

Expert guide to sports medicine

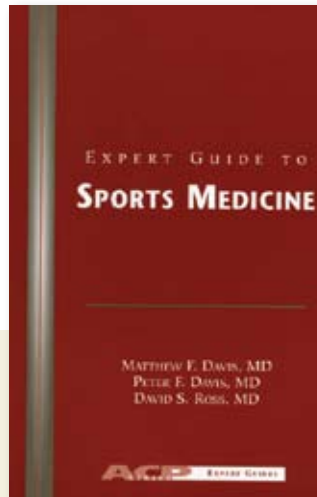
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PUBLISHER The American College of Physicians, 190 N Independence Mall W, Philadelphia, PA 19106-1572, USA; **TELEPHONE** 800 523-1546, extension 2600; **WEBSITE** www.acponline.org
PUBLISHED 2005/484 pp/\$35 (US)

OVERALL RATING Good

STRENGTHS Gives a broad reference for both medical and musculoskeletal problems related to sport and exercise

WEAKNESSES The book tries to do everything, so some chapters are short on specifics; some inconsistencies of style between chapters appear; information about a single topic might appear in various parts of the book, making reading difficult in some cases

AUDIENCE Providers of sports medicine



psychology, exercise prescription, and pre-participation examinations, are also included. These are generally well done; however, issues of overtraining are in a number of different areas and are not well covered. Inclusion of forms that practitioners can use is helpful. The Drugs in Sport section is inadequate for those who require such information.

The musculoskeletal chapters generally include most problems, but do not discuss them in great depth. Intermittent discussions on physical examination techniques are not particularly helpful for those

familiar with musculoskeletal examination. They are not comprehensive enough for those who do not have strong skills in the area. Again, because information is sometimes contained in various chapters, readers are forced to search the index when looking for a specific diagnosis to make sure that all the information is gleaned from the book. The short section on taping, wrapping, and bracing seems to be an add-on. The section on principles of rehabilitation really does not offer readers management strategies.

Overall this book introduces a lot of information to the reader. The book rarely goes into depth, likely because of space considerations. Generally I found the medical aspects of this book better than the musculoskeletal aspects. I would recommend this book to those wanting a reference on a range of topics, but not to anyone who wishes in-depth discussion on any one topic. The book is generally easy to read and understand.

—Preston Wiley, MPE, MD, CCFP, DIP SPORT MED

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The preface of this book does not identify a clear purpose. The text appears to be intended for primary care physicians who look after musculoskeletal disorders; however, less than half the book is devoted to musculoskeletal disorders. The rest is devoted to medical issues of sport and exercise. The book is generally well written and easy to follow. Because the book attempts to do so much in such a relatively small volume, however, some topics get little coverage. Some chapters, by different authors, reference source material more fully than others. Because of this variation, this is not a definitive text in all areas, which might disappoint some readers.

The first half of the book is divided into chapters on medical issues related to sport and exercise. More global topics, such as nutrition, environmental issues,

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Waiting game

When patients are placed on wait lists for surgery, one worry is that they will require emergency surgery while waiting. This worry intensifies if the list is particularly long. Does the length of the waiting list at the time patients are registered increase the likelihood of unplanned emergency admission and surgery among those booked for

coronary artery bypass grafting (CABG)? A recent study from British Columbia investigated this question.

The results were quite interesting. The researchers found that the length of a wait list at registration had no effect on the probability that a semiurgent (surgery recommended within 6 weeks) or nonurgent (surgery

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recommended within 12 weeks) patient would have CABG through unplanned emergency admission. Patients who underwent CABG immediately after diagnosis without having been registered on a wait list in the same hospital did not change the odds of unplanned emergency surgery for those on the list. One quarter of those on a long list (clearance time of more than 1 month) were still waiting for surgery at 29 weeks.

Source

Sobolev B, Kuramoto L, Levy A, Hayden R. *Unplanned emergency surgery in relation to length of wait lists at registration*. Clin Invest Med 2006;29:193-200.

Home safe

Injuries, such as falls from heights, burns, scalds, and poisonings, cause almost half of deaths among children aged 1 to 4 years. Many of these injuries can be prevented by removing hazards from the home. A multicentre Canadian trial looked at the homes of children aged 7 or younger who had presented to the emergency department with injuries from falls, burns, scalds, ingestions, and chokings. The homes of children who presented during the same time period for acute conditions that were not related to injuries were assessed as well.

Many hazards were found in the homes. More than half of the homes did not have fire extinguishers, and 17% did not have functioning smoke alarms. Baby walkers were found in more than 20% of homes with small infants. The mean proportion of hazards was similar in both groups. After controlling for siblings, maternal education, and employment, however, cases differed from controls in 5 areas—presence of baby walker; choking hazards within a child's reach; no child resistant lids in the

bathroom; no smoke alarm; and no functioning smoke alarm. The researchers warn that the presence of 1 hazard might indicate increased risk of home injuries beyond those directly related to the hazard found.

Home injury prevention checklists can be found on the following websites.

- Rourke Baby Record: www.cfpc.ca/local/files/Communications/Health%20Policy/rbr2006%20final%20PDF%20060604.pdf
- The Injury Prevention Program (TIPP): www.aap.org/family/tippmain.htm

Source

LeBlanc JC, Pless IB, King WJ, Bawden H, Bernard-Bonnin AC, Klassen T, et al. *Home safety measures and the risk of unintentional injury among young children: a multicentre case-control study*. CMAJ 2006;175:883-7.

Long jab

What is the best length and gauge of needle for administering vaccinations to infants? Almost 700 infants were enrolled in a UK study that looked at immunogenicity and local and general reactions to vaccination using 3 different needle sizes.

Researchers found that long (25 mm) needles for infant immunizations can significantly reduce local reactions, while achieving comparable immunogenicity to that of short (16 mm) needles. Little difference was found between different gauges of the same length of needle in local reactions or immune response. There was no difference in general reactions using any of the needles.

Source

Diggle L, Deeks JJ, Pollard AJ. *Effect of needle size on immunogenicity and reactogenicity of vaccines in infants: randomised controlled trial*. BMJ 2006;333:571. Epub 2006 August 4.