

357R- Feet, Ankles, Sports and COVID with Prof Bill Ribbans

Bill Ribbans

The I think the timespan of my career has been quite interesting, qualified in 1980 and then went into orthopaedic training during the 80s. And in those days, an orthopaedic surgeon, particularly in the UK was viewed as being able to do anything. We prided ourselves that our operating lists might have a child with a clubfoot, a neck to operate on and then a knee replacement. And similarly with trauma, the other half of of our work, you know, that we could deal with anything that came through the door. And I think it was only really when I went out to do my fellowship at Harvard in 87, that I realised the Americans were far ahead of us in specialisation. Right?

Steven Bruce

Well, when you started, there was no sports medicine specialisation at all was.

Bill Ribbans

There's absolutely no space, what 15 years old is 15 years old. So I always say that. It'd be interesting. If sports medicine had been a career option in 1980. I think probably I would have been a sports physician rather than orthopaedic surgeon. Right. But if you if you were Sports Med like I was as an undergraduate, you're and wanted to get back to in your profession. Your options were to be a general practitioner developed an interest a rheumatologist or orthopaedic surgeon. And I chose the latter because I loved my anatomy and being able to put people back together again. Well, all

Steven Bruce

of the things that prompted us to get you back on the show, but apart from anything else is these two books that I've got here. And this one is your earlier one, isn't it? 2020 This one came out with knife in the fast lane, which I found that fascinating. It's a great read about the sort of challenges

that you've faced in treating elite sportsmen and where you are responsible for nailing Michael shoemakers leg back together after we broke it on.

Bill Ribbans

Yeah, yeah,

Steven Bruce

I think you said in the book is a terrifying thing to do when you're surrounded by the world's press wondering whether this formula one ace paid what, 8 million, 9 million a year or something like Ferrari Yeah, by Ferrari is gonna get back in the starting blocks again. And this one's only about a month or two months old isn't on all our sports, which is a very catchy title. What's that one about?

Bill Ribbans

Well, I have read it. Well, that one really traces how the pandemic affected sport and how sport affected the pandemic. And I think it's still current because obviously, the National Inquiry is going on at the moment, sports such an integral part of so many people's lives in this country. But it's not just this country. As you know, it looks at how America dealt with it, how Europe, Australasia, dealt with it. And now at this time, four years down the line, it's been interesting to look at how the UK Sport wise, dealt dealt with it. And the comparisons with North America, and Europe. So I wanted to lay it down as a history, really, it's pretty fact built as you as you know. But I wanted it to be there and to be of interest to readers who are interested in their sport or types of sport. I hope it would appeal to clinicians, but then also to, for instance, undergraduates doing their sports science degrees and things like that. And because we're now starting to get the information through about what the effect was of shutting down sporting for that relatively short period of time. And we're now beginning to see the injury patterns. And what happened. So it's a reflection on whether we got it right. And,

Steven Bruce

you know, I'd be happy to talk about that for the rest of this show. And I know the audience are probably more interested or not more interested, but they're equally interested in hearing about the sort of sports injuries and remedial approaches you've taken to that sports injuries. But it's well worth having a look at that, isn't it? I mean, this isn't just some geezers personal recollections, you've submitted that I think to the National Inquiry is evidence in the review of how we've dealt with COVID.

Bill Ribbans

Yes, obviously, the National Inquiry, which will probably run at least for another year or so went it is a shame has taken so long to get going. It's got a very wide remit. And I wanted to make sure that the evidence was there relating to what has happened to all of us, not not just your Olympians and your premier league footballers. But what happened to you and I, when we couldn't get into the

gym, as you know, people started running and cycling. The government made various prominent promises relating to recreational sport obesity strategies. And I just wanted to reflect on what had happened recently to that. What's,

Steven Bruce

what's the it's common sense to imagine that obesity has increased as a result of the long periods of lockdown that we had and so on and maybe changed attitudes overall to exercise What's the evidence behind it? The

Bill Ribbans

evidence is that obesity has certainly did increase. And I think that particularly worrying statistics even is the for children. It's a real concern that there's a significant proportion of children coming into reception in primary schools who are obese. But even more worrying is that that percentage rises by the time they get to year six and preparing to go into senior school. The figures have just come out for the last 12 months suggest is just beginning to level level off. I kind of got the impression, I don't know what your your view as thought was that COVID tended to kind of cause the division, there were those who saw it as an opportunity in a kind of quiet roads, quiet country lanes to get out and do sport, and others who work from home. And I clicked, as I said, closer proximity to the hobnobs and, and really didn't engage in sport. And the statistics show, for instance, that it's been more difficult for women to reengage in sport, and don't quite know the reasons why. Perhaps just, you know, probably so much of the load domestically in the kids may, may fall on them. Regrettably,

Steven Bruce

of course, there are all sorts of consequences from a COVID crisis, which we probably haven't got the time to go into here. And maybe we shouldn't because we will provoke a sort of a heated debate amongst the audience, I'm sure. One of the things that not COVID related that came out of this, which I think might be of relevance to an awful lot of osteopaths and chiropractors watching is that you talk a considerable length particularly in the your earlier book, like knife and the fast lane, you talk about having to manage patients in the face of contradictory advice from their, their coaches and so on. So, you know, we most of us will be dealing at sportsmen and sportswomen have a completely different level. But nonetheless, their friends, their family, their coaches, and someone will be telling him to get back on the pitch or get out running or whatever it is they do, possibly flying in the face of our better medical judgement. What's your advice, guidance, guidance and experience on that?

