

# The challenge of sports medicine today

## Presidential Address

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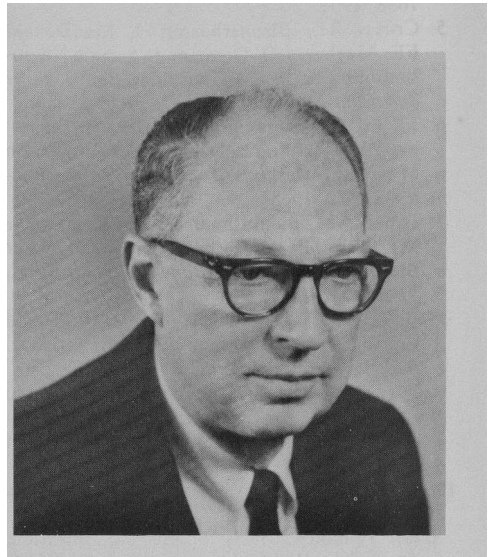
**W**e are being challenged.

In making a presentation to this group it is often difficult to determine where one should start.

Perhaps we should begin at the home level. From the onset, it is a question of education and responsibility of teachers, coaches, trainers, and others involved.

Education is continuing experience, and nowhere is there a better atmosphere for developing a sound base of operations than in the home. Life as a whole is competition. Children have fantastic competitive characteristics and will strive for achievement, spending their entire lives vying among themselves and others for the silent satisfaction of accomplishment, for a pat on the back, a prize, or a position, and, in some cases, profit of one kind or another. Children will invariably abide by the rules as they understand them, or as they are laid down and enforced; they accept victory or defeat graciously. Would that we could instill such qualities in all of us, never to have it change.

Here is, I believe, our primary challenge as educators: we must work with those concerned toward the development of character in children in the formative years. I have said over and over again that changing an old pro is next to impossible; a young pro, possible, a college age youth, probable; a high school student motivated for the best, most likely; and a child, always; providing the approach, reasoning, and understanding are there.



A child's attitudes toward healthy competition are shaped by the attitudes of the parents. Too often, parents push, prod, and, I might even say, prostitute their children into a sport beyond his or her capability. Well-intentioned parents tend to mold their children to an image of what the parent once was or hoped to be.

There are intellectual values in our educational systems and within that framework there must be moral values. More on this later. I am sorry to say that personally, and in the main, intellectual values are on the decline in our educational system, as evidenced by those who cannot spell, speak correctly, reason well, accept challenge, overcome adversity, ad infinitum.

Moral values are lost in too many in-

stances. Read the stories of the takeovers in various areas of the world. Mold the children, and in a few decades you have the people.

John Gardner stated, "Unless our philosophers and plumbers are committed to excellence, neither our pipes nor our arguments will hold water." Dare I apply this thought to our intended activities?

All of us are engaged in education, and we must look to ourselves first, to our moral commitments, to our lives and the value thereof to others, which for better or for worse will be communicated, in part at least, into the lives and attitudes of those with whom we come in contact.

It was said that if and when Branch Rickey re-wrote the Bible, he would have it lead off with, "In the *big inning* . . ." Let us look to the child. He or she needs the security of knowing he is accepted in spite of his shortcomings. When a son or daughter loses, there must be a friendly ear or a pat on the back, and neither is more desired than those of the understanding parent. These are treasured moments of communication for both parent and child. The same principles apply to coaches, trainers, administrators, physicians, and all involved.

The first challenge therefore, is, to be a part of that parent-child relationship, and, I must say, we should play this part for the sheer, silent satisfaction of having contributed to the happiness and health of the child. It may become necessary to assume the role of a guidance counselor and to channel the youth into an alternate activity, or even to persuade him to give up competitive and, in particular, contact sports.

We are challenged by the public. Too often they want nothing short of mayhem. When I hear, "Kill, Kill, Kill!" coming out of the stands, I wonder what kind of rummies, not Romans, we have in our stands. Some, if not a good share, of this attitude stems from our communications media, and I need not dwell upon TV violence, newspaper stories of sad and sordid affairs, which too often set the pattern for mimicry. Who sets the patterns?

