

## **ELECTIVE (SSC5a) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

During my elective I saw many sports medicine presentations and musculoskeletal presentations in the outpatient department of Mater Dei Hospital (MDH) in Malta. In Malta the main sports are football, rugby union, watersports including those by tourists, motorsports and bocce (Wood, 2014a). I saw professional athletes during my elective, including footballers, boxers, basketball players and endurance runners. In Malta, runners also must battle illness from the heat as well as knee and hip problems from the impact of running. In the UK, the main sports are football, cricket, netball, rugby union/league and hockey which is like those in Malta, but the UK has less emphasis on watersports (Wood, 2014b). I saw patients with plantar fasciitis, medial and lateral epicondylitis, rotator cuff tears, acromioclavicular joint impingement, scoliosis, IT syndrome, greater trochanteric bursitis, back pain, shoulder dislocations, trigger finger, cervical spine degeneration, osteopenia and osteoarthritis of multiple joints. Many of these conditions I have seen in my musculoskeletal placement at The Royal London and in GP so there are many similarities in the presentations of sports medicine conditions in the UK and Malta. I had 2 consultants in Malta who both worked at MDH and privately for sports teams and the military. At MDH they saw soft tissue injuries referred by the orthopedic team, as well as sports medicine presentations. This is another reason why the common presentations I saw in Malta was similar to those during my musculoskeletal placement. I feel if I shadowed my consultants outside the hospital, during their private work, I would have seen more specific sports medicine injuries that are common in the popular Maltese sports, including watersports.

I found it interesting to experience a healthcare system of another country. The healthcare systems of Malta and the UK are similar in that it is publicly funded through taxes. However, the size of the island of Malta and the population is much smaller than the UK and there is just 1 main hospital, MDH, on Malta which provides care across Malta, Gozo and Comino, the nearby islands. To provide outpatient facilities there are multiple health centres, but any specialist care is provided at MDH. In the UK, this is similar to our tertiary centres for specialist care and then district general hospitals for general care. In Malta, everyone has an ID number, like an NHS number, which easily identifies patients. All Maltese people know their ID number, and this is used to access all their medical information. In the UK, despite patients having an NHS number, you are unable to access medical information from different locations such as care in different trusts. In Malta, this means all scans and appointments from any healthcare centre or at MDH, is visible to the respective areas. Malta is a small island and many patients and staff know each other which I have not experienced in UK hospitals. The waiting time from referral to the consultation was about 3-6 months which is similar to the UK, but these times have been less impacted by COVID-19 in Malta. During my musculoskeletal placement at The Royal London there were patients waiting over a year to see a consultant due to COVID-19. In addition, in Malta, instead of being referred to the physiotherapy via the GP, there was a physiotherapist in clinic to provide basic exercises prior to being seen in clinic later. Throughout the hospital the COVID-19 protocols were similar to the UK but Malta changed its rules regarding public mask wearing outside healthcare much later than the UK with rules changing in May 2022.

I found it interesting knowing about the medical school system in Malta with Maltese and EU students studying for free at the University of Malta. The elective program in Malta had many medical students from many nationalities and through talking with other students I learnt about the healthcare systems of

Italy and Austria. For example, in Austria the healthcare system is like the UK in that it is publicly funded. However, if you attend the A&E department in Austria and it is deemed that the medical condition could have been seen by a GP, patients would be charged for the A&E attendance which is an interesting system that could prevent inappropriate A&E presentations.

In Malta there are fewer public health initiatives to encourage physical activity compared to the UK (WHO, 2018a; WHO 2018b). In addition, obesity is more prevalent in Malta compared to the UK with 30.11% and 27.88% of male adults being obese in 2016, respectively (World Obesity, 2021). In Malta, 36% of adults aged 18-64 have sufficient physical activity levels compared to 67% in England (WHO, 2018a; WHO, 2018b). In Malta they have a school initiative to encourage primary and secondary school children to take part in 2 hours of sport a week (WHO, 2018a). Additionally, they have an initiative called Schools OnTheMove which promotes physical activity sessions for children under 16 on Saturday mornings (WHO, 2018a). However, in the UK there are multiple sports initiatives such as: This Girl Can, Everybody active everyday, the active aging fund and cycle to work, as well as others (WHO, 2018b). In addition to this, there is the same recommendation for school children to have 2 hours of physical education a week (WHO, 2018b). One thing I noticed when walking to and from the hospital was that I passed 2 park gyms where there is outdoor exercise equipment to encourage physical activity. During my walks I occasionally saw people using the equipment but it was never busy. Therefore, with the levels of obesity in both the UK and Malta, public health initiatives need to go further with Malta requiring a bigger improvement in exercise levels. The sports medicine consultants frequently prescribed physiotherapy and exercises for patients as the best way to help soft tissue and joint issues.

My elective in sports medicine in Malta allowed me to explore sports medicine as a career option and understand the daily life of a sports medicine doctor. During my elective I observed different doctors take musculoskeletal histories and was able to practice these myself. I was able to perform musculoskeletal examinations of various joints and be directly observed by the consultant. I was given tips of how to make my examinations easier and apply the findings to specific diagnoses. For example, using scars from arthroscopy procedures to feel for the joint line when the knee is flexed at 90 degrees, how to do a modified lachmans test in tall patients and how to expose the greater trochanter. I feel much more confident performing musculoskeletal examinations. During the elective I gained experience of shock wave therapy and I was able to perform this on all the patients in the clinic. This involved me carrying out joint examinations and then applying the shockwave therapy in problem areas. During the shockwave clinics I had the privilege of treating professional athletes which is an experience I will never forget. In every clinic I was able to look at a range of scans, including MRIs, CTs, X-rays and ultrasounds. The doctors would test me on these and would explain the findings. I feel much more confident looking at scans which will be great for FY1.

#### References:

Wood, R. (2014a). Sport in Malta. [Online]. Topend Sports Website. Last updated: 2014. Available at: <https://www.topendsports.com/world/countries/malta.htm> [Accessed 13 May 2022].

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