest of the World . He was the director in Imaging at the Sydney Olympic Games and was the chief imaging advisor for the London Olympic Games . We was the author of many books on Imaging of Sports Injuries. – Dr Richard De Villiers

## News from SASMA-aligned

### ChiroSport



ChiroSport SA has had a very busy first half of the year. Our student body in Gauteng was present to help the athletes at the Pick n Pay and Sarens Marathon's in February followed by the KES water polo festival which is always a fun event as the Chiropractic students get to interact and work in collaboration with the Wits Physio students. The KES Easter rugby and hockey festival is always a busy event for us and was a great success again this year.

The end of May will see the ChiroSport team out in force as we cover the African Regional Cross-Fit championships which will be held at the Northgate Dome this year, and the Raw Power Lifting World Championships being held in Potchefstroom from 01-08 June 2014. If any SASMA members are around at these events, please pop into the ChiroSport tent and meet our team. It would be great to meet more of you and you can see first hand what we are doing with the athletes for injury management, prevention and performance enhancement.

ChiroSport SA has also been involved in positive

discussions with SASCOC and their medical commission over the past year to try and facilitate easier access for this country's athletes to Chiropractic care. For the first time in our history, Chiropractic was incorporated as an official service within the polyclinic at the 2012 summer Olympics in London. Working alongside Physiotherapists, Sports Physicians and the rest of the health care team, the inclusion of Chiropractic as part of this multi-discipline team, was heralded an unprecedented success. Chiropractors have been travelling with National Olympic medical teams to the Olympics since the early 1970's. In some cases Chiropractor's have even served as the Chief Medical Officer's for these teams. The US Olympic team had 100 traveling Chiropractors treating their athletes at the London Olympics. No less than 28 countries had Chiropractors on their medical teams.

ChiroSport SA, the official Sports Chiropractic representative body in this country, looks forward to being able to provide and facilitate access for our athletes to Chiropractic care. If you are looking for one of our Internationally qualified Sports Chiropractors, please contact us at [info@chiroSport.co.za](mailto:info@chiroSport.co.za) or [www.chiroSport.co.za](http://www.chiroSport.co.za). – Dr Simon Lawson

## [ACSM 2014](#)

This year's American College of Sports Medicine Annual Meeting was held in Orlando, Florida. There were somewhat fewer South Africans in attendance than usual nevertheless a lot of interest was shown in South African presentations including Rugby, concussion, social media use and exercise is medicine (EIM). Dr Jo-Anne Kirby (Stellenbosch) not only attended as a SASMA prizewinner but was also able to present her research.

As always, there was a good mix of scientific and clinical presentations. Of note was the high calibre of research and clinical work by young American students and clinicians. SASMA hopes to emulate this with our "Learners to Leaders" theme at the SASMA 2015 Congress.

Dr Pierre Viviers continued his EIM crusade, networking tirelessly. Accreditation workshops are currently taking place countrywide and all the ACSM EIM protocols will be accessible to SASMA members via the SASMA website. Dr Bob Sallis, founder of the EIM movement, commented fondly on his visit to the 2013 SASMA Congress and has committed to providing ongoing momentum to the South African process.

## [SASMA 2015 Features Key Speakers](#) [from ACSM](#)



SASMA's good relationship with ACSM has helped secure excellent ACSM-aligned speakers for the 2015 Congress. These include:

Dr Cindy Chang , US Head Olympic team doctor from the University of California at Berkley

Dr Lyle Michaeli, renowned paediatric orthopaedist from Boston Children's Hospital

Dr Aaron Baggish, expert sports cardiologist from Harvard and the Massachusetts General Hospital

Dr Jon Drezner, sports physician from the University of Washington and the Seattle Seahawks.

All expressed great excitement at coming to South Africa and, having seen presentations by Dr Michaeli on hip injuries in children and Dr Baggish on exercise cardiomyopathy, we should learn a lot from these expert clinicians.

### **Useful links:**

Sports Medicine Australia [sma.org.au](http://sma.org.au)

American Academy of Podiatric Sports Medicine [www.aapasm.org](http://www.aapasm.org)

Canadian Academy of Sports Medicine [casem-acmse.org](http://casem-acmse.org)

Don't forget to access **SAJSM** and **BJSM** through

<http://www.sasma.org.za/>

To access BJSM, SASMA members need to login to **Forum** at <http://www.sasma.org.za/members/> and then access the BJSM link which is the third section on the forum posts. If you cannot login then you have to register on the Forum first.

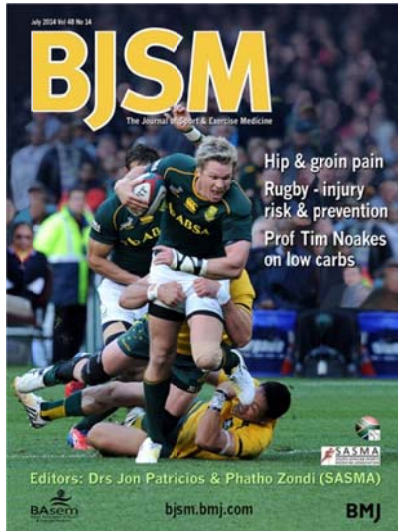


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Send us your Twitter handle and let's connect!