I well recall on more than one occasion walking into a stadium when we were advised to walk through the passageway either

with the home team, or to be well-protected with helmets. Why? Because, on the overhead catwalk, parents and children alike would drop-bomb the visitors with bottles, stone-filled drinking cups, etc. At one game played in the cold, we were winning; believe it or not, we were pelted with ice-contained snowballs.

It was disturbing to read, in a sports magazine, a note on a certain player being "Young and Mean." The article concerned a young man, a football idol, who used to hang kids upside down in a tree and who once punched a nun in school. The article went on to say that he really isn't as mean as he sounds, because "...the nun hit him first." This type of attitude must be flushed out of sports. Why should winners or losers be the targets of obscenities, debris, and garbage? Too often grownups set the patterns, and children follow. Is this another area of challenge, where we may exert influence? Some will say no, but I happen to believe otherwise.

The public and its governing bodies seek safeguards and standards; it must first be accepted that there is risk in everything, hence any safeguard is relative, and standards cannot possibly be established. Guidelines, yes, and these may include recommendations for rules and regulations, physical examinations, conditioning, nutrition and fluids, clothing, equipment, etc.

Another area of challenge is the establishment of an acceptable uniform reporting system. It is true that many cases never reach an emergency room or physician's office. If we are to express the incidence, treatment, and results of a broader-based survey, we must necessarily come up with a simpler yet efficient recording, analyzing, and storing system. Within our own activities this has been given a great deal of thought and effort to permit better followup care.

Perhaps the greatest challenge of all, today, is to get across to people that the so-called "drugs" used in sports activities have *absolutely no justifiable role in athletics*, for they dim perception and judgment, and dull skilled performance. We must go back to the question of our moral values. I know of college and professional teams,

excellent performers, whose members receive injections of B-12 before game time. These are given by physicians and trainers, and condoned by the coaches. Would these same people give these injections to their own sons or daughters? True, some demand it because they know others are taking it, and those in the demand column fear that the "other guy" is being given an unfair advantage. *Is this practice morally right?* When the irrefutable statement is made that there is no sound medical value in this practice, and the player who is given it is made aware of this fact, does it not establish a question of doubt as to the integrity of the promoters of the practice?

Have I ever given amphetamines? Yes! Many years ago. However, I soon learned that a "high" is just that, and though the player may think he was great, his skill was not enhanced. Long before amphetamines were forbidden to truck drivers, the verdict was in, and the practice is to be condemned.

Stimulants, depressants, strength- and muscle-building steroids, diuretics, strong pain-killers, all have been found to be of no value in sports. Given in significant doses they have a deleterious effect upon the human body, which could be long-lasting. In summary, there is no substitute for *work*.

As for the hard drugs, one should remember that there were more deaths resulting from them in 1972 than from the war in Vietnam.

We must not turn a deaf ear or an unseeing eye away from this practice. There are many things we must stand tall for and not be caught in the middle. When I say "we" I mean all medical, paramedical, management, player, and coaching personnel. Personally I am a bit ashamed of some people, and disgusted with their hypocrisy.

There are only two essentials which make for a man, and they are *integrity* and *ability*. Ability is what you have in your head or at the ends of your fingers and may communicate and pass on to others, serving in your role as an educator. The question of integrity involves truthfulness, honesty, morality, and many other allied characteristics.

Shall we call our next problem a challenge, a pet peeve, or an unwelcome state of affairs?

I refer to the professional judgments and decisions being printed or aired by people both within and outside of the profession, seemingly for personal aggrandizement, journalistic humor, or even "scoops."

At the 15th National Conference on the Medical Aspects of Sports at the A.M.A. Convention in Anaheim, a TV sports announcer stated that it would be

"...foolish to say there is no drug abuse problem in the game. There are 1500 players, and some get involved with drugs. But what I have seen more and more in the last couple of years is less and less use of drugs."

