BASEM External Meeting Sponsorship Award

This award is offered on an annual basis and offers sponsorship towards the cost of an external (non BASEM) meeting. This is to encourage members to attend relevant sport and exercise medicine meetings that they are unable to get sponsorship for through the National Health Service or other employers.

Report by Dr Alethea Beck, Full Member winner of the 2015 BASEM External Meeting Sponsorship Award

Over the past few years I have become interested in musculoskeletal ultrasound imaging and guided injection within the field of sports medicine as an adjunct to diagnosis and then potential treatment with guided injections. I am currently (2nd year) undertaking a masters in this area of work through Bournemouth University. When the opportunity arose to apply for a BASEM external meeting sponsorship award I jumped at the chance to attend a musculoskeletal sports imaging conference but this time held by the Royal College of Radiologists (RCR) rather than a sports medicine institute. I did not want to travel abroad as I wanted to hear what the current UK based radiologists were discussing surrounding this topic and how they were teaching around the area.

In the past I have heard various controversial discussions surrounding should sports and exercise medicine practitioners be scanning at all? And is this not the remit of the radiologist? An interesting debate and in all honesty one that I think both parties have valid points about. Why not then book onto a day course run by radiologists for radiologists on one of the subjects within sports and exercise medicine I am passionate about and find out the truth... Should we be scanning and what can we learn from our colleagues who ultimately have the same goal of putting our patients first.

A few clicks later and I was booked onto the RCR Sports MSK Imaging conference to be held in London. I did not want to attend a conference abroad although since I come from Scotland many may say it is! I wanted to attend a conference where the practitioners were working within the NHS and private sectors that I know about, that directly influence by practicing so that I could get a real time image, an expert opinion from those working within the same locus as I.

I have now attended a number of conferences and courses in the UK and when I arrive I can now scan the usual coffee meeting room first thing and know about 25-50% of the people there-a comfortable environment one might say. I arrived in London and did the usual scan of the room and knew absolutely no-one. An initial panic set in until my inner voice said to me “No, this is exactly what you want, people who have new thoughts, from different backgrounds, a networking opportunity and wealth of knowledge out with the direct sports medicine community but has such a huge impact on your work”.

The first presentation was given by a sports and exercise medicine doctor working within football and cricket. The main topic was what do SEM clinicians look for in a report when we refer to a radiologist? What answers are we wanting answered? What are the time constraints upon us and what set up are we based in to then make decisions based upon these reports? This made me think that this speciality has taken time to consider the sport clinician and what we are looking for and certainly during the day it became evident to me while discussing cases that there are things that we can do to aid radiologists in the role we are asking them to fulfil. One of the main learning points I learnt was how important it is that a detailed clinical history and examination with associated specific questions on the imaging referral can be of significant use to the radiologist who is looking at an image without the background knowledge that we hold and I think it is easy to forget this. I certainly have changed my practice and now try to include as much information as possible that I feel will be of use to the radiologist.

Doctor Dr Alethea Beck at the Cavendish Conference Centre, London

During the day we looked at the use of Ultrasound imaging, MRI imaging and CT imaging for various sporting injuries and I learnt a great deal about reading MRI images from these and have taken this into my daily work and continue to improve. On a number of occasions I have been travelling with squads on tour and been required to get an x-ray or MRI done in the country we were in and I have found the use of my image interpretation skills invaluable on occasions such as these when reporting is often not immediately available.

The last presentation of the day related to guided injection therapy. A great presentation about what is available but again no clear consensus about what is necessarily the best treatment especially when it comes to the elusive tendinopathy.

It was fantastic engaging with other colleagues in a different field of medicine whom I regularly refer to. I think the take home message is from speaking to many radiologists over coffee and lunch breaks is that communication is key. Go out, meet your local radiologist and introduce yourself. They really were a very pleasant and knowledgeable bunch of people whom I hope I will get the chance to interact with more in the future as I feel as an SEM practitioner branching out into this area I still have many lessons to learn.

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