

Treating the Health of Wisconsin Athletes

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The obvious effects of inactivity on health are widely viewed as one of the determinants of the increased prevalence of obesity in the general US population. Though we have been moving away from a meat and potatoes Midwestern culture to one that values vegetables and grains, our waistlines haven't followed suit. Eating is only one way to deal with weight; exercise is the other. And, as articles in this issue of the *Journal* point out, for young people, physical activity needs to begin early.

Busey and her colleagues' survey of African-American parents and their children at a health fair in the central city of Milwaukee demonstrated some encouraging results (A Survey of Inner City Youth and Their Parents about Participation in Sports. *WMJ*. 2007;106(6):307). The study is somewhat selective—it was conducted at a health fair, after all—but both parents and children seemed interested in team sports for the same reasons: becoming physically fit and developing healthy habits. While children may aspire to a career in sports, they seem, even by age 10, to be more practical in the reasons they pursue sports participation. Losing weight was low on the rankings of both children and their parents, which is not a surprising finding. Team sports are about cooperation, teamwork, and an attitude about fitness, not merely a solution to a problem of obesity. These children and their parents seem to have gotten their priorities straight.

Moving onto high schools, it seems that the size of the school may dramatically determine a stu-

dent's likely participation in competitive sports. Landis and colleagues (Characteristics of School-Sanctioned Sports: Participation and Attrition in Wisconsin Public High Schools. *WMJ*. 2007;106(6):312) looked not just at participation in sports but whether that participation continues for the 4 years of high school. Big schools need to find ways for non-varsity students to have a continuing experience in sports since the odds of a student becoming a varsity athlete are much lower than in a small school. But the attrition of girls from sports in small schools compared to larger ones is unsettling and needs further explanation. The study's findings should have an effect on how school districts think about sports in their schools.

Girls who participate in sports have additional health risks that most physicians who care for teenagers and young adults are aware of. Menstrual dysfunction and amenorrhea have been repeatedly described. Many of these studies address calorie intake and menses, so a medical history for a sports physical in young women should include a more elaborate discussion of eating patterns and under nutrition. Hoch and colleagues raise the worrisome issue of whether amenorrhea may be associated with hormonal changes and possible vascular changes emulating those that increase cardiovascular risks after menopause (Athletic Amenorrhea and Endothelial Dysfunction. *WMJ*. 2007;106(6):301).

Finally, 2 review articles about health-related problems of athletes make interesting and worthwhile

reading for any of us who work with young athletes, or have them as family members. Porter and her colleagues' review of the health problems of figure skaters in what is becoming an increasingly widespread, year-round competitive sport is particularly appropriate to Wisconsin (Sport-Specific Injuries and Medical Problems of Figure Skaters. *WMJ*. 2007;106(6):330). And Ng and Maginot's equally important review of sudden death in young athletes should also add questions to the screening of athletes that might give some reassurance, but never complete confidence, that this rare but dreaded event can be screened for (Sudden Cardiac Death in Young Athletes: Trying to Find the Needle in the Haystack. *WMJ*. 2007;106(6):335). But screening requires a great deal of attention to family history of cardiac disease so the "accompanied by a parent" approach to pre-participation exams is essential to an adequate history, as well as the child's comfort.

A possible "take-away" from this issue might be that most young children understand that participation in sports is good for their health, that the schools they attend face different issues in keeping them active throughout high schools, that the girls who do stay active have additional health problems that should be addressed by team doctors and physicians, and that sports activities, while overall having a positive affect on children's sense of themselves and their ability to function in society, do carry risks that health professionals should work hard to understand and minimize where possible.

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