

Collaboration and Collegiality: The Fuel For Growth in Sports Medicine

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This month's *Rhode Island Medical Journal* has dedicated the issue to sports medicine. It is my honor to be the guest editor, as over the past 25 years, from my days as a medical resident at Brown to my return from fellowship to start practice in Rhode Island, I have seen tremendous growth in the field locally and nationally. The acceptance of sports medicine amongst physicians and the public is parallel to its acceptance by the American Board of Medical Specialties. Fellowship training and board certification have helped to set modern standards of practice.

Truth be told, sports medicine can be traced back to Herodotus 5th century BCE with regards to fundamental theories on the use of therapeutic exercise for the maintenance of health and treatment of disease. The dawn of the modern sports medicine era is ascribed by some to Harvard Medical School in 1890. It was there that significant injuries were recognized and thus a program was instituted to educate players of the need for personal fitness, use of proper gear, need for treatment of all injuries and the importance of rehabilitation. Most people consider the true genesis of modern sports medicine to have begun in the 1950s. Don O'Donoghue, MD, from the University of Oklahoma, wrote the textbook "Treatment of Injuries to Athletes" which became the bible for sports medicine physicians. At the same time in Columbus, Georgia, Jack Hughston, MD, was starting sideline coverage of football/athletic events. His foresight to merge clinical practice, research, and education is legendary.

Sports as a part of life, be it recreational, therapeutic, competitive, or professional, continues to take on more significance as time moves on. Be it the billion-dollar industry of professional sports or the patient recovering from heart surgery who is participating in cardiac rehabilitation, people from all walks of life can benefit from sports medicine. Physicians are commonly prescribing exercise to help with overall health, and with this rise in the number of athletes comes a concomitant rise in problems and injuries specific to a sport.

The field of sports medicine can best be defined as medicine meant to include all of the subspecialties of medicine as well as nutrition, physiology, and preventative health care. It involves the education, treatment, and care not just of injuries, but of athletes. It involves the understanding of

sports, climate of competition, the athlete, and medicine; and how they all relate to one another.

Sports medicine as a specialty is relatively young; however, its roots are very deep. It represents the best in medicine; a collaboration of various specialties to provide education and care to the patient. It is also susceptible to outside demands. An important tenet to remember: when treating an athlete, they are a patient first and athlete second. Education of the athlete, parents, coaches, administrators, general public, and colleagues is the best tool we have to temper expectations.

This issue of the *Rhode Island Medical Journal* includes articles addressing current "hot" topics in the field. **PETER KRIZ, MD**, and colleagues write about the need for standardization of pre-participation physical exams. Pre-participation exams are part of the foundation of sports medicine. The ability to screen and counsel athletes is an important opportunity not to be wasted. **JEFFREY FEDEN, MD**, provides insight and perspective regarding concussions in sports. Over the past few years, there has been significant media coverage of concussions. Improving the awareness of the public has been a benefit. Unfortunately, some media coverage has perpetuated misperception. **ROBERT SHALVOY, MD**, and **STEVE BEHRENS, MD**, address meniscal injuries in the knee. The article helps to review a common diagnosis seen in athletes as well as the general public. It also highlights arthroscopy and its role in revolutionizing orthopedic sports medicine. Finally, **RAMIN TABADDOR, MD**, and colleagues take on a difficult topic in Athletic Pubalgia. In the past, athletic groin pain was considered a black-box diagnosis. In the past few years, however, there have been advances in the understanding of athletic groin pain. Dr. Tabaddor's article highlights these developments and outlines treatment options.

Sports medicine is a relatively young vibrant field that is in the midst of a growth spurt. As I head into the second half of my career, I am anxious to see the future unfold.

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