

to the limitations in endurance activities in patients with JDM.

Controlled physical exercises in patients with inflammatory myopathy have been reported to be safe. These may include stationary cycling, step aerobics, walking, and strength exercises for weak muscles, along with prompt warming, cool down, and stretching exercises.^{5,6} Besides considerably improving muscle strength,^{6,7} these regimens have been found to increase aerobic capacity and daily physical functions of patients with JDM, without any adverse effects on the disease activity, when compared with sedentary controls.⁵⁻⁸ However, as eccentric contractions are more closely associated with muscle damage and greater efflux of muscle enzymes into the circulation, training that consists of mainly concentric-type exercises is recommended for these patients.⁶

In this adolescent patient with JDM, we emphasise the positive effect of sport even though it used to be feared that exercise could aggravate muscle inflammation. Although highlighting the role of timely exercise regimens in rehabilitation programmes, we draw attention to the necessity for medical supervision. Doctors should be alert to any complications from underlying musculoskeletal pathologies such as myopathy and decreased bone mineral density in these patients.

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Sports trainers have accurate but incomplete recall of injury details

The importance of preventing head/neck injuries in Australian football is well recognised but accurate data are required. In large

scale epidemiological studies, the collection of reliable data at many different locations at once is difficult. Different strategies have been used to collect injury data, including self report surveys, injury recall reports from the treatment/first aid providers, and on site primary data collectors (PDCs). We wanted to assess the accuracy of a two week injury recall by treatment/first aid providers, compared with injuries reported on site at the football field on the same day.

We monitored head/neck/dental injury in community Australian football during the 2001 playing season. At each game and training session, PDCs (usually the team sports trainers) from nine clubs recorded the body region, nature, and treatment of injury on a standardised data collection form. A phone call was also made to the PDC within two weeks of the injury to confirm the injury details. Twenty nine head/neck/dental injury cases were recorded. The on site injury records were matched with the telephone information to calculate the level of agreement (% agreement).

In all cases, there was only missing or very non-specific information for the data collected by phone (35% of body region details, 35% nature of injury, and 14% of treatment details were incomplete). For cases with full data at both data collection points, there was 95% agreement for both the body region and nature of injury and 96% for the treatment received.

The high level of incomplete data at follow up is probably due to the PDC's poor recall, as there was some time lapse between injury and audit. PDCs were volunteers without a medical background, but they did have a good recall of the treatment that was provided on site. Often the original data form was the only injury record, so asking PDCs to recall information for the audit may have been difficult if they could not remember the original injury details.

This study shows that to collect complete and accurate information from sports trainers, data should be collected on site and not rely on their accurate recall. From the perspective of injury prevention and sports safety, the clubs acknowledged that they did not keep good medical records for each of their players, which was something that they wanted to develop for future football seasons.

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BOOK REVIEWS

Physical activity for patients: an exercise prescription

Edited by A Young, M Harries. London: Royal College of Physicians, 2001, £15.00, pp 159. softcover. ISBN 1860161286

This informative book addresses an important contemporary issue. It focuses on the prescription of exercise, a concept stimulated by the 1996 announcement by the US Surgeon General, of the benefits of regular physical activity to the community at large. A geriatrician and a respiratory physician are joint clinical editors of this publication with its genesis in a conference held at the Royal College of Physicians in 2000. It attracted a group of clinicians, researchers, and health-care providers to address the positive influence of exercise on a range of common clinical conditions.

The first few chapters provide evidence based arguments for the benefits of physical activity in osteoarthritis, chronic heart failure, obesity management, diabetes, the preservation of health in old age, and in injury rehabilitation. Following this section is a group of papers that offer sound guidelines for the delivery of exercise to specific groups including children, the disabled, the chronically fatigued, and the vulnerable aged population.

If asked to choose the two most valuable contributions in this book, I would unhesitatingly highlight the sections on prescribing exercise for preadolescents and establishing a basis for the training of exercise practitioners. Several authors make particularly relevant comments on the implementation of programmes of physical activity through a consistent standard of training, combined with frequent monitoring of exercise prescribers. Accredited providers demand a consistent standard of undergraduate education in sound clinical principals taught by recognised tertiary institutions. The weekend certification of the "fitness instructor" must be discouraged and replaced by a professional course under the aegis of a national educational accreditation system. Graduates from acknowledged tertiary courses in health sciences would seem most appropriately qualified to work in this area. A robust professional agency of oversight must set standards of competency, ethical behaviour, and clinical practice. The continuing maintenance of professional standards and collaboration with other healthcare professional groups are additional requisites. For exercise prescription to have impact there must be a process of delivery that meets the needs of practitioners and ensures safety and efficacy for patients. This is neither the sole preserve of the physiotherapy profession nor the singular domain of the physical educator.

This book provides a welcome addition to the library of those clinicians with an interest in exercise prescription. It offers informed statements on the clinical benefits of an active lifestyle and describes treatment protocols highlighting the benefit of combining physical therapy with medical and pharmacological agents. Examples include the contemporary management of asthma, diabetes, and certain forms of cancer that routinely include exercise prescription. Many psychological disorders are also often managed in a similarly active milieu.

This book underscores the need for well trained, accredited health professionals. I recommend this publication by the College of Physicians and congratulate the editors for reminding us how important exercise is to our increasingly more sedentary mechanised society.