Monaco 2011: IOC commitment moves injury prevention to centre stage
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In June 2008, the International Olympic Committee (IOC) Medical Commission Chairman, Professor Arne Ljungqvist, wrote a BJSM editorial related to the 2nd World Congress on Sports Injury Prevention.¹ In this, he announced their intentions to organise a 3rd World Congress on ‘prevention of sports-related injuries and disorders’ under the auspices of the IOC in 2011. This is now reality. The IOC World Conference on Prevention of Injury and Illness in Sport takes place in Monaco, 7–9 April 2011, and in this issue you can enjoy the conference abstracts (see page 310).

The inaugural World Congress on Sports Injury Prevention was organised by the Oslo Sports Trauma Research Centre at the Holmenkollen Park Hotel in Oslo, Norway, in June 2005. During three beautiful midsummer days, more than 500 delegates gathered for the first time to focus on how sports injuries may be prevented. This was a hallmark event, signifying a significant shift in interest from a treatment focus towards prevention.

Three years later the second congress attracted over 700 participants from 55 counties, this time in Tromsø, Norway. Although the weather well above the Arctic Circle was somewhat cooler, the second congress followed the successful format of the first, with a multidisciplinary perspective on sports injury prevention. The congress had been firmly established as a venue for scientists and practitioners to share new research and discuss the potential for prevention across injury types and sports.

Nevertheless, there are many reasons why we should be delighted that the congress has now progressed from being a local initiative by the Oslo group to becoming a major undertaking lead by the IOC.

First, since his election as IOC President in 2001, Dr Jacques Rogge, himself an orthopaedic surgeon, has repeatedly emphasised that the main objective of the IOC Medical Commission is the ‘protection of the health of the athlete’. This is has resulted in a number of initiatives. One is in your hands right now, if you are reading the print version of the BJSM. Through the support of the IOC, BJSM has been able to add four annual injury prevention and health protection (IPHP) issues, dedicated to papers related to the protection of the health of amateur and professional athletes. These themed issues are becoming a must-read for anyone who wants to stay on top of this area. And the IOC support is not only financial; the BJSM Editor-in-chief, Karim Khan, can also rely on the IPHP editors Professor Lars Engebretsen, Head of IOC Scientific Activities, and his assistant Dr Kathrin Steffen.

Second, the vision of the IOC Medical Commission chairman is reflected in the congress programme itself. As the work of the IOC Medical Commission is not limited to sports injuries, Professor Ljunqvist recognised that the congress should broaden its focus to include prevention of any bodily harm that may be caused by sports activities.² Consequently, the programme for Monaco also includes keynote lectures, symposia, workshops and abstract presentations by world leaders on key issues, such as the female athlete triad, respiratory health, sudden cardiac death, exercise-induced hyponatraemia, infections in athletes and many others.

Third, in 2009 the IOC announced its intention to establish a network of IOC Research Centres for Prevention of Injury and Protection of Athlete Health. A total of four out of 36 research centres in the competition—from Cape Town, Melbourne, Calgary and Oslo—received an IOC grant of CHF 100 000 per year for 4 years to stimulate further research and collaboration.

Nevertheless, perhaps the most significant benefit from the various IOC initiatives will result from the umbrella position the organisation enjoys in the somewhat complicated worlds of sports and medicine. Although there are certainly health problems that are specific to a particular sport, many injuries are common across many sports. The IOC is uniquely positioned to bring all international federations to the table to develop and implement various measures to make sport safer. This process is already well under way, and in April the IOC Medical Commission will again convene the International Federation Medical Commission presidents to share their experiences across the different sports. Some international federations have already made significant

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Figure 1 Randomised controlled trials in sports injury prevention 2000–10. The following search strategy was used in PubMed (‘athletic injuries’[MeSH Terms] OR ‘athletic’[All Fields] AND ‘injuries’[All Fields]) OR ‘athletic injuries’[All Fields]) AND (‘prevention and control’[Subheading] OR ‘prevention’[All Fields] AND ‘control’[All Fields]) OR ‘prevention and control’[All Fields] OR ‘prevention’[All Fields]) AND (Clinical Trial[ptyp] OR Randomized Controlled Trial[ptyp])

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progress. Among them, as reflected in the programme for Monaco, the international football federation, FIFA, is clearly the leader of the pack.

The programme for the IOC World Conference on Prevention of Injury and Illness in Sport not only focuses on a number of different sports, but also has a clear multidisciplinary perspective. The speakers include biomechanists, cardiologists, physical therapists, orthopaedic surgeons, physiologists, dentists, sports physicians, athletic trainers and several other specialist groups. Prevention is not ‘owned’ by any of these. At the same time prevention is only one of many topics that needs to be covered at the various national, continental and international specialty meetings held each year. Again, the IOC is uniquely placed to bring the many specialist groups to the table, through its many formal and informal relations with each of the groups involved in providing care for the Olympic and Paralympic athletes. The 2011 congress is an important milestone, with the potential to form a unique coalition of organisations from sports and from medicine together in an effort towards safer sport.

As the 2011 prevention conference is approaching fast, a timely question is how does research in this area fare? One goal of the prevention conferences is to stimulate research. Last year, Yoon and Knobloch reviewed the 154 abstracts from the 2005 Oslo congress and the 186 abstracts from the 2008 Tromsø congress against the CONSORT/STROBE criteria and found that while the percentage of randomised controlled trials published remained unchanged, there was an improvement in reporting quality from 2005 to 2008. The volume of research continues to increase; a total of 210 abstracts has been accepted for the 2011 Monaco conference. Whether research quality is also increasing is difficult to judge. However, as can be seen in figure 1, although the number of randomised controlled trials in sports injury prevention increased from the turn of the century, we seem to have reached a peak in 2008 and there appears to have been a recent decline. This simple count of Medline numbers should of course be interpreted with caution, as a number of important papers would not be included, such as those coming from the considerable number of ongoing cohort studies. Even so, it is clear that research into the prevention of injuries and other health problems associated with sports is a young and emerging field. There is much more work to be done. A coalition of organisations from sports and from medicine is needed, if we are to succeed.

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