

The sporting life

Glenn Duns

In this issue of *Australian Family Physician* (AFP) on sports medicine we cover topics that I consider very relevant, both personally and professionally. Like most people, I try to remain as active as possible, and as a father of four young children I'm engaged in a daily routine that I'd like to think qualifies as a high-intensity workout. The day usually commences with a series of sprints as the older children are transported to school and other activities, and ends with bath and bedtime rituals that, at times, could be considered a form of resistance training. However, the reality is that it's unlikely I'm meeting the recommended weekly exercise requirements.¹

Similarly, in my professional experience, I'm often faced with patients in their thirties and forties who know that they need to be exercising but are unable to find the time. The typical scenario is an individual who is overweight and is either at risk of developing, or has already developed, associated complications such as diabetes or hypertension. Both the patient and I know that lifestyle changes are required, but it's also clear that other commitments make it difficult to achieve these changes.

It's in this context that I read the article on clinical considerations for the ageing athlete with some interest. In his article, Shane Brun addresses a number of concerns particular to this group.² Important messages include the need to maintain physical activity throughout life and the encouraging fact that as people age they are also in a position to benefit most from physical activity.

One of the many joys of parenthood is seeing your children develop and become

more active. Instilling the importance of physical activity is important in setting up lifelong good habits that can help prevent obesity.³ Participating in sports also comes with the risk of injury, and these injuries can be particular to the specific activity and stage of childhood. In her article on paediatric sports injuries, Leesa Huguenin covers these issues in a broad overview of the topic that provides guidance for general practitioners on diagnosis and management of these varied and at times complicated conditions.⁴

One particular and topical concern within paediatric sports medicine is the issue of paediatric concussion. Having played rugby in secondary school and college, I'm enthusiastic about the game and believe that these types of team sports can be very helpful in a child's development. However, I'm also aware of the growing body of research on sports-related concussion in children. Examples of concerning findings include a study from 2005 revealing reduced academic performance in athletes with two or more concussions;⁵ a study from 2008 that found prolonged visual processing deficits in children following mild traumatic brain injury;⁶ and a study from 2013 that found a threefold increase in the risk of depression in adolescents with a prior history of concussion.⁷

In their timely article on child and adolescent concussion, Gary Browne and Stefan Dimou address diagnosis and management of this condition in detail, from initial on-field assessment through to comprehensive re-evaluation and management in the primary care setting.⁸ References to assessment resources and management guidelines are provided, including the recent combined Australian Institute of Sport and Australian Medical Association position statement.⁹

Finally, the BEACH team have provided us with another informative article in their longstanding series, this time on types and rates of musculoskeletal injuries encountered in general practice, including reports of trends over the past 15 years.¹⁰

I hope that you find the articles in this issue of *AFP* similarly relevant to your life and your practice.

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References

1. Department of Health. Australia's physical activity and sedentary behaviour guidelines. Canberra: Commonwealth of Australia, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#apaadult [Accessed 1 June 2016].
2. Brun SP. Clinical considerations for the ageing athlete. *Aust Fam Physician* 2016;45(6):478–83.
3. Pate RR, O'Neill JR, Liese AD, et al. Factors associated with development of excessive fatness in children and adolescents: a review of prospective studies. *Obesity Rev* 2013;14:645–58.
4. Huguenin L. Paediatric sports injuries. *Aust Fam Physician* 2016;45(6):466–69.
5. Moser RS, Schatz P, Jordan BD. Prolonged effects of concussion in high school athletes. *Neurosurgery* 2005;57(2):300–06.
6. Brosseau-Lachaine O, Gagnon I, Forget R, Faubert J. Mild traumatic brain injury induces prolonged visual processing deficits in children. *Brain Inj* 2008;22(9):657–68.
7. Chrisman SP, Richardson LP. Prevalence of diagnosed depression in adolescents with history of concussion. *J Adolesc Health* 2013;54 (5):582–86.
8. Browne GJ, Dimou S. Concussive head injury in children and adolescents. *Aust Fam Physician* 2016;45(6):470–76.
9. Elkington L, Hughes D. Australian Institute of Sport and Australian Medical Association Concussion in Sport Position Statement. Canberra: AIS and AMA, 2016. Available at https://ama.com.au/sites/default/files/documents/AMA_AIS_Concussion%20in%20Sport%20Position%20Statement%202015.pdf [Accessed 1 June 2016].
10. Pollack AJ, Bayram C, Miller GC. Musculoskeletal injury in Australian general practice: 2000 to 2015. *Aust Fam Physician* 2016;45(6):462–65.