## Look out for the South African-themed edition of BJSM



The annual SASMA-edited edition of BJSM featuring Springbok captain Jean De Villiers on the cover will soon appear online. The theme is "Hip and Groin". Remember to access **BJSM** via the member's log-in section at

[www.sasma.org.za](http://www.sasma.org.za)

Featured articles include:

Editorials on FAI, "Sportsman's Groin" and Low carb diets for athletes.

A review of risk factors for hip and groin injuries

Management of sportsman's groin

Rugby articles related to scrum and neck injuries

### Fat people and exercise

"If fat people get fit, they accrue the health

benefits of increased physical activity regardless of whether or not they lose body fat in the process."

-Professor Chris Riddoch, Department of Exercise & Health Sciences, University of Bristol, 2004

"...an overweight or obese person can have good cardiovascular health as long as he/she remains active and possesses a reasonable level of fitness."

-The President's Council on Physical Fitness and Sports, 2000

"Adiposity [fatness] does not hinder the fitness response to exercise training in obese women."

-*Journal of Sports Medicine and Physical Fitness*, 2000





Active Voice: Physically Challenged Athletes —  
Not “IF,” But “HOW”

By Lauren M. Simon, M.D., M.P.H., FACSM

*Viewpoints presented in SMB commentaries reflect opinions of the authors and do not necessarily reflect positions or policies of ACSM.*



*Dr. Lauren Simon is director of primary care sports medicine at Loma Linda University, Loma Linda, CA. In her family medicine and sports medicine practice, she focuses on promoting “optimal health” and active lifestyles for individuals of all ages and functional abilities. She also serves as team physician for the University of California-Riverside, University of Redlands and is medical director for the Redlands Bicycle Classic. Dr. Simon currently is a trustee on the ACSM’s board of trustees.*

*This commentary presents Dr. Simon’s views on the topic of an [article](#) she and one of her colleagues authored, which appears in the May/June 2014 issue of ACSM’s official review journal in sports medicine, *Current Sports Medicine Reports (CSMR)*.*

A mother’s fear and a child’s wish, a story of how sports medicine professionals were able to

create a bridge connecting them. “Johnny,” an avid bicycle rider, was only nine years old when he was hit by a car. The injuries he sustained left him with an above-the-knee amputation. His mom feared she could not afford one of the costly handcycles that would enable him to ride again and socialize with his friends. Johnny just wanted to ride. Using the sports medicine team and a community outreach program for persons with disability, Johnny learned he did not actually need a handcycle, but instead received peer coaching from others with similar injuries and was fitted with a limb prosthesis that clipped into a standard upright bicycle pedal. Now, not only has he returned to riding with friends, but he competes in cycling events.

Physically challenged athletes may have a variety of impairments such as amputations from bone cancers, trauma as seen in war injuries and the Boston Marathon tragedy, and other medical conditions such as spinal cord injuries, visual impairment or cerebral palsy.

When caring for physically challenged athletes, it is important for sports medicine professionals to be knowledgeable about resources so they can promote active, healthy lifestyles in persons with disability. They also must be aware of adaptive equipment that may be used in sports and recreation. There are community outreach programs available in many areas of the US that provide these resources, including education, peer mentoring, athletic events for

physically challenged persons and exposure to adaptive equipment.

On the West Coast, excellent examples of community outreach programs include the [Loma Linda University PossAbilities](#) program and the [California State University-San Bernardino DisAbility Sports Festival](#). In these programs, physically challenged and able-bodied athletes can sample a variety of sports. They may try adaptive equipment, such as throwing chairs (which enables throwing sports implements from a seated position) or ice hockey sleds, with instruction provided by experienced paralympians, other elite athletes and volunteers. What is critically important about these programs is that they promote a philosophy of not “if” a physically challenged athlete can participate in a sport, but “how” best we can facilitate that activity for them.

As participation in sports for physically challenged athletes continues to increase from recreational and novice to elite competitions such as the Paralympics, the medical team preparation for the event coverage also expands. The sports medicine team has to consider the wide range of physical impairments the athletes may have, assign appropriate staffing and supplies to care for athletes in a specific sport/venue, provide disability-compatible access to care and practice emergency extraction of the athlete from the various adaptive devices they are

using. Of note, athletes with varying disabilities but similar function may often compete with one another in a given sports event. For instance, an athlete with double above-knee amputations may compete in a wheelchair event with an athlete who has an L2 spinal cord injury — both having a similar level of function. The International Paralympic Committee Classification code provides these functional classification details.

