Sport and exercise medicine in Australia

The recent epidemic of sleep deprivation during the dramatic Ashes cricket series has once again highlighted the Australian passion for sport. A drive around city suburbs or country towns on a weekend may reassure one that thousands of Australians are still playing sport. However, such reassurance should be tempered by data which suggest that we are increasingly doing the driving rather than the playing. For example, the proportion of children and their parents who were physically active in Australia dropped between 5% and 11% from 1985 to the late 1990s.

The importance of physical activity in the fight against obesity and its associated negative effects on health is becoming more evident. The role of exercise in preventing diseases such as coronary heart disease, diabetes, various forms of cancer, osteoporosis and mental health problems is well documented, and rivals smoking cessation as a preventive measure. Although experts agree that many people should exercise more, injury and disability are consistent barriers to achieving this aim.

The medical discipline of sports medicine has emerged over the past two decades and evolved from being a service to elite sportspersons into “the medicine of exercise”. While many of the advances in treating sporting injuries have come from the world of professional sport (where it is most costly to rest), these benefits, and the mentality of “keeping the player on the field”, are now available to the broader community.

As a relatively young area of medicine, sports medicine lags somewhat behind some of the more traditional specialties in the amount of evidence-based medicine it can offer; but it is making rapid progress. In one article in this series, the overall evidence in favour of participation in sports and exercise is weighed up against the costs of long-term health problems that vigorous exercise can bring. Other articles look at some of the recent advances in sports medicine and practicalities such as the role of the “doctor on the sidelines”. In selecting the topics for this series, we have tried to balance the areas where sports medicine has made most progress in recent years (eg, use of therapeutic drugs in sport, and radiological imaging) with those where it must make most progress in the next few (eg, sports medicine in special groups such as older athletes and children).

The increasing demand from the community for sports medicine expertise has led to the development of medical specialisation in this area. The Australasian (formerly, Australian) College of Sports Physicians (ACSP) was formed in 1985 with the aim of developing the specialty in this country. Over the past 20 years, this has been achieved with the development of a curriculum, entrance and exit examinations, and the creation in 1992 of a 4-year full-time training program in sports medicine, which is regarded as a world leader in the field. There are now about 110 Fellows of the College practising in Australasia and overseas. Fellows may be in private practice (either solo or in a multidisciplinary environment), or may work as professional and national sporting teams or may work for Institutes of Sport, the Australian Defence Force or for private bodies such as workers compensation insurers.

It must be said that other professional bodies such as medical schools, the Royal Australian College of General Practitioners, the Australian Medical Council and the Health Insurance Commission have been slow to acknowledge the existence of the specialty and its accompanying high-quality training program. The resultant “out of pocket” expenses for consulting sports physicians (resulting from lower-tier Medicare recognition) mean that the benefits of this specialty have not been realistically available to those in the community who rely on the public system.

If the specialty of sports medicine in Australia is finally recognised by the appropriate authorities, the next major challenge in Australia is the establishment of a national sports injury surveillance system. Managing sports injuries as they occur is important, but preventing them (which starts with surveillance) is perhaps more important, and other countries like New Zealand and Norway are much further advanced in this regard.

We trust that readers will read and enjoy these summaries of recent research in sports medicine, a new and exciting field of medicine which is attracting graduates with an interest not only in sport, but in the benefits of exercise to the community.

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