Sports medicine

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What I do now

Currently I am involved in full-time specialist practice as a referral-based sports physician. This involves a mixture of office-based practice, where the vast majority of my work relates to musculoskeletal injury. A high proportion of this is sports injury, but I also see many injured people who have sustained their accidents at work or at home. I also provide a general musculoskeletal referral service for the primary care practitioners in my area. From time to time I will take referrals from case managers for work-related injury in an attempt to expedite access to high-tech imaging or other interventions that could hasten the person's clinical recovery.

A small part of my work involves elite athlete care via the New Zealand Academy of Sport. In brief, this involves screening medicals where one is attempting to pick up important cardiac problems and monitor the athletes' health to, as far as is practicable, prevent injury or adverse medical events. A very important part of any screening medical is a review of the athletes' medications and notification of any drugs that require Therapeutic Use Exemption to the relevant authorities. I am also involved in providing medical care to the elite athletes in the New Zealand Rowing Squad and, with the success of these athletes in the last few years, this has been a particularly gratifying part of my work.

I have provided team care at two Olympic and three Commonwealth Games and at several other major events. From time to time I will provide event cover for competitions which are being conducted in the Waikato area.

I also perform impairment assessments for ACC for claimants with permanent injury and this is a further use of the extra skills I have in musculoskeletal assessment.

At present I am President of the Australasian College of Sports Physicians. This is a fairly demanding role and occupies about two hours per week. However, it is helpful to collaborate with our Australian colleagues and I have enjoyed this role. Previously I was National Chairman of Sports Medicine New Zealand for eight years.

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I also serve as a member of the Medical Commission of the Oceania National Olympic Committees and this involves one meeting per year. From 1991 until the present time I have lectured on behalf of the Oceania National Olympic Committee at seven different courses in various Pacific Island nations. I have been involved in clinical teaching since returning from overseas in 1987 and have provided lectures to the Diploma Course in Sports Medicine at Auckland University. I also held a part-time position lecturing in the Department of Leisure Studies at Waikato University from 1994 to 2007.

What encouraged me to pursue this area

My first exposure to sports medicine was during my elective in the final year of medical school in 1980. I was fortunate to work with Dr John Williams, the then Secretary General of the International Federation of Sports Medicine, and was inspired by that contact. Following graduation I worked at Waikato Hospital and did two years as a general medical registrar with the aim of incorporating sports medicine into a rheumatology type position as this looked like the most logical career path. I later changed course and completed the GP Training Programme under the able tuition of Dr Bertram Young in 1985.

In 1986 I went to London and completed a Diploma of Sports Medicine and returned to set up a general practice in partnership with Dr Marc Shaw in Hamilton. In 1990 I completed MRNZCGP and, over the subsequent few years, there was a gradual increase in the proportion of sports medicine and musculoskeletal consultation work undertaken. I was involved in training GP registrars for one or two sessions per year under Bertram Young's supervision, and also with some of the pharmaceutical company funded education sessions that were a feature of medical education at that time. This brought me into contact with such visionaries as our editor, Tony Townsend, and Pat Farry.

From 1997 to 2003 I was the team doctor for the Chiefs Super 12 rugby franchise and this involved approximately a half-time commitment from January to May of every year, with my wife effectively running the household. In 1999 sports medicine was recognised as a separate discipline for the purposes of vocational registration by the Medical Council of New Zealand. In 2003 I sold my general practice and focussed on my current scope of practice.

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During my time at Auckland University I was an active member of the running club and was inspired by such individuals as Professor Don Smith, who had run in the Rome Olympics and brought all of the eloquence to lunchtime runs that one would expect of a Professor of English. We were also fortunate to have athletes of the talent of Dick Quax, although he seldom ran in New Zealand in the winter. During my latter years at medical school, Warwick Roger, the founding editor of *Metro* magazine, joined the club and he provided the focus for interesting debate as well. A further inspiration was John Davies, the 1964 Olympian who later became President of the New Zealand Olympic Committee. He was a wonderful role model, epitomising the values of Olympism.

How does it contrast with general practice

The most obvious contrast would be that 90% of my work relates to about 10 common conditions, e.g. anterior knee pain, rotator cuff shoulder problems, low back problems plus lower leg and ankle pain that is not responding to standard treatment. Concentrating on a relatively few conditions enables one to get better at diagnosing and managing them, as indeed my good friend, Tony Edwards, also an ex-GP, had assured me it would. Patients come in with one problem rather than the shopping lists GPs are regularly presented with. I do not have the frustration of having to supply regular repeat medications and there is no regular on-call work. I do provide out of hours cover for various events but this is much less onerous than the on-call responsibilities of GPs.

I have the challenge of managing waiting times for patients prior to their consultation and have a good working relationship with the local GPs and physiotherapists. They know that in appropriate clinical circumstances they can discuss a patient with me and get that person evaluated in a timely fashion, even the same day if need be.

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What makes it different

My practice is now a referral-based entity with all patients being effectively screened by a primary care practitioner. This is vastly different from the off-the-street access to primary care. However, I have not forgotten the special role that one has in the lives of individuals as their family doctor and confidante.

What are the problems and joys

Firstly, I miss the good families and the perspective of having a global view of an individual's health problems over time. This is something that is unique to general practice and an intrinsic strength of the discipline. I do not miss patients with shopping lists and the after hours responsibilities. During the late 1990s, when I was still in general practice but seeing an increasing number of referred patients, there was the expectation of a specialist level of assessment for their problem whilst I was still receiving a GP level of remuneration. This was rather frustrating at the time.

Summary

Looking back from my current perspective, there have been many advantages to spending 15 years in general practice before embarking on my current mode of practice. Firstly, I know the frequency of pathology in people who present to a primary care practitioner, and would hope I never forget this, as it is very helpful to have this information at the back of one's head. Secondly, GPs are very good at handling diagnostic uncertainty and also using time as a diagnostic aid; many specialists could learn plenty from watching a good GP at work implementing these skills. In particular, rheumatological problems often evolve over time and would be a good example of the use of time as a diagnostic aid. Thirdly, GPs are usually pretty good at liaison with other agencies on behalf of their patients. I would like to think that I have carried this skill forward into my specialist practice. Finally, for any GPs who are thinking of pursuing a special interest, I would advise them to talk to other GPs who are also working in that area and take advice from a wide variety of sources.

The bottom line is that the things I learned in general practice were never wasted and, I believe, have enhanced my current mode of practice. I would never wish to lose the generalist perspective I gained during the 15 years in general practice. To be a good sports physician one first has to be a good general doctor. To maintain a natural curiosity for medical conditions is, I believe, a virtue in this day and age – if only to have a stab at trying to pick the correct diagnosis on the TV programme '*House*'!

Competing interests

None declared