

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**At the Sports and Exercise Medicine Clinic and National Track and Field Centre Sports Medicine Clinic of S.E.G.A.S., I had the privilege of being able to observe a variety of doctors, including specialist sports medicine physicians, orthopaedic surgeons and physiotherapists. Of those attending the Sports and Exercise Medicine clinic, approximately 60% were those without an elite sporting background. The remaining 40% were composed of recreational and elite athletes. All the patients seen at the National Track and Field Centre, Sports Medicine Clinic of S.E.G.A.S. were elite Greek athletes.**

In Greece, it was rare to see co-morbidities and non-communicable diseases such as obesity, hypertension, coronary artery disease, diabetes mellitus, osteoarthritis and the metabolic syndrome in addition to sporting injuries. Common presentations were of acute and chronic muscular, ligamentous and tendinous pathologies and osteoarthritis. The musculoskeletal problems experienced by the non-athletic population were often not related to sporting activity at all. Of those musculoskeletal ailments linked to sport, many were principally due to lack of conditioning or lack of knowledge of correct techniques to execute and practice a certain sport efficiently and effectively. In contrast to this, the well-conditioned national athletes seen during my time at the National Track and Field Centre often had overuse injuries due to over-training; rarely having any associated medical problems.

According to the World Health Organisation, co-morbidities such as coronary artery disease and diabetes mellitus are relatively less prevalent in Greece than in other countries. Levels of tobacco use in Greece are significantly higher than other parts of the world. The highest cause of death in Greece is ischaemic heart disease, with 22.2% of the population dying from this. Stroke is the 2nd leading cause of death, killing 18.5% of the Greek population. There are a whole host of global health strategies in Greece, aiming to combat the above issues such as heart disease, environmental health and strengthen vaccination systems.(1)

Greece employs a mixed healthcare system, with the government providing funds for the country's national health system and social insurance companies covering medical fees incurred by insured employees. The Greek National Health System was established in 1983 with the view of providing unlimited medical care for all members of society regardless of their wealth status. All Greek citizens have the choice of using government funded healthcare or can seek private medical care in which individuals cover their own treatment expenses or use private insurance to aid them. Greece comprises of primary care and secondary or tertiary care services. The public sector refers to state hospitals, community medical offices, health centres, departments of social insurance organizations, outpatient centres and government dispensaries. Whereas, the private sector includes privately owned hospitals, clinics, diagnostic laboratories and self-employed doctors. Together the state budget and social insurance contributions makes up approximately 59% and the remaining 41% arises from private costs. The country's current economic crisis has severely pressurised the provision of state funded healthcare. Government debt amounts to as much as €368 billion which is a massive 150% of the GDP. With credit rating declining and restrictions on state spending, public taxation was increased and the budget needed to provide a successful health care system was rapidly diminishing. Inevitably

this has caused a reduction in both efficiency and effectiveness of healthcare. Access to care is heavily reliant on social insurance, which is provided to working citizens as Greece uses an “employee-based social security” system. November 2011 saw unemployment levels in Greece soar to 20.9% compared to the previous year’s record of 13.9%. The private sector has suffered a loss of income as more citizens opt to use state funded services for their medical needs. The restriction on spending produces a disparity as resources become scarce in a country with increased demand for public health services. (2)

The sports medicine conditions seen while at both clinics in Greece were very similar in nature to those seen in the UK. I predominantly spent my time in general sports medicine clinics with a very eminent Consultant Sports Physician who also works in the UK. As mentioned above, common presentations were of acute and chronic muscular, ligamentous and tendinous pathologies and osteoarthritis.

I had exposure to a variety of injuries and pathologies. Lower back pain was a common complaint amongst those who were not physically active, and I was able to see a variety of clinical presentations including spinal stenosis, degenerative disc disease, lumbar disc herniation and facet joint osteoarthritis. In the lower limb, specifically the hip, I saw cases of labral tears and subchondral cysts of the femoral head. In the knee, I saw many meniscal injuries, ACL tears, patellofemoral pain syndrome and degenerative osteoarthritic changes. In the foot and ankle, the common injuries were lateral ligament ruptures and Achilles tendinopathy. In the upper limb, particularly the shoulder, I saw supraspinatus tendinopathy and SLAP lesions. I also saw some elbow injuries including lateral and medial epicondylitis. The doctor in this clinic was more often than not able to diagnose the injury solely based on his examination and ultrasound findings. The doctor was often able to confirm their examination findings and therefore the diagnosis by reviewing the imaging that the patient had done. Much of the exercise prescription and treatment with shockwave and laser therapy was carried out on site.

In Greece, there are various sports medicine services, including sports medicine clinics, and sports physiotherapy centres. The National Track and Field Centre has previously hosted the most famous track and field athletes, from across the world, to diagnose and treat their injuries. The multidisciplinary team at both of the clinics I visited included prominent sports physicians, physiotherapists and osteopaths. Patients have access to fantastic radiology services, with images usually being provided on the same day. The clinic’s function is not only curative and rehabilitative, but also preventative, which is the most important of all. The risk of injury will never be entirely eliminated, but modifications in risk factor profile, training techniques and equipment, based on outcomes of meaningful research have shown that it can be reduced. In the Sports and Exercise Medicine Clinic, the doctor was extremely skilled and had a specialist interest in shockwave and laser treatment, both of which had shown excellent outcomes for a variety of injuries.

In Greece, there is currently an absence of a training programme in Sports & Exercise Medicine and doctors in training routinely carry out further training abroad, commonly in the UK, USA or Australia to gain a wider appreciation of the speciality and to gain the necessary musculoskeletal skills and

experience to effectively treat common pathologies seen in their practice. Currently, there are no opportunities to carry out a postgraduate diploma in Sports Medicine in Greece.

1. Who.int. WHO | Greece [Internet]. 2015 [cited 3 June 2015]. Available from: <http://www.who.int/countries/grc/en/>
2. Milionis C. Provision of healthcare in the context of financial crisis: approaches to the Greek health system and international implications. *Nursing Philosophy*. 2012;14(1):17-27.