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“Organized physical activity for persons of all ages, performance enhancement of elite athletes, physical activity and exercise for health, recreational sports, and all aspects of formal exercise training need to follow the principles advocated in the science and technology of sports and exercise medicine to achieve enhancement in performance and obtain the benefits of exercise for health.”

Sports Medicine is the branch of medicine that deals with physical fitness, treatment and prevention of injuries related to sports and exercise. Although most sports teams have employed “Team physicians” for many years, it is in very recent few years that Sport and Exercise Medicine has emerged as a distinct entity in health care.

Historical background of organizational Sports Medicine - Globally

1. Sports Medicine, as a separate medical discipline was identified globally in 1928. It came under the purview of the International Federation of Sports Medicine, FIMS which is Federation Internationale de Medecine du Sports, formed shortly following the first of the modern Olympic Games. FIMS today is the only recognized international body for Sports Medicine.

2. It is a structured and well-organized association, strongly committed to the promotion of the study and development of sports medicine throughout the world. The purpose and administration of FIMS is clearly set out in its Statutes and By-Laws. FIMS is made up of Continental and National sports medicine associations, as well as multinational groups and individual members.

3. FIMS is a recognized federation of the International Olympic Committee (IOC) and of WADA – the World Anti-Doping Agency and an affiliate of the United Nations Educational, Scientific and Cultural Organization (UNESCO).

4. As FIMS was born under the umbrella of the Olympic Games, the strong association with the International Olympic Committee (IOC) is illustrated and reflected in the five Olympic rings in the FIMS flag and logo. FIMS continues to grow as an international community of sports medicine specialists, researching and practicing the latest techniques in medicine for athletes and others who lead active lives.

5. FIMS is constituted by the amalgamation of the Continental or Regional Federations of which the Asian Federation of Sports Medicine/AFSM (an affiliation of 46 Asian countries) is recognized as the largest Regional Federation in terms of members, of member countries.

6. The Sri Lanka Spots Medicine Association (SLSMA), was first recognized as the National Association of Sri Lanka, by AFSM, which was the first requirement for its acceptance (or eligibility) for recommendation and membership to the FIMS fraternity. SLSMA that was initially formed in 1990 was affiliated to AFSM in 1992 and accepted as a member of FIMS in 1994.

7. In addition to its active role in FIMS, SLSMA took greater strides in the Asian Federation of Sports Medicine (AFMS) that overlook the promotion and administrations of sports medicine in the 46 countries in Asia. The president SLSMA at that time Dr. C Thurairaja, was elected to the AFSM executive committee, who thereafter became the longest serving Vice President and was later, inducted as President of AFSM from 2010 to 2012.

Historical background and beginning of Sports Medicine in Sri Lanka

1. The history of Sports Medicine in Sri Lanka began in the late 1980s, initiated under the guidance of a core group of senior members consisting of Professor Rohan Jayasekara and
Dr. Lalith Wijeyaratne, Dr. B.J.C. Perera, Dr. Hilarian Cooray, Dr. C. Thurairaja and Orthopedic Surgeons, Dr. Narendra Pinto and Dr. H.J. Suraweera. Mentioning is necessary of the pioneering work, commitment and guidance of late Dr. P.A.P. Joseph, Surgeon Kandy G.H., Dr. Mrs. Shreen Wilathgamuwa (Treasurer), Dr. Hemantha Wickramathilake (Secretary General), Dr. Nimal Herat Gunaratne (who followed as the Secretary General) and Mr. Francis Almeida who coordinated all meetings at his residence.

2. The Sri Lanka Sports Medicine Association (SLSMA) pioneered Sports Medicine in Sri Lanka. Sports Medicine was first identified in Sri Lanka as a separate discipline in the mid-1980s due to a group of dedicated doctors who led the way to SLSMA being officially formed in 1990. SLSMA was recognized as the national organization by the Ministry of Sports and then affiliated to the AFMS in 1992. Affiliation of SLSMA to FIMS followed in 1994. AFMS endorsed SLSMA as a national association in the Asian Region. It was only then, that SLSMA was recognized by FIMS as the national sports medicine association of Sri Lanka.

3. The Founder President of SLSMA, Dr. C. Thurairaja, was nominated to the Education Commission of FIMS in 1998 and continued in that position from 1994 to 2002. He was elected to the FIMS executive committee to serve as ExCo member from 2002 to 2010.

