

'Keeping you active': the Australasian college of sport and exercise physicians

Hamish R Osborne

Welcome to the Australasian College of Sport and Exercise Physicians' (ACSEP) issue of *BJSM*. You will not find any #fake-news in this edition but you will find a report of fake treatments still being used to treat conditions related to obesity and plenty of updates on physical activity in relation to obesity related conditions, women and children.

I'm constantly challenged by trying to work out if my patient has completed their rehab—are they now normal? Is their fitness normal? I often go on return of full function, absence of pain and heaps of strength they did not have before—enough that it fits comfortably in the safe part of the workload model (see page 1559). I would love to have normative data like we now have for the 20 m shuttle run, so I can show my patients where they fit on the spectrum. How great is it that we can now help use normative fitness data to help map health and plan future trajectories of fitness and health in our younger population? I have a large toolkit and I like apps for those who like to keep track of their fitness. The Runkeeper app (see page 1560) could be used to do the 20 m shuttle run right from your office.

PHYSICAL ACTIVITY—GENERALLY GOOD BUT ALWAYS?

I love my job as a sport and exercise physician, mostly treating non-athletes and weekend warriors. The UK Faculty of Sport and Exercise Medicine (SEM) embraces this concept in the first part of their strategic mission. Some great tips on how to get into SEM are given in this article (see page 1567). Unfortunately, UK SEM registrars do not have UK guidelines on exercise prescription for pregnant women and it is discussed in this article (see page 1511). Perhaps UK SEM trainees could use this weekly blog from ACSEP as a starting point <https://www.acsep.org.au/page/news/blog/exercise-during-pregnancy---not-only-is-it-ok-it's-actually-recommended>. The IOC Expert Group provides an excellent review of these issues

Correspondence to Dr Hamish R Osborne, Department of Medicine, Otago Medical School, University of Otago, Dunedin 9054, New Zealand; hamish.osborne@otago.ac.nz

(see page 1516). We need to be careful not to overplay risks of physical activity given the benefits are substantial. A great article, making it the ACSEP's editors choice, gives some perspective on this (see page 1555).

CONTENTIOUS CLINICAL ISSUES

Treatment of osteoarthritis remains a contentious issue. The ACSEP updated position on the use of stem cells was published in *BJSM* last year (<http://bjsm.bmj.com/content/50/20/1237>). Some fundamental questions remain to be answered and are discussed by Amsterdam sports physician Martin Moen *et al* (see page 1512). There are other treatments for osteoarthritis (OA) that have now gone past their use by date—are they now fake? ACSEP Fellow John Orchard has an interesting take on this topic and endorses the use of exercise prescription for knee OA (see page 1510).

As part of my job over the last 3 years, I developed a Post Graduate Diploma in Obesity Prevention and Management. It is a distance learning course and comes online in February 2018. Exercise prescription is a compulsory component of this course and the article by Myers *et al* (see page 1540) will become part of the learning material for this course.

Sport is one way to prescribe or achieve exercise for health. A re-analysis of the data by the University of Sydney group shows that it is the sport, not the socioeconomic status that provides the protective effect (see page 1514). Sport or vocational physical activity or just about any form of recreational activity has a strong protective role in the primary prevention of breast cancer. This brief summary of a recent systematic review of the tumour microenvironment looks at the positive effects of exercise on tumour biomarkers (see page 1564).

Some important work coming from the International Concussion and Head Injury Research Foundation bringing some different ideas from outside the Concussion Consensus Statement in regard to long-term risk of sport-related concussion (see page 1513). Sometimes it is even hard to get athletes to reduce their

workloads—an important component of treatment of REDs—nice case report and tips (see page 1570).

I commend two key citations to read from our Editor's choice article (see page 1555) on non-maleficence in exercise prescription. These key papers report that metformin and some statins may attenuate the beneficial effects of physical activity on health outcomes in some patient groups.^{1,2}

Finally, from that same article, we clearly have the same problem in New Zealand as the UK with respect to understanding the importance of the beneficial effects on health outcomes, with our countries long term health goals. The UK's General Medical Council needs to get physical activity into the medical school curriculums. Here in New Zealand, the \$30m National Science Challenges aiming to change health outcomes in regard to cardiac disease and cancer by 20% by 2025 are doomed to fail if they do not start to include physical activity assessment/interventions in their statistical analysis.

ACSEP CONFERENCE—GOLD COAST 2018

We hope you enjoy this ACSEP edition and hope to see as many as possible of you at our pre-Commonwealth Games Conference on Australia's Gold Coast—High Performance Medicine is the theme—providing excellence in care to the elite athlete, the weekend warrior and the sedentary person with lifestyle disease. See you from 6–13 February 2018 (<https://www.acsep.org.au/>).

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