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NEWSLETTER – September 2015

Six weeks to go until the SASMA Congress!

Register & view programme at www.sasma2015.co.za

Dear SASMA Members,

"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford



The Springbok team that will represent South Africa in the upcoming Rugby World Cup was announced on Friday 28 August. The announcement was met with great excitement by some, uncertainty by others, and mixed feelings by many. There has been much contention about the team's composition, specifically around matters of transformation, selection based on past or present performance, and the inclusion or exclusion of injured players. These matters are certainly relevant, and these are key conversations in the context of national sports development and, more urgently, performance on the world stage. These matters also lie close to the hearts of the average South African, less so because of our national agenda, but because we are a

proud people, and a nation extremely passionate about sport. While it is indeed important to have these conversations, and useful to discuss these cases as clinicians, let us not lose sight of the immediate task at hand: the World Cup kicks off in 10 days, and we're gunning for gold. So, whether you like it or not, it is what it is. The final team has been selected, and the players need our support. Because at the centre of this matter are people. People who have all worked hard to be where they are; people who are passionate about what they do; people who are grateful for the opportunity to represent their country at the highest level; people who want to prove their worth; people who yearn to make the nation proud. The Rugby World Cup kicks off on 18 September 2015, with the Springboks playing their opening match against Japan on 19 September. Ours should be to wish that this selected team may come together, keep together and work together to achieve ultimate success in this World Cup. Let us leave the controversy for now, the conversation can be later resumed. To the Springboks, you know the target – it's yours for the taking. Lift your heads, brace yourselves, and give it "gees". From SASMA, we stand behind you and besides you. Gaan vat hom.

As excitement builds in anticipation of kickoff, September will definitely be dominated by all things Rugby World Cup. In this September newsletter, we stay with rugby and bring you 3 rugby related features: Highlights from the Concussion Conference in Dublin, our “Brag Wall” which highlights internal rugby news, and, finally, a movie that will raise awareness about Concussion, featuring Will Smith and aptly titled ... “Concussion”. We turn to soccer momentarily as we bring you reaction to Chelsea boss, Jose Mourinho’s scathing denouncement of the team doctor’s decision to treat an injured player in the final minutes of a tense match that ended 2-2 against Swansea. We also bring you an article that urges us to once again consider TMO/video footage in soccer. Bringing it back home, we say “Halala Thekwini! You did it!”, and congratulate Durban for winning the 2022 Commonwealth Games Bid. A reminder of the upcoming regional and national SASMA elections – regional nominations have been extended until 14 September. And finally, the countdown has begun! 6 weeks until SASMA’s 2015 Conference. Look out for the Pearls & Pitfalls session that will close the conference. Book your seat now to avoid disappointment!

DURBAN NAMED AS HOSTS OF 2022 COMMONWEALTH GAMES

#Readytoinspire!

Written By: Mark Lewis
Source: Eye Witness News

JOHANNESBURG - Durban has been unveiled as the Commonwealth Games host for 2022.

South Africa’s east coast city was set to run against the Edmonton, although the Canadian

city pulled out of the race in February citing the negative impact of the fall in oil prices worldwide.

Moses Mabhida Stadium will play a major role in the hosting of the games, while the Rachel Finlayson Swimming Complex, just a few kilometres away on the promenade, will serve as the aquatics centre.

As the Fifa World Cup did in 2010, 2022 will be yet another milestone as the African continent gets set to host it's first ever Commonwealth Games.

South Africa hosted the All Africa Games in 1999, but this will be the country’s first chance to host a global multi-coded sporting event.

Durban was the only city bidding to host the Games.

Earlier this year, Edmonton was a contender, but pulled out.



SA READY

South Africa hosted the 1999 All-Africa Games, but this will be the country's first attempt at hosting a global multi-coded sporting event.

The International Olympic Committee’s Sam

Ramsamy says South Africa has proved its pedigree in the past.

“Our organisation will be of the highest standard as amply demonstrated by the world cups in football, rugby and cricket.”

Chairman of the Durban 2022 Bid Committee, Mark Alexander, says the bid to host the 2022 Commonwealth Games will accelerate the progress the city is making in construction and development.

The event will fast track economic growth in the country, with many describing it as a game changer for the city.

Durban won't erect dozens of stadia that will sit unused in the future, instead, a sustainable approach will see many of the city's existing developments upgraded and modernised.