4. In June 1998, a milestone was achieved for Sri Lanka when the course contents and syllabus of the FIMS Team Physician Course to be held in Sri Lanka and its proposed local SLSMA Faculty, was approved at the XXVIth World Sports Medicine Congress in Orlando, Florida, USA. Sri Lanka was selected to conduct the 1st FIMS Team Physician Course in Asia.

5. This became the first FIMS Team Physician Course for doctors to be held in Sri Lanka in 1998. It was conducted by the teaching faculty that included five FIMS recognized doctors of SLSMA, along with members of the international FIMS teaching faculty.

6. This was followed by the nomination of Colombo to host the first AFMS World Congress in 2003, along with the FIMS Team Physician course in commemoration of the 75th Anniversary of FIMS. Consequently, Colombo was listed as one of seven Global Education Centers in Sports Medicine of FIMS.

7. SLSMA expanded its international involvement when another founder ExCo member – Dr. Lalith Wijeyaratne was elected to the executive committee of AFMS. Professor Vajira Dissanayake, Dr. Asela Rathnayake were also selected to serve in the Education Commission of AFMS and Dr. Aranjan Karunanayake in the Anti-Doping Commission. The latter two doctors were Post Graduate Institute of Medicine (PGIM) University of Colombo trainees who obtained the PGIM Diploma in Sports Medicine – Sri Lanka.

8. SLSMA since its inception in 1992 was the sole body committed to the promotion of Sports Medicine in Sri Lanka. It organized and conducted Sports Medicine seminars for doctors and medical students, awareness programmes on “Exercise for Health” to the corporate and public sectors, seminars on the “Principles of Sports Medicine” for coaches, trainers and athletes, on an annual basis. This was in addition to the FIMS accredited Team Physicians Courses for doctors.

9. The next progression academically was the formation of the Board of Study in Sports Medicine (BOSSM) of PGIM in 2006. The Sri Lankan FIMS faculty of 1998 and 2003, namely Professor Rohan Jayasekara, Dr. Lalith Wijeyatane, Dr. B.J.C. Perera, Dr. Hilarian Cooray, Dr. C. Thurairaja and Orthopedic Surgeons, Dr. Narendra Pinto and Dr. H.J. Suraweera formed the inaugural Board of Study.

10. This Board formulated the curriculum and contents of the Post Graduate Course of study, to award the Diploma in Sports Medicine for doctors. The PGIM approved the Diploma in Sports Medicine as a part of the postgraduate teaching programme.

11. The Sports Medicine curriculum for the first postgraduate certified course in Sri Lanka, the Diploma in Sports Medicine conformed both to international requirements of Sports Medicine and the academic requirements of PGIM. The need to conform to international requirements of Sports Medicine teaching standards was to ensure that ultimately the qualified doctors who accompanied teams abroad and provided medical care to our sportsmen and sportswomen, had the required capability and necessary expertise considered as basic qualifications in Sports Medicine, that are recognized globally.

12. During the same period, Sports Medicine was included as a subject in the undergraduate
curriculum within the musculoskeletal module at the Faculty of Medicine, Colombo. This was due to the foresight of Professor Rohan Jayasekara, the inaugural chairman, Board of Study in Sports Medicine and Head of Anatomy and Genetics, Faculty of Medicine who subsequently became the Dean, Faculty of Medicine, University of Colombo.

13. Sports Medicine Services to athletes and members of the public were initiated in the Health sector at the NHSL by Dr. Lalith Wijeratne, at the Rheumatology Clinic with the assistance of other sports medicine doctors who participated on a voluntary basis. The Physiotherapy Department, NHSL under the administration of Dr. Lalith Wijerathne, was the location for the required physiotherapy and rehabilitation of musculoskeletal injuries based on sports medicine principles to be carried out. This further served to highlight the role and importance of the liaison of sports doctors and physiotherapists.

14. From 2012-2018 another significant event happened in the history of Sports Medicine in Sri Lanka. That is the development of the curriculum of MD in Sport and Exercise Medicine course of the Post Graduate Institute of Medicine (PGIM), University of Colombo and starting the post graduate training of the first batch of registrars in Sports and Exercise Medicine. Final curriculum of the MD in Sports and Exercise Medicine programme was prepared after reviewing the Postgraduate Sport and Exercise Medicine curriculums of Faculty of Sport and Exercise Medicine, United Kingdom, University of Bath, United Kingdom and Australian College of Sports Medicine. Several Board of study members and foreign specialists in Sport and Exercise Medicine, were involved in designing the final curriculum. A significant amount of time and effort had to be put by Dr. C. Thurairaja, Professor Rohan Jayasekera, Dr. Lalith Wijerathne, Dr. H.J. Suraweera, Dr. B.J.C. Perera, Prof. Thashi Chang, Dr. Harindu Wijesinghe, Prof. Madawa Chandrathileke, Prof. Aranjan Karunanayake and Dr. Thamindu Wedathilaka to design and start the present MD in Sport and Exercise Medicine programme. Professor Janaka de Silva and Professor Jayantha Jayawardene gave their fullest encouragement and support to the board of study members as the directors of the Post Graduate Institute of Medicine.