The medical team may also be treating able-bodied athletes at events for physically challenged athletes. One example is a sighted athlete competing as a pilot, paired with a visually impaired athlete in a tandem bicycling event. In the most recent issue of CSMR, my colleague and I presented an article, titled [“Preparing for events for physically challenged athletes,”](#) in which we outlined specific considerations for providing appropriate medical supplies, addressing venue safety and training for medical personnel who are going to provide on-the-field care for physically challenged athletes. Among these issues, we discussed thermoregulatory problems, autonomic dysreflexia, skin breakdown, orthotic and prosthetic equipment and communication with visually or hearing impaired athletes. Preparation and practice are the key elements to providing optimal medical care for events with physically challenged athletes.

## [From the BJSM Blog](#)

<http://blogs.bmj.com/bjasm/>

### **Development of an ACL Injury Prevention Programme for Gaelic Sports: The Activate GAA Warm Up**

**By Chris McNicholl and Philip Glasgow**

**Association of Chartered Physiotherapists in Sport and Exercise Medicine (ACPSEM) (UK Physios in Sport) blog series**

Gaelic football and hurling are among the largest participation team sports in Ireland with regular participation from over ¾ of a million people (male and female). Non-contact ACL injuries are a common and difficult problem in field sports, especially among football codes. Recently, the Sports Institute Northern Ireland (SINI) and the Ulster Gaelic Athletic Association (GAA) launched an Injury Prevention Warm Up ([activategaa.sini.co.uk](http://activategaa.sini.co.uk)) aimed at reducing occurrence of non-contact ACL and lower limb injuries: “Activate” the Warm Up is the end product of a collaborative project to reduce what appears to be the increasing problem of ACL injuries.

Using [Caroline Finch`s Tripp model](#)<sup>1</sup> (Translating Research into Injury Prevention Practice) as a

framework, a working group was established to produce a strategy to reduce ACL injuries. This group included elite coaches, orthopaedic knee surgeons, medical staff working with teams and representatives of the GAA. They considered incidence and aetiology of ACL injuries in GAA athletes<sup>2</sup> as well as important contextual and sport-specific factors that may influence the effectiveness of an injury prevention programme. The working group agreed that an injury prevention warm-up was the best approach in order to facilitate effectiveness to the wider GAA population. They also recognised that this programme needed to be coach led and embedded in normal training practices.

Modelled on the successful [FIFA 11+ programme](#), the working group designed a sport specific warm up. Initial versions of the warm-up were trialled by athletes and coaches and refined several times to ensure the final product worked in a real-world setting. The programme was designed in a way that involved no equipment, made it simple to learn and carry out, yet was dynamic in nature and included use of the ball. GPS and heart rate data were acquired during the development phase to analyse total running distances and exercise intensity. To ensure symmetry of movement patterns across the warm up, the research team completed inertial movement analysis (IMA).



Like previous successful ACL prevention programmes, the Activate Warm Up focuses on enhancing neuromuscular control, running mechanics, ability to change direction, land from a jump and decelerate. On training nights athletes also complete a circuit of exercises to enhance trunk and leg strength, single leg balance and lower limb plyometrics.

The team developed an implementation strategy, recognizing that any injury prevention warm-up will only be effective if it is carried out regularly, and learning from adherence issues in other sports<sup>3</sup> The strategy includes: coaching resources, integration into sporting body coach education programmes, grassroots coaching workshops, as well as a media campaign.

As part of the launch of the programme, Dr Mario Bizzini of FIFA's Medical Research Centre delivered a keynote lecture to over 300 coaches at the Ulster GAA's annual conference on the benefits of regularly completing injury prevention warm ups on incidence of lower limb injury and team success. This was extremely well received and over 130 coaches took part in an additional workshop outlining the details of the Activate GAA Warm Up.

In the first 6-weeks following the launch of the programme, the website (activategaa.sini.co.uk) had over 20,000 hits, there was significant press and television coverage and over 500 coaches had taken part

in practical workshops. This initial response suggests that the roll out strategy has reached and engaged coaches; however the long-term effectiveness of the programme will be assessed by SINI over the coming years to determine this programmes successfulness in reducing common GAA injuries.

### References

- 1) Finch. C 2006. A new framework for research leading to sports injury prevention. *Journal of Science and Medicine in Sport*
- 2) Murphy. J et al 2012. Incidence of Injury in Gaelic Football. A 4-Year Prospective Study. *American Journal of Sports Medicine*.
- 3) Soligard T et al 2010. Compliance with a comprehensive warm-up programme to prevent injuries in youth. *British Journal of Sports Medicine*

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**Chris McNicholl** is a Sports Physiotherapist at the Sports Institute of Northern Ireland

### New Partner for SAJSM



SASMA is delighted to announce a new sponsor for the South African Journal of Sports Medicine. Sanofi and specifically their product Synvisc, will partner with SAJSM for the rest of this year (and hopefully beyond!) to help cover the escalating production costs. We thank them for their commitment to South African sports and exercise medicine!



Thanks you to those who sent through news and contributions. Please do keep them coming.

Enjoy Brasil 2014 (and the amazing memories of 4 years ago!)

A handwritten signature in black ink that reads 'Jon Patricios'.

JON PATRICIOS, SASMA PRESIDENT



Please email me at [jpat@mweb.co.za](mailto:jpat@mweb.co.za) with comments and suggestions.

