

[Editorial]

Happy New Year!

As 2014 slips away and 2015 barges in, it's a good opportunity to review where our world of sports is headed. As clinicians, many of us are associated with professional, college, and high school teams and consequently affected by the politics, environment, and social issues of these organizations. Yet our primary concern, as clinicians, is the health care of the developing, current, and former athletes, along with physically active nonathletes. Contact sports—especially football—command a major portion of many of our professional lives, so let's start there.

It's been one tough year for the NFL! Many significant questions still remain regarding head trauma and concussions. It's hard to kick back and enjoy a game on the "tube" at home or stand on the sidelines without wondering what effect that helmet-to-helmet hit that you just witnessed will have in the short and long term. While some encouraging news surfaced this year,¹ many questions remain unanswered, and more questions are surfacing. Unfortunately, because we don't have the scientifically sound answers that we need yet to make decisions about who is most susceptible to head trauma, many assume the worst, and understandably so. For many, this translates into not letting youngsters play at the junior level and below. If kids don't play and develop good blocking, tackling, and safety skills at the entry level, does that mean that they should not participate later? Are they at more or less risk by not playing in youth leagues? It's hard to counsel parents with our current depth of knowledge about kids. Furthermore, I'm concerned most about the insurance issue. With the mounting medical scientific data on repetitive head trauma, will it eventually become impossible for school systems and colleges to afford the needed insurance coverage before we have the answers that correctly address the risk? Multiple entities could be at liability risk in a worst-case scenario.

On the social front, domestic violence by NFL players dominated the news media for weeks in the summer and early fall. Clearly, professional players are role models—whether they like it or not—which would seem to necessitate a higher standard of behavior, especially for the youth that adore these gridiron heroes. Hopefully the worst has passed!

At the National Collegiate Athletic Association (NCAA) level in football, with its first National Championship playoff formula taking shape, it's difficult to comprehend how the billion dollar

business of college football slid out of control. Television now brings most games of national interest into our homes, generating a windfall of profits for college athletic departments. With the monetary bonanza, the issues and problems have multiplied, as expected. Football coaches now command the highest salaries on many college campuses—much to the dismay of their academic counterparts. Multimillion dollar football programs support most, if not all, nonrevenue sports for both men and women, enabling fair treatment of the gender issue. Collegiate athletes have decided that they want a cut of the windfall, demanding a share that may choke the amateur aspect out of college sports. With the profits skyrocketing, the pressure to gain an edge by cheating has increased. The NCAA saw this steamroller headed toward them this summer and has now sidestepped many issues by putting the athlete financial issues in the hands of the largest college conferences. Where is it all headed, you might wonder? Do college presidents know? Can they control the juggernaut? Will college alumni let them? The near future should be quite telling.

So, as we ponder these storm clouds hovering over organized sports, it's comforting as sports clinicians to review the breaks of blue skies in between the storm clouds. One of those bright spots now is the understanding and tools available for us as clinicians to take care of the physically active, young and old, athlete and nonathlete.

One of the known benefits of athletic participation is the possibility of lifelong cardiopulmonary function improvement. Not surprising, aerobic and anaerobic training in athletics improves cardiac function. Are athletes, present and former, consequently at lower risk for cardiovascular disease? Do they remain so, or do they have to keep exercising? Many of those answers are found in the article by Sorenson et al,⁴ which shows that to realize life span health benefits from sports participation, an athlete must maintain a consistent pattern of exercise after retirement from competitive sports. In other words, you can't rely on your past accomplishments to keep you healthy: it has to be an ongoing effort. A good thought to keep in mind as you complete your New Year's resolution list!

Unfortunately, many former athletes have difficulty maintaining their exercise routines because of lingering or progressing problems with joint injury. Posttraumatic osteoarthritis (OA) applies not only to motor vehicle accident

victims but also to those who have enjoyed collision or contact sports. For decades, medicines were the only nonoperative treatment, along with lifestyle modification such as weight loss. While arthroscopy has helped to some extent by improving our understanding of many injuries and their consequences, it can't alter the natural history of OA. Recent work on cell therapy for joint disorders suggests potential, at least in animal models. While it's too early to judge the clinical impact of cell therapy on OA, work is progressing.^{2,5}

For those beyond the reach of palliative nonsurgical treatment, joint arthroplasty usually offers pain relief and better function with a decreased level of activity for those of the appropriate age and clinical situation. While there has been much written on the outcomes of knee and hip arthroplasty, this information has been scarce for the shoulder joint. Recent work by Khair et al³ suggests good return to physical activity at 6 months postreplacement, while many experience an improvement in their ability to participate in sports. Great news for golfers and the general athletic population! That shoulder problem doesn't have to put an end to your active lifestyle.

So, as we finish the New Year's celebrations and ponder the status of the athletes and games that occupy much of our efforts and attention, even though storm clouds hover over many levels of athletic participation with many questions about the future, our ability to care for and understand those participating in athletic activities and their maladies continues to improve. For that reason alone, we should be thankful and pleased!

While we are giving thanks, we should thank our participating societies for their partnership and contributions, mainly the

American Medical Society for Sports Medicine (AMSSM), National Athletic Trainers' Association (NATA), and Sports Physical Therapy Section (SPTS). All have contributed immensely to the success of *Sports Health*. Along those lines, Matt Gammons was our first Associate Editor for Primary Care. He is stepping down to assume a position in the presidential line for the AMSSM. We wish to congratulate him and thank him for his hard work and many contributions! Stepping into his position is Dr Irfan Asif, from the Department of Family Medicine at the University of South Carolina Greenville. Dr Asif has already made a significant impact in Primary Care Sports Medicine, and we anxiously welcome his added input.

—Edward M. Wojtys, MD
Editor-in-Chief

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