Durban Mayor James Nxumalo told the committee Africa is ready.

“Today marks a gigantic leap in the affirmation and positive trajectory for the continent of Africa. It is a moment to seize and firmly anchor our position as a decisive force in sport.”

The games open on 18 July 2022, which coincidentally is the late Nelson Mandela's birthday.

HISTORY

The Commonwealth Games are held every four years and feature athletes from over 50 countries.

The next event will be held on Australia's Gold Coast in 2018.

Edmonton has already hosted the Games once before, in 1978, while Canada also hosted the inaugural Games in 1930 (Hamilton) as well as 1954 (Vancouver) and 1994 (Victoria).

Available from:

<http://ewn.co.za/2015/09/02/Durban-to-host-2022-Commonwealth-Games>

Mourinho chastised, Dr Eva Carneiro saluted. Support pours in from clinicians worldwide.

Reaction to Mourinho's attack on Dr Eva Carneiro has poured in worldwide. Here is what our colleagues have to say about this incident.



A risk of leaving players to lie on the ground without medical attention – death.

By Dr Efraim Kramer

As medical professionals, we have a duty to care for the sporting ill and/or injured. The health and welfare of those on the field of play is primary and paramount. What Mr Mourinho, as a commercially successful, highly motivated and acknowledged coach sometimes seems to deny is that sportsmen and women are not only injured on the football field, but may die and have indeed died. Seven football players died of Sudden Cardiac Arrest in the past three months

alone — the youngest was an 11-year-old South African.

Enough noise, criticism and condemnation was made during the FIFA World Cup, Brazil 2014, concerning the various incidents of concussion and management of apparent back injuries for FIFA to update its regulations. Yet along comes Mr Mourinho, counters and criticizes his medical staff for doing exactly what they are meant to do and why they were employed in the first place and yet there is hardly any noise, muted criticism and no obvious condemnation.

I wonder if Mr Mourinho would like the medical staff to leave him lying on the ground in cardiac arrest under after the final whistle because it would not be in the interest of the game to try and resuscitate him whilst the game was in motion. The highly trained, very experienced and well-motivated medical staff who undertake duties during sports events have one primary goal – to care for, or save the patient who lies on the ground needing their assistance, skills and attention. No coach, manager or any other official is going to change that no matter the score, no matter the seeming importance of the match.

I am in full support of Dr Eva Carneiro's management of Chelsea player Eden Hazard in the first round of the English Premier League (2015). Her work clearly met the expected and required scope of FIFA's medical education and teaching philosophies and courses globally, as described by Prof Jiri Dvorak, FIFA Chief Medical Officer. We health professionals need to stand united and firm on this matter.

Dr Efraim Kramer is:

Head: Division of Emergency Medicine, Wits Medical School.

Extraordinary Professor: Section Sports Medicine. University of Pretoria.

Member: FIFA Medical Assessment + Research Center.

Source: blogs.bmj.com

The Premier League and the Professional Footballers Association must censure Chelsea
(Professor William Tormey)
by Karim Khan

Medical ethics clashes with team priorities

Jose Mourinho's actions in criticising Dr Eva Carneiro and physiotherapist Jon Fearn for attending an injured player on the pitch at Chelsea must be vigorously challenged. The General Medical Council's 'Good Medical Practice' states that the doctor must make the care of the patient the first concern and take prompt action if the doctor thinks that patient safety, dignity or comfort is being compromised.

The treatment of Dr Eva Carneiro by Chelsea was unprofessional, carried out in public and should have consequences. Her judgement was denigrated despite her obvious concern for the injured player. Public humiliation is no way to treat any club doctor.

The attendant massive publicity demands that the British Medical Association and the professional bodies involved in sports medicine insure that medical ethics are respected. **The Premier League and the Professional Footballers Association must censure Chelsea and publicly assert support for good professional standards in their medical services.** There should be no equivocation.

**Statement by the PSLMG EXCO :
Statement of Support regarding Dr Eva
Carneiro and Mr Jon Fearn.**

The Professional Soccer League Medical Group

The PSLMG (a non profit group formed by South African Football Medicine Practitioners in order to improve medical standards in South African Football) was alarmed to read about the manner in which Dr Carneiro and Mr Jon Fearn was condemned for appropriately treating their injured player on the field.

