

# South Africa 2018: Mandela's memory and presidential prototypes for exercise interventions and implementation

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"Even (in prison) on Robben island, I attempted to follow my old boxing routine of doing roadwork and muscle-building... On Monday through Thursday, I would do stationary running in my cell in the morning for up to forty-five minutes. I would also perform one hundred fingertip push-ups, two hundred sit-ups, fifty deep knee-bends, and various other calisthenics." Nelson Mandela: Long Walk to Freedom, 1994<sup>1</sup>

This year South African icon Nelson Mandela would have turned a hundred. International Nelson Mandela Day, a tribute to the icon's attributes, is on 18 July. Mandela was a great advocate of exercise as part of a holistic approach to life and maintained a regular exercise routine from his days as a student, during his time in prison, throughout his political career and into retirement. As the inset on the cover of this SASMA edition illustrates, Mandela had a passion for boxing. 'I did not enjoy the violence of boxing so much as the science of it.'<sup>1</sup> Along with the commemorative lectures, coins and celebrations planned in 2018,<sup>2</sup> we should also be inspired by Mandela the athlete.

South Africa's newly inaugurated president, Cyril Ramaphosa, has picked up on the exercise theme. He has encouraged the public to join him on his morning walks setting Twitter abuzz with the hashtag #TummyMustFall earning himself the nickname "Runner-phosa".<sup>3</sup>

With all these active South Africans pouring onto the streets and into parks, the sports medicine community had better be equipped to dispense appropriate advice. Hopefully this edition of *BJSM* will assist as we explore a theme of 'Implementation: what really works in clinical practice?'

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## Painful patellas...

Walkers, runners and even boxers are likely to succumb at some stage to patellofemoral pain which accounts for 25% of knee injuries.<sup>4</sup> In separate papers, Michael Callaghan (*see page 625*) and Rathleff *et al* (*see page 623*) cite the paper by Esculier *et al* (*see page 660*) exploring the themes of exercise rehabilitation, gait training and education as combinations in treating this often enigmatic condition. A consistent theme of education as a key intervention remains. Rathleff's paper includes a number of potential educational interventions, highlighting serial clinician involvement as a being significant in the education process.

While on the subject of knees, if you were ever in doubt as to whether football increased the wear in these joints, Fernandes *et al* (*see page 678*) provide the answer: ex-footballers have 2–3 times the incidence of pain, degenerative disease and knee replacements. They'd do well to read Zeng *et al*'s paper on the efficacy of topical anti-inflammatories in osteoarthritis (*see page 643*).

## ...and hamstring hassles

Young PhD researcher Nick van der Horst defines return-to-play after hamstring injury and lists the important inclusion criteria in making a RTP decision (*see page 685*). No, it's not a normal MRI scan. Read on...

Still on the theme of muscle injuries Büttner *et al* revisit the concept of a muscle injury registry and present an (African-inspired?) 'Big Five' of consensus considerations (*see page 630*).

Tendinopathy management is an area regularly featured in *BJSM*. The themes of beneficial tissue loading and resultant changes from mechanotransduction are consistent, but Rio and Docking remind us that exercising an injured tendon has more benefits than just changes to local tissue structure (*see page 622*). Central nervous system changes and structural muscle adaptations may be equally important and occur much earlier in the process.

**Berlin concussion: consistent implementation across sporting codes**

Martin Raftery, CMO of World Rugby deserves credit for initiating a meeting of medical representatives across contact and collision sporting codes in Dublin, August 2017. The 'concussion implementation' paper in this edition summarises eight key areas of discussion between codes and provides a 'best practice' guide to implementing the Berlin consensus guidelines (*see page 636*). Perhaps Mandela would be disappointed that boxing is not represented among the 11 international sports associations. Certainly FIFA, as one of the world's most influential sports governing bodies, is conspicuous by its absence from the paper.

## Being inspired by presidential examples

Mandela brought out the humanity in all of us (revisit South African @DrPaulDijkstra's blog 'What if Nelson Mandela was a sports medicine physician?').<sup>5</sup> Cyril Ramaphosa has given daily exercise presidential endorsement as he emulates the great man. An informed human touch will always trump a stencilled and mechanical approach to medicine. The excellent papers in this edition remind us of the importance of human clinical intervention in identifying and managing a range of exercise-related conditions using an evidence-based, education-inspired and clinician-communicated approach that is optimal for athlete patient care. In the South Africa of 2018, we are inspired by our memories and motivated by positive example.

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- 4 Taunton JE, Ryan MB, Clement DB, *et al*. A retrospective case-control analysis of 2002 running injuries. *Br J Sports Med* 2002;36:95–101.
- 5 Guest Blog: What if Nelson Mandela was a Sports Medicine Physician? by @DrPaulDijkstra. *Br J Sports Med* <http://blogs.bmj.com/bjsm/2013/12/07/guest-blog-what-if-nelson-mandela-was-a-sports-medicine-physician-by-drpauldijkstra/>