

Introduction

The emergence of new recreational—and increasingly competitive—sports such as roller blading, snowboarding, and skateboarding; the emphasis on children to become athletic; and the mounting evidence that regular physical activity is crucial to maintaining good health are all contributing to increased sports participation by persons of all ages. Children are involved in organized sports activities such as soccer and basketball at an earlier age and recent advertisements show senior citizens playing sports that were once reserved for their youthful days. With this increased emphasis on sports participation, sports injuries are on the rise.

Given these dramatic changes, primary care physicians can expect to see increasing numbers of their patients presenting for evaluation of musculoskeletal injury. Physicians can also expect patients to seek advice on how they may safely begin an exercise program and the health benefits of doing so.

This issue of *clinical CORNERSTONE*[®] addresses the broad interdisciplinary specialty of sports medicine. A distinguished group of authors has been recruited to provide insight into some of the more common issues the practicing clinician may encounter in the primary care setting.

In the first article “Exercise and Heart Disease,” I discuss the role of exercise in the prevention of coronary artery disease (CAD). While a significant number of our patients are physically active, a larger majority are not and this places them at risk for the development of CAD. I review the epidemiologic data that support the notion that moderate physical activity performed for 30 minutes most days of the week can significantly reduce the risk of developing atherosclerotic disease.

John A. Lombardo, MD, and Stephen K. Badolato, MD, discuss the history of the preparticipation physical examination (PPE) and its current role in

determining the readiness of athletes to participate in competitive sports. Although the pros and cons of the PPE are hotly debated, medical organizations such as the American Academy of Family Physicians and the American Academy of Pediatrics endorse the notion of preparticipation screening for athletes prior to engaging in sports activities.

In their article, Kurt P. Spindler, MD, Thomas T. Dovan, MD, and Eric C. McCarty, MD, provide a conceptual framework for the assessment and management of the painful shoulder. The shoulder can easily sustain injury through sports activities and overuse. The algorithm presented provides the clinician with a stepwise approach to assess shoulder pain and provides the basis for diagnosis and rehabilitation.

In “The Sprained Ankle,” I review the functional anatomy of the ankle and discuss the importance of the history and physical examination in the evaluation of the most commonly encountered sports injury. Distinguishing a sprained ankle from some of the more serious conditions that can mimic this injury is critical to avoid significant morbidity.

Gary A. Green, MD, explores the history of the development of nonsteroidal anti-inflammatory drugs (NSAIDs) and their efficacy in treating injuries. Although NSAIDs can be quite effective in managing a wide variety of musculoskeletal complaints, their role in managing acute injuries remains a matter of debate. However, Dr. Green makes it clear that continuing research into NSAIDs promises the development of newer and safer anti-inflammatory drugs.

On behalf of the authors, welcome to a small sampling from the world of sports medicine. We hope you enjoy the articles and that your clinical practice benefits from the information we have provided.

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