We support their response to the injured player and coming to his aid when requested by the player as well as the officiating referee. This simply displays their respect for the games rules and regulations and their function in dealing with medical related issues in football.

We believe that they both had responded in accordance with not only the rules but also their professional and ethical obligation to respond to their patient's aid when required in the sporting environment.

Medical staff involved in emergency pitchside response in football are always put in very tight clinical decision making scenarios and the Chelsea Football Clubs medics had made the most appropriate medical decision at that particular moment. Medics decisions are not always the most applauded decisions at times by other members of the technical staff but as long as it's always made with the best interest of the health and well being of the athlete first, the decision will always be supported by Sports Medicine Practitioners.

The PSLMG Exco

*Ron Veenis(Chairman), Lervasen
Pillay(Secretary), David Milner(Member), Jacqui
McCord-Uys(Member)*

From the BJSM Blog

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

Time for football team doctors to have the immediate benefit of use TV footage to help with the concussion decision: Let's help team doctors not look foolish



By Thor Einar Andersen, MD, PhD – Chief Medical Officer, the Football Association of Norway.

On Sunday August 30, in the Norwegian Football Premier League local derby goalkeeper for Mjøndalen fell to the ground unconscious after being hit in the face by a ball shot from a short distance. TV images, both live and in slow motion from all angles, captured the incident graphically. It was obvious to all TV viewers that the goalie had lost consciousness for some seconds as he lay on the pitch convulsing.

Immediately the incident occurred, the team doctor raced from the bench but he could not have seen the incident properly from his sideline spot. He grabbed his emergency kit bag and ran onto the pitch with the team physiotherapist to assess the player. This took 10-15 seconds.

By then the player was still lying flat, but conscious and somewhat dizzy. The goalie stood up, responded adequately to Maddock's standard questions about the state of the

game, had normal balance testing and so two minutes after the impact the doctor allowed the player to continue to play.

The doctor returned to the bench, of course concerned whether his decision was correct or not, but a decision had been taken and match continued. About 15 minutes later, the goalkeeper was substituted. During that time he had made uncharacteristically poor responses to playing situations and one resulted in a goal to the opposing team. Back at the player's bench the goalie told the doctor that he could not remember anything of the latest fifteen minutes of the match.

Whose responsibility is to view TV footage?

Is the team doctor to blame for an insufficient medical assessment under stressful condition? Or, would TV footage of the head impact, shown to the doctor in the technical area immediately after coming off the pitch helped him to take a more appropriate medical decision.

In response to many concussions not having been treated according to widely accepted international concussion guidelines (See BJSM Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012) during the FIFA World Cup in Brazil in summer 2014, the UEFA medical Committee in September last year implemented a new procedure dealing with suspected concussion. The new procedure appended to the Laws of the Game and Guidelines for Referees allows the referee in an event of a suspected concussion to stop the game for up to three minutes to let the team doctor assess the injured player. Furthermore, only the team doctor (ie, not the manager) can

confirm to the referee and allow the player to continue playing.

This new procedure certainly helps team doctors in top-level football taking better medical decisions to the benefit of player's health. However, giving the team doctors the opportunity to study TV recordings of suspected concussion incident in the technical area under less stressful conditions after the initial assessment will help the team doctor to reconsider their medical decision and not appear to be foolish professionals.

Thor Einar Andersen is the Chief Medical Officer, the Football Association of Norway; Associate professor, MD, PhD; Consultant in Physical and Rehabilitation Medicine & Sports Medicine, Oslo Sports Trauma Research Center, Norwegian School of Sport Sciences

Conference Highlights from the Concussion in Sport conference at the Sports Surgery Clinic in Dublin

By Steffan Griffin (@lifestylemedic) and Dr. Sean Carmody (@seancarmody1)

You may have seen [@BJSMPlus](#) – our conference twitter handle feeding various clinical pearls from events around the world – going into overdrive at the recent 'Concussion: Diagnosis and Rehabilitation' conference at the Sports Surgery Clinic in Dublin early last month #sscConcussion

This fantastic event, expertly organised by Colm Fuller and the rest of the team at SSC not only provided teaching from some of the world's premier concussion experts, but also raised some intriguing questions and stimulated some great debate. Additionally, the conference provided an ideal opportunity to launch the

innovative *Post Concussion Rehabilitation Pathway* that aims to improve the recovery process in concussed athletes.

