Survey of Sports Medicine Faculty

To the Editor:
Primary care sports medicine (PCSM) has emerged and evolved within the specialties of family practice, pediatrics, internal medicine, and emergency medicine. We reviewed the medical literature and found limited information on the acceptance of and roles for PCSM physicians within family practice. We found no data on the presence, training, or certification of PCSM faculty members at family practice residencies. Our objectives were to estimate the presence of PCSM faculty at US family practice residencies, characterize this group, and estimate interest among family practice residency directors in adding PCSM faculty.

We developed and mailed an eight-question survey to US family practice residency directors in 2001. Of the then 470 active family practice residency directors, 393 (83.6%) responded. Of responding directors, 191 (48.6%) reported no PCSM faculty. A total of 331 individual PCSM faculty members were reported, of which 247 (75%) were full-time faculty, 255 (77%) held a CAQ in sports medicine, and 147 (44%) completed a PCSM fellowship. When responding directors were asked about their interest in adding PCSM faculty, 121 (30.8%) indicated an interest, 259 (65.9%) indicated no interest, and 13 (3.3%) did not answer. Of the 191 responding directors without PCSM faculty, 85 (44.5%) were interested, and 99 (51.8%) were not interested in adding PCSM faculty.

What do our survey’s response rate and results mean? The high response rate implies that most family practice residency directors regard this topic as important, and the chance of making incorrect inferences from our data is reasonably low. Defining PCSM faculty is difficult. To include family practice residency faculty active in sports medicine, but who did not hold a CAQ or did not complete a PCSM fellowship, we allowed residency directors to decide who qualified as PCSM faculty based on faculty clinical duties. We felt this was consistent with the 1997 Residency Review Committee standard designating family physicians who precept newborn deliveries by residents as obstetric faculty.

Where do we go from here? Studies are needed to answer key questions raised by our data. What are the reasons behind residency director interest or lack thereof in adding PCSM faculty? What are the opinions of various groups within family medicine regarding who should teach sports medicine to family practice residents? What makes having PCSM faculty acceptable or desirable? Advantages might include economic, educational, political, recruiting, and research benefits. And, some might view sports medicine faculty as positive role models who promote active, healthy lifestyles; provide enhanced comprehensive patient care; and demonstrate that subspecialization is possible within family medicine. Why do some family practice residency directors think having PCSM faculty is unnecessary? Disadvantages might include economic and political risk taking, and some might view PCSM faculty as negative role models who promote subspecialization within family medicine.

Investigation into these issues surrounding PCSM faculty at family practice residencies will provide our specialty’s leaders and residency directors with valuable information, enabling them to perform more-objective cost-benefit analyses prior to making difficult decisions about resource allocation.

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Childhood Obesity in Kuwait—Prevalence and Trends

To the Editor:
Pediatric obesity is a community health problem of growing concern and importance that can lead to profound public health consequences. Childhood obesity persists into adulthood, leading to obesity-related conditions later in life. Obesity has been reclassified by the American Heart Association as a major modifiable risk factor for coronary heart disease. While concern for childhood obesity has risen dramatically in past years, this condition is both underdiagnosed and undertreated.

Comorbidities associated with childhood obesity are similar to adulthood obesity as hypertension, dyslipidemia, insulin resistance, type 2 diabetes mellitus, and orthopedic and psychosocial problems. Nonalcoholic fatty liver disease in obese children is a growing problem; however, social isolation and peer problems are most publicized.

REFERENCES