

# Exercise Medicine Typically Formulate Treatment Plans

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## Introduction

When asked which specialists were primarily responsible for teaching sport and exercise medicine, an accident and emergency consultant, general practitioner, orthopaedic surgeon, and rheumatologist were each cited once and a sport and exercise medicine consultant was cited on three occasions. Non-clinicians identified included a lecturer in anatomy, an exercise physiologist, and a biochemist [1]. We were also interested to record that formal sport and exercise medicine assessment took place in medical schools in a variety of formats. Respondents were asked about other opportunities for students to obtain further teaching in sport and exercise medicine. Of those who responded, two universities covered an intercalated degree in sport and exercise medicine, would allow students to undertake an elective in sport and exercise medicine, and seven stated that there was an opportunity for interested students to attend additional sport and exercise medicine clinics [2]. Only two stated that their university had ever awarded a higher research degree to a medical doctor in this discipline. Those universities that did not currently teach sport and exercise medicine were asked if they intended to introduce undergraduate teaching in sport and exercise medicine within the next five years [3]. Five medical schools replied in the affirmative and nine replied that they did not intend to introduce teaching. The most important barriers to the introduction of undergraduate teaching in sport and exercise medicine were no space in the current curriculum, there is enough sport and exercise medicine taught informally during normal teaching, or no-one qualified to teach sport and exercise medicine in the university. Sport and exercise medicine is a relatively new discipline, which has not yet achieved formal recognition as a specialty [4]. According to the findings of this single study, it is taught either formally or informally in 13 of the 28 medical schools who replied to our questionnaire [5]. A further five intend to introduce teaching within the next five years. There is considerable optimism that the Intercollegiate Academic Board will promote specialty recognition, and if, in five years of time, two thirds of medical schools include sport and exercise medicine in undergraduate education, the future is bright [6]. It is also interesting to note that almost all those who teach the discipline have some form of assessment, which may be interpreted as a further sign that it is taken seriously. Medical students would prefer more exposure to sport and exercise medicine, applaud recent developments, and even suggest compulsory sports medicine education [7]. General practitioners think likewise, and, in a recent survey, 72% felt inadequately trained to practice sport and exercise medicine, 76% would welcome more training, and 36% felt that their undergraduate orthopaedic training was of no value in primary care [8]. The Intercollegiate Academic Board of Sport and Exercise Medicine hopes that the development of postgraduate training programmes in sport and exercise medicine will encourage universities to recognise the value of teaching special study modules and electives in the discipline [9]. Sport and exercise medicine is a multidisciplinary specialty, which has the potential to provide a medical student with valuable learning opportunities at various stages of his/her training. With particular interest in the health benefits of exercise, there are important public health implications. One could argue strongly that sport and exercise medicine is well placed to meet the recommendations of the GMC for the medical curriculum and that it should become an

integral part of the curriculum in all medical schools [10]. It is difficult to know who should be teaching it at present, and this is reflected in the variety of doctors identified as responsible for teaching.

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## Conflict of Interest

None

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