In case you missed out – below are some highlights and impactful tweets – enjoy! All of the day's stats are easily accessible via the 2012 Zurich Consensus Document, a must-read: <http://bjsm.bmj.com/content/47/5/250.full>

The Athlete's Perspective (Ruby Walsh)

It was, perhaps, appropriate that a conference on Concussion was opened by horse-racing legend, Ruby Walsh. As Prof Paul McCrory and Dr Michael Turner later informed us, horse racing is the most high risk sport for developing concussions. During his talk, Ruby ignited a theme which was to recur throughout the day – “Concussion is not a new story and the media storm does not mean it's a new issue, it's simply in the news more often”.

Concussion Management – New Ideas and Global Consensus (Professor Paul McCrory PhD)

- We need to resort to scientific evidence and not media speculation when considering all aspects of a concussion – a culture of fear exists which may be unfounded.
- An example of this is the issue of suicide amongst NFL footballers in the USA – “Rate of suicide in 3049 retired NFL footballers (who played > 5 seasons) is 40% of age-matched non-footballers” – meaning that sport may confer a protective effect!

- At the moment – scans don't rule in concussion, only rule out more serious pathologies
- Second Impact Syndrome should be called Single Impact Syndrome- there doesn't have to be a second impact
- Examples of how concussions can be prevented include: coaching (eg tackle technique in collision sports), neck muscle strengthening, and rule changes (eg NFL rule banning hits with the crown of the helmet).
- Mouth guards have no role in preventing concussion.
- Our understanding of the pathogenesis of concussion is still very rudimentary. Do we know all of the causative pathways? Do NSAIDs put you at increased risk?
- The Mild/Moderate/Severe classification of concussion is inadequate in comparison to most other conditions. Breast cancer, for example, is classified according to clinical features, histological findings, hormonal receptor status and evidence of metastases- concussion has a long way to go.
- Concussion has a wide and varied profile, with aspects stretching across many different clinical realms – it means that there is unlikely to be a single diagnostic test.

Taking a Targeted Approach to Concussion Rehabilitation (Professor Willem Meeuwisse MD, PhD)

- Normal recovery is dependent on age – an important factor to consider with young athletes.
- Much of the early management of concussion features reassurance and education.
- What comprises the 'difficult' concussion patient?
 - Persistent symptoms
 - Multiple concussions
 - Concussions with diminishing force
 - Seizures
 - Structural brain injury
 - Paediatric injury
 - Multiple co-morbidities
- Dix-Hallpike test & Walk-whilst-talk test can be used to assess the potentially concussed athlete – whilst the latter may be used as a management tool <http://t.co/ppIEWIeSRJ>

Long Term Monitoring of the Retired Athlete (Dr Michael Turner)

- Consensus statements must be taken with a pinch of salt – evidence constantly evolving and many of the recommendations are based on the 'I just know' principle.

- Jockeys are the athletes at greatest risk of developing a concussion. In professional racing a jockey falls off a horse in 1 out of 16 rides, compared to amateur racing where jockeys fall off once every 8 rides. The difference relates to skill level. One jockey dies every 250,000 rides.

Analysis of CSF Biomarkers in Concussion (Dr Sanna Neselius MD, PhD)

- Concussions may lead to an increased risk for chronic injuries.
- Several concussions will lead to delayed recovery.
- Neurofilament light (NFL) which although varies with time-of-day may correlate with amount of head trauma.
- NFL may have more of a role to play in delayed recovery than in the initial assessment period.
- Subdural haematoma is the most common sports-related intracranial bleeding.

A Physiological Approach to Assessment and Treatment of Concussion and mTBI

(Professor Barry Willer PhD)

- Return to Play can happen when the athlete can exercise fully without exacerbation of symptoms.
- Issue with return-to-play (RTP) guidelines – return when 'asymptomatic' – but when are athletes, let alone controls, fully without symptoms?

- No evidence to support 'radical rest', simply academic suggestion – deconditioning may even confer risks to the athlete.
- Role for exercise testing followed by graded exercise protocol (%HR_{max}) in getting athletes asymptomatic faster, thus potentially accelerating RTP?
- Poor exercise tolerance in the acute phase post concussion may be a marker of poor prognosis.

