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The BASEM External Meeting Sponsorship Award 2017

THE FUTURE OF FOOTBALL MEDICINE:

Camp Nou, Barcelona, 13th-15th May 2017

'1 PLACE, 3 DAYS, 6 ROOMS, 27 HOURS'

Dr Speers and Dr Seth

In early May the Camp Nou in Barcelona was host to one of the world's largest sports science and medicine conferences with over 2,500 delegates from over 90 countries and almost 200 speakers. *'The future of Football Medicine'* conference brought together a host of the worlds leading clinicians and academics in football and musculoskeletal medicine.

Flying to Barcelona and staying in the heart of Barcelona in the shadow of the world famous Camp Nou Stadium set the scene for a fantastic weekend. The conference definitely didn't disappoint; surely there is no better place to learn about football medicine than the *'Tribuna'* lecture theatre set within the Tribuna terrace itself. Added to this was the opportunity to explore one of Europe's great cities, with its unique blend of Catalan culture we enjoyed a stroll on Las Ramblas and evening paella on the sunny waterfront.

Saturday morning started with an excellent clinical session on *'Managing today's common footballing injuries'* with Dr D'Hooghe speaking about the 'high ankle sprain'. This injury to the syndesmotic ligaments occurs in 1-18% of patients with an ankle sprain, with a reported incidence in football of up to 3-6%. Syndesmotic injuries often occur in the presence of other injuries and can be associated with prolonged pain and disability, with return to play times up to double that of lateral ankle ligament injuries. The mechanism of injury is one of a rapid pivot in ankle dorsiflexion with forced external rotation and pronation of the foot. Examination tests for syndesmosis injury include 'external rotation test' and the 'squeeze test', however no single test is pathogonomic for syndesmosis injury. Grading is important for management planning and prognosis. Rehabilitative treatment of stable syndesmotic injuries has shown good results, however where there is clinical or radiographic suspicion of instability consider diagnostic arthroscopy to establish if surgical stabilisation is warranted[1].

On Sunday we were treated to a thought provoking session on the controversial and divisive topic of *'The future direction of hip and groin pain injury management'*. A panel of international experts including Prof Damian Griffin, Dr Ulrike Muschaweck, Dr Per Holmich, Dr Andreas Serner gave an update on the latest research. It was agreed that the 2015 DOHA consensus agreement is important to clarify the terminology and definitions clinicians' use in groin pain.

Hip and groin injuries are a major problem in football, constituting up to 20% of all injuries[2]. Adductor-related groin injuries are the second-most common type of muscle injury in football and the most common injury in the hip and groin region, constituting 63% of all injuries to this region. Per Holmich advocated the use of the Copenhagen adductor program protocol for the treatment and rehabilitation of longstanding adductor-related groin pain. This program also has implications in the prevention of groin injuries in football[3].

In the afternoon, the world experts in tendon research, including Prof Jill Cook and Seth O'Neil discussed the research on tendon pathology. Prof Cook presented three new aetiological models describing the relation of tendon structure to pain including *'tendon cell response'*, *'collagen disruption'* and *'the inflammatory model'*. She proposes that the tenocyte may be the important in cell driven pathology and highlighted the importance

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'Tribuna' Lecture Theatre

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Waterfront Barcelona

of the interfascicular matrix (IFM) in load energy storage and load modulation[4]. Seth O'Neil focused on the aims of intervention and the associated pitfalls of rehabilitation.

He postulated that sports practitioners are currently under-loading tendons during rehabilitation, and to improve strength adaptation this can be increased to two times body weight. He recommends avoiding icing and NSAIDs during rehabilitation as these potentially reduce tendon adaptation to load.

The underlying theme of the conference was injury prevention. The FIFA 11+ is a multi-modal injury prevention program that was developed for youth and amateur football. It is designed to target a range of potential injury risk factors and on meta-analysis has been shown to reduce injury rate in all footballers by up to 39%. Given 300million people play football regularly worldwide, averaging 2 injuries each per year each, there are huge potential financial and health implications of effectively implementing this prevention program[5].

At the conference we were introduced to the *'Barcelona innovation hub'*. An ambitious collaborative project aimed at promoting sporting excellence. This collaboration with prestigious brands, universities, research centres, start-ups, entrepreneurs, students, athletes, investors, and visionaries around the world is designed to foster knowledge and innovation.

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In May 2018 the conference will return to the Camp Nou in Baracelona for *'Football Medicine Outcomes; Are We Winning?'* and we would highly recommend attending. Please do bear in mind this award if you are considering going!

Roy Hodgson

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Dr Ajai Seth
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Registrars

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