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Sports injury prevention: a key mandate for the IOC

Arne Ljungqvist, *IOC Medical Commission Chairman*

Too many athletes end their athletic careers not because they want to, but because they have to. Injuries prevent them from continuing. Others have their careers interrupted for various periods of time for the same reason. This phenomenon is not unique to top level sport. People who are recreationally active for pleasure often suffer injuries that prevent them from participating in activities that they like. There is no question that sports-related injuries are a significant problem both for top level sport and for public health. Physical inactivity is, after all, a major cause for early development of disorders of various kinds.

Therefore, it was with great satisfaction that the IOC financially supported the 1st World Congress on Sports Injury Prevention that was organised by the Oslo Sports Trauma Research Center in Norway in 2005. And now we see the second edition of that particular congress. The programme looks even more exciting this time around and the IOC is happy to again provide financial and moral support.

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Since his election as IOC President in 2001, Dr Jacques Rogge, himself an orthopaedic surgeon, has repeatedly emphasised that the IOC Medical Commission (IOC-MC) should feel that it has a primary responsibility toward the "protection of the health of the athlete".

The IOC-MC was created in 1967 to combat the misuse of drugs in sport. With the creation of the World Anti-Doping Agency (WADA) in 1999 the IOC-MC reoriented its focus and now concentrates fully on other important sports medical matters. As a result the IOC-MC has (i) organised consensus meetings on critical sports medical issues resulting in position statements including recommendations etc, (ii) initiated research projects related to injury prevention, (iii) fostered courses in sports medicine worldwide and (iv) continued to produce books, brochures and pamphlets on sports medicine. To be able to cope with these new and increasing responsibilities, the IOC appointed Dr Lars Engebretsen as "Head of Science" at the Medical and Science Department on a part-time basis.

One new and important element of the work of the IOC-MC has been to organise the above-mentioned consensus meetings from which the sports community

receives important information and evidence-based recommendations. The catalyst for these meetings has been questions and proposals received by the IOC-MC office or initiatives taken by the IOC-MC. Since 2003, consensus meetings have been organised in such different fields as "sex reassignment", "nutrition in sport", "the female athlete triad", "training the elite child athlete", "sexual harassment and abuse", "molecular basis of connective tissue and muscle injuries", "asthma in elite athletes" and "ACL injuries in female athletes". The consensus statement from the latter is included in this issue of *BJSM* (see page 394). All of these meetings have been organised with the intention to identify the problems and their backgrounds, provide recommendations as to their early diagnosis and treatment and, most importantly, to prevent problems from arising.

Because the IOC-MC's focus is on protecting the health of athletes, we have been asked to consider taking over the responsibility for future congresses of this character. The IOC is likely to consider this favourably but a final decision has not yet been taken. Since the work of the IOC-MC is not limited to injury prevention but to prevention of any bodily harm that may be caused by sports activities, the Congress may broaden its focus to include prevention in its broadest sense. Thus, we foresee a 3rd World Congress on "prevention of sports-related injuries and disorders" under the auspices of the IOC in 2011.

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