All papers available at <http://t.co/NzRDDn9aKO>

Dr Sean Carmody is a junior doctor working in the South Thames deanery. He tweets regularly on topics related to sports medicine and performance @seancarmody1.

 @BJSMPPlus  British Journal of Sports Medicine

Will Smith movie 'Concussion' should be a big wake-up call for rugby

Source: Daily Maverick 3 September 2015



A frame grab from 'Concussion'.

Given that the US's National Football League has a lower concussion rate than rugby, the new movie 'Concussion', starring Will Smith and based on the findings of the remarkable Bennet Omalu, should serve as a wake-up call

for the sport, especially at schoolboy level where the danger is far too often ignored.

If you don't know who Dr Bennet Omalu is, you will soon. Concussion, a new feature film starring Will Smith, tells Omalu's story. The Nigerian-born doctor single handedly changed the way the National Football League (NFL) thinks about concussion, but his fight to get the NFL to do so was not easy. He fought denial, institutional racism and reams of red tape. For him, the movie will be a vindication, for others it should be a wake-up call.

In 2002 when former Pittsburgh Steelers player Mike Webster ended up on Omalu's autopsy table, he thought it would just be another ordinary day. He didn't have much of an idea of who Webster was or know much about American football at the time, but when he heard the stories about how Webster's life had spiralled out of control after retirement, he knew he had to examine his brain despite the fact that it looked normal and that Webster had died of a heart attack.

What Omalu discovered was a new a neurodegenerative disease which would become known as chronic traumatic encephalopathy (CTE). The brain damage caused by repeated concussions is often seen in retired boxers. In people who do not play sport, the brain damage is similar to that of people suffering with Alzheimer's disease or dementia. When he took his findings to the NFL they denied it existed and accused him of "practising voodoo", but Omalu knew he had to make the NFL think again and he pressed on. It wasn't until 2009 that the NFL realised they had a serious problem on their hands. It was a ground-breaking moment, not just for the NFL, but for Omalu, those who have backed him and those players who have suffered without knowing what is wrong with them.

The movie will, undoubtedly, raise awareness of the dangers of playing contact sport in America, but it would do rugby good to look at itself, too. While rugby does treat concussions as a serious issue – unlike football – it might not be treated seriously enough, especially at schoolboy level.

Watch the trailer for 'Concussion':

An analysis of Premiership rugby matches in England showed concussions are on the rise with a nearly 4% increase from the 2012/13 to the 2013/14 season. It is the most common match injury and while England's rugby players were made to take an online concussion module to raise awareness, medical officers believe the true rate of concussions in rugby might actually be much higher at the professional level. It's worth noting that the NFL actually has a lower concussion rate than rugby, but if CTE is so prevalent in the NFL, that is an alarming statistic for rugby and something that should be of grave concern.

Yet, concussion is often something that is made light of far too often. Researchers suggest that far too often commentators do not take concussion injuries seriously. Incidents are often described through jokes and colloquial expressions contributed to a casual feeling about the effects of concussion. World Cup commentators had, for example, referred to a player wobbling "like a drunken rhino" or being "knocked for six", and had played down an injury by suggesting that "he was milking that". Their facetious approach sets a dangerous precedent and can foster a dangerous attitude towards concussions at lower levels: if the people commenting on the professional game do not take the injury seriously, why should parents of schoolboys?

This year a study by the Auckland University of Technology was submitted for peer review. It was commissioned by World Rugby in 2012 and was one of the largest ever of its kind. It examined the health of 485 men -- 131 of them former professional rugby players, 281 amateur rugby players and 73 who had played non-contact sports such as cricket and hockey. The links were clear that the risk for rugby players are higher. The study showed that players who suffered four or more concussions performed worse in tests measuring mental and physical coordination, motor speed and multi-tasking. World rugby is taking the issue seriously, but it is at lower levels, especially schoolboy level, where the problem is far too often being ignored.

In South Africa, rugby has the highest incidence of concussion amongst collision team sports, with 10% to 15% of high-school rugby players suffering a concussion in any season. Up to 50% of high school rugby players will have suffered a concussion in their high school playing careers. In 2014, a study in Ireland showed that approximately 25.4% of players with diagnosed concussions returned to play without medical advice. In 2011, a schoolboy playing in England was treated for blows to the head three times. Every single time he was sent back onto the field. He eventually collapsed and died in hospital.