Sri Lankan postgraduate Sports Medicine activities

1. The Diploma in Sports Medicine was started as the initial qualification in terms of COD, and the MD programme to obtain the specialist status of a consultant. The Diploma was identified, as the initial step towards providing the pre-requisite knowledge to proceed to the MD, which is the qualification to be a consultant in Sports Medicine.

2. The aim of the BOSSM was to provide the country with the ‘first level’ of qualified, trained and Certified Diplomates in Sports Medicine. At the moment there are over 70 doctors who have obtained the Diploma level qualification. This identified the need to train and provide the next level of specialists in Sports Medicine, who would become board Certified Specialties in Sport Medicine with the postgraduate degree of MD, Sports Medicine.

3. The Specialist in Sports Medicine is expected to provide a specialist service to athletes and members of the public who need expert care, management, rehabilitation and advice on all requirements of exercise, fitness, sports, sports injuries, prevention of injuries and prevention of medical conditions known as Non Communicable Diseases (NCD), that results most often due to lack of physical activity.

4. The Board of Study, PGIM started the training program for the MD in Sports and Exercise Medicine in 2018 selecting the first batch of trainees, which is a landmark in Sports Medicine education in Sri Lanka.

5. In addition to the MD program at PGIM, the graduates of Sports Medicine diploma have exhaled, taking different paths in obtaining post graduate qualifications internationally in the area of Sports Medicine and Rehabilitation. Dr. Nalinda Andraweera consultant physician in Rehabilitation Medicine MSc, MD (Australia), Dr. Chathuranga Ranasinghe, PhD in Sports and Exercise Medicine (Australia), Prof. Aranjan Karunanayake, MSc in Sports Medicine (UK) and few more in current training.

Role of Sports Medicine in National Health Sector as seen by BOSSM

Given that the principle of patients care in Sports Medicine is to “treat as players and not as patients”, the need for differently trained doctors and paramedical staff who understand the requirements of
Sports medicine is paramount, to serve the public in health sector hospitals.

BOSSM recognizes that sports medicine is not only postgraduate teaching, but that it encompasses providing services of Sports Medicine to athletes and to the general public of the entire country through Government Sector hospitals.

BOSSM recognized that sports medicine includes “Doping in sports, miscellaneous medical conditions, cardio-pulmonary resuscitation in emergencies, health clubs and fitness facilities, use and misuse of equipment, basics of cardiac rehabilitation, pre-participation examination, causes and mechanism of sports injuries, sport specific injuries, rehabilitation and therapeutic exercises, details of effects and uses of therapeutic exercises, mobilization and strengthening techniques and neuromuscular training, which go beyond the concept of curative medicine to highlight the importance of preventive and rehabilitative medicine.

The BOSSM firstly projected the required cadre positions based on establishment of sports medicine units in hospitals to the Ministry of Health and also the Sports Medicine cadre positions of medical officer (MO)/ senior house officer (SHO) and consultants (MD). These cadre positions were endorsed by the Ministry of Health along with the approval of establishment of Sports Medicine units in hospitals. This enabled to formulate a plan to establish Sports Medicine units in Government Hospitals that progressed to the implementation stage.

The BOSSM also recognizes the multi stakeholder involvement which is needed for the development of the discipline; working closely with, Ministries of Health, Sports, Education and Higher Education, Academia, National Olympic Committee of Sri Lanka, anti-doping agencies, sporting bodies and all relevant stakeholders.

Sports Medicine plays a part both in healthy and ill people, and has an influence on exercise, training and sports. Equally, it plays as important role on emphasizing the effect of regular exercise as a preventable causative factor in NCDs and as one of the principal factors in preventing, coronary artery and cerebrovascular diseases. Sports Medicine that explains that ‘Exercise is Medicine’ and that exercise has an equally important role in NCD prevention.

Sports Medicine services by qualified doctors, is accepted as an important aspect of medical or health care services globally. The PGIM trained specialist in Sports Medicine would be able to use his or her training, experience and the infrastructure facilities available in a hospital to deliver aspects of Sports Medicine, which will serve the national health care.