He attributed the decline to strict policing by the National Football League, and to education. "Team physicians are getting the point across to the players that they are not helping themselves by using drugs," he added.

The next reported paragraph stated that (and I would add that I heard this, then later challenged it when I had the opportunity) one thing he was bothered by is the amount of surgery involving players. "I don't intend to tell you your business," he told the physicians, "but so much surgery is performed, and almost immediately, that I wonder about it." Needless to say, we had quite a discussion about that point. He also stated, and I believe this fits into the thinking, that, "The doctor has the responsibility, not only of patching kids up, but in building them up."

"It was the doctor's way of vicariously participating," said Gary Shaw, whose book *Meat on the Hoof* exposed alleged brutal sidelights of football at the University of Texas.

"They [physicians] had the same mentality as the coaches as far as people's injuries were concerned. One of them told my roommate when he went to see him, 'Look, you and I know you're hurt, but you know coach (Darell) Royal likes you to play when you're hurt.' And so his advice was to go out there and play. If they could show they were kind of tough-minded with us, well it was somehow showing that they were tough-minded themselves."

In that same newspaper article, a physician stated, "It depends on why you're a team physician,—to help, or because it's a

neat job,—whether they want you, or you want them. It's a pretty neat thing to be a team doctor, and the idol-worshippers tend to bend themselves a little bit."

He added, "There's a great economic gain to people who do this. Everybody turns to them. People will say, 'If the football team uses him, he's got to be the best there is.'"

Another statement one could take exception to was that attributed to an article by the same author the following day in the same newspaper, when he was referring to a statement made by a head athletic trainer at a university, who was reportedly quoted in an issue of the *Wall Street Journal* that, "What most people don't realize is that we never get an individual well during the season. What we do is get him back to activity." I would most certainly disagree with this statement, because there are many times that individuals go back during the same season, and at full capacity, and without clinical evidence of a residual disability.

Sports announcers are praising the abilities and accomplishments of doctors across the country. Doctors are writing and interviewing for the lay press, expressing opinions, patients unseen, on treatments as well as prognoses. Others are holding themselves up as experts in the area of sports medicine. I well recall listening to and viewing a small segment of a football game when the comment was made by an announcer to the effect that so-and-so wasn't running well that day because of the gout, and he followed this with a statement to the effect that, "Imagine having gout at such a young age; pretty high living!"

We must avoid commenting on a player's problem, for it is felt that the same confidentiality and privileged communication relationship should exist between a sick or injured player, as it does in the private practice of medicine.

Approaching the end of my required

address, I must call to your attention the amount of sports-oriented controls and mandates being prepared in Congress.

Congressman James G. O'Hara did, in my opinion, cover the subject very well. It has been reliably stated that there are over 800 bills, amendments, riders and the like, dealing either directly or tangentially, with sports medicine.

A major challenge I should like the Society to think about is the preparation of a slide-textbook-syllabus combination for sports, much like the A.A.O.S. Committee on Injuries put together on "Emergency Medical Care."

We have many broad challenges. Another is how the Association shall fit into the overall scheme of operation and cooperation with all organizations within our country, as well as outside, to make sports-oriented activities available and good for people of all ages and desires.

The value of athletic involvement is inestimable. The athlete is a competitor, constantly striving to improve, maintaining good health through conditioning and clean living, while learning to accept wins and losses graciously, as he increases his understanding of other people.

In conclusion, it may be said that we should pause long enough, to work hard enough, to see where we have been and what the problems were, and what was wrong with where we were; where we are now, and examine this in an effort to determine where we are going, and how we shall get there; what may be the obstacles in our paths, and what are the alternatives.

Thank you for the privilege of working with you toward attaining the objectives stated in the first substantive paragraph of the By-Laws of the American Orthopaedic Society for Sports Medicine.

God bless each and every one of you, our friends and, yes, our enemies.