In a typical schoolboy rugby season, two players from every school or youth rugby team will suffer a concussion. Children take longer to recover from a concussion, making them more susceptible to second-impact syndrome, when a second concussion is sustained before the symptoms of the first have resolved, causing the brain to swell rapidly.

A schoolboy level, players often aren't aware of the concussion guidelines and studies have

found that more often than not players go back on the field through the guidance of their teammates and, in some cases, pressure from parents. It is a risky and dangerous business, but the movie based on Omalu's discovery should at least go some way in starting a much-needed discussion. As rugby becomes more professional and the lucrative salaries on offer become more enticing, pressure on young players to keep performing will only increase, but they should not do so at the risk of their well-being.

Little is known about how to prevent CTE at this stage, but considering what is known about its impact on people's lives and the potential risks of concussion it is time for sports like rugby to reevaluate the way they treat the injury at all levels.

Available from:

http://www.dailymaverick.co.za/article/2015-09-03-will-smith-movie-concussion-should-be-a-big-wake-up-call-for-rugby/#.Vemz_7yqqko

SASMA Brag Wall

When our members excel, we like to celebrate...and brag a little.

- Dr Jon Patricios has been selected as an Independent Concussion Consultant for Rugby World Cup 2015.
- He will also be part of the Concussion In Sport Group guiding international concussion consensus at the 5th International Conference on Concussion in Sport, Berlin, 2016.
- You may have read about the frightening incident of an u21 Western Province athlete collapsing during a match on 5 September. The player was successfully resuscitated on field and

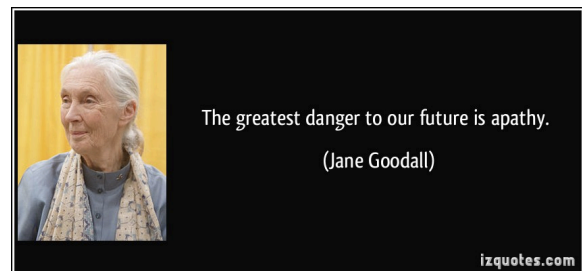
immediately transferred to ICU. We'd like to take this opportunity to commend the medical team and ER24 paramedics on scene, specifically Dr Karen Schwabe and Dr Pierre Viviers. Your swift action and professionalism saved a life on field. Our thoughts and prayers go out to the player, his family and the medical team attending to him in ICU.

If you have any news worth mentioning, be it about yourself or a colleague, please do let us know. This isn't only about bragging (okay it is just a little), but very much about inspiring others and showing them what is possible.

Send any news to phathokuhlez@gmail.com.

SASMA Elections

Please be reminded about the upcoming SASMA regional and national elections. Although nominations for the President-Elect have closed, nominations for regional chairpersons have been extended until 14 September. This is a great opportunity to get involved with driving SASMA and adding your flavor at regional level. If you are interested, ask a colleague to nominate you. There is also an opportunity to volunteer to be involved at regional level as a committee member after the chairperson has been elected. We look forward to working with you!



Stand up and be counted.

SASMA Congress

20 – 22 October 2015
www.sasma2015.co.za
@sasma2015
#learnerstoleaders

Look out for....

Pearls & Pitfalls – Advancing your career in Sports and Exercise Medicine.

If you didn't have one before, here's a great reason to attend the conference and stay *right until the very end*. SASMA 2015 will end with a bang as we engage in a panel discussion with some the international "Heavy Weights" of Sports and Exercise Medicine. Listen in as the experts share some of their own mistakes (so you don't have to repeat them yourself), and, more importantly, give us tricks of the trade you will only get from the depth and breadth of experience on hand in this panel.

The session will be chaired by Phatho Zondi, and panelists will include the following speakers:

- Dr Karim Khan (Can/Qatar)
- Dr Cindy Chang (USA)
- Dr Lyle Micheli (USA)
- Dr Aaron Baggish (USA)
- Dr Jon Patricios (RSA)
- Prof Martin Schwellnus (RSA)

Visit www.sasma2015.co.za for the detailed congress programme details.

Have a laugh!



Best wishes,

Phatho Zondi,

SASMA PRESIDENT-ELECT



Please email jpat@mweb.co.za or phathokuhlez@gmail.com with comments and suggestions..