Bill Ribbans

The simple advice is that when you're faced with somebody, at any level of sport coming in to see where the problem is to stick to your principles, what you tend to find, as you can guess, is that the higher up the sporting Tree People are, the more subject they are to opinions that may be based in science and those that are not, you realise that when they often come and see you on their on a

fishing trip. And they're just you're one in a series of opinions that they may be taking or a record in that book. And as somebody who came to see me many, many years ago, he was taking opinions in Alabama, Rio de Janeiro and then finished up coming to see me and and the advice I gave was different, but you must do what you believe is right. I think one of the hardest things to say to an athlete, you know, if they're going to miss the Olympians, they're going to or even worse that this may be a retirement time.

Steven Bruce

Did you ever fear though that you say that to an athlete, you've got to take the next 17 weeks off, which I think you said at some point was the average time that people were taking off despite coaches always saying it'll be six to eight weeks. The gadget turns out to be 70, which is the average. Did you ever feel that you say to an average an athlete, you've got to take all this time off? They will shop around until they find someone who says No, it'll only be six weeks and they'll go with that opinion. And then if by chance that person turns out to be right or they don't suffer any further injury, then you'll look a fool.

Bill Ribbans

There is always there was always that problem that you're talking about metatarsal stress fractures of the foot. And it wasn't myself. It's one of my colleagues many years ago, looked at the prognostications from football managers at press conferences. I don't think they have any right to go into press conferences and discuss confidential medical information. They shouldn't have it in the first place as far as I'm concerned. But their view about metatarsal fractures was always they'll take six weeks, and then somebody went back and looked at how long it was. Well, in elite sport as a clinician, you're damned if you do and you're damned if you don't, I always feel perhaps be a little bit more conservative on your estimates. Because if they come back earlier, then you're a genius. If they take a little bit longer than if it's approximately kind of what you what you do say conservative give them longer to do a little bit longer. But It's, I think I really feel for the physiotherapist working in sporting organisations, particularly football, because the football the football managers job is fairly precarious is obviously a results driven job very, very openly. And and so many physiotherapist gets get carpeted every Monday, they'll be the boss or player back to early, the manager having forgotten that he was told to and players reinjured while they're taking too long, and the results are not going their way. But that's a real issue. And the other issue that I discussed in that book is contracts. One of the things I always ask people I've done that this week is when an injured athlete comes into me, professional athletes, where are you on your contract? Because if you've got an injury at this time of the year in March, and you're out of contract in May, then often athletes will try and get through it just to get the next contract. If they've got two years left on their contract, and they need some surgery, then they're prepared to get it sorted out there. And then there's so there's so many other pressures that need to be considered and there's legal considerations, there's the ethical considerations that you've got to take into account.

Steven Bruce

What do you do when you're faced with the sometimes absurd alternative remedies that people come up with you? You quote in the book? Manu tuilagi, I think only retired from England rugby this

year, or is like last week? This week? Yeah. So yeah, immediately after the last game. He was going to see a witch doctor in Samoa who told him that he'd got three women who were married themselves to him or something in the ether, you've got people who rub horse placenta on their ankles to

Bill Ribbans

it. It is so frustrating you think that you're trying to give athletes the benefit of your experience. Because everything we do in Azure as we go through through our careers in clinical work, like you do. A clinical problem comes in and you immediately tap into all those patients about similar injuries. And you kind of know what the rough timescales and then they go off and just do something differently, as you say, we talked about to get fantastic rugby player, but just so pretty strong present good, multiple injuries. And then he went into the press and really not ridicule, but really criticise the Leicester Tigers medical staff, and went off to see the witch doctor who said he told him he'd been unbeknownst to married to three spirit wives who'd been Heracross with him and kept injuring him. And that received a lot of press. And he came back in got more injuries, and that's never reflected on and then you said we had that episode when one of the premier league footballers one of the Dutch players went off to Eastern Europe to have horse afterbirth put on their put on their sprained ankle. And then suddenly you just had a trail of people going to Heathrow to get on a plane to Eastern Europe. And it was very interesting because as you read the book and the Serbian health authorities, Barney had to close this woman's clinic down they padlocked it. And she I think she reappeared somewhere else.

Steven Bruce

She claimed to be a medical doctor. I wasn't clear. Maybe I'm mistaken. She wasn't actually reading. That it's easy to pretend to that is the trouble, isn't it? This is elite sportsmen who can afford to go and do that. But are these opinions do trickle down to people. And if it gets the headlines in the Daily Mail, I'm not picking on them by chance either because they like to trumpet these weird medical claims. But if it gets the headlines in the Daily Mail, then you're going to have a whole lot of patients coming into your perfectly normal clinic say well, how about use some horsepower centre on this? Yes,

Bill Ribbans

yeah. Or can I have my wisdom teeth removed because I keep getting recurrent hamstring injuries and I think that was that was a common trend in with very little.

Steven Bruce

I think I'd rather have my hamstrings removed from my wisdom teeth to be honest.

Bill Ribbans

I mean, there is an issue with dental caries in in young professional footballers, they don't brush their teeth enough but not enough to create hamstring injuries. Yeah,

Steven Bruce

well, we got it. There's a whole probably a whole other topic of conversation is not really for this show about the value and importance of elite sportsmen of all different sorts. So an observation or question come in here. I don't know which Amanda says I sometimes have patients who see for example, a sports trainer or a sports massage. In between visits to me, Amanda is presumably nasty brother chiropractor. One in particular used to spend ages relying relaying to me what his other professionals had said and asking my opinion. It's very difficult when they won't commit to one route. They don't have complete faith in either. And then they tried to engage you in discussion about approaches that you might completely disagree with, for that patient or, or don't want to be disturbed, but you don't want to be disrespectful about the other practitioners, at least like you need to be feeling like you're telling the patient to pick one and stick with it for a while as they just get confused. So, leaving aside, someone who says, Well, I've been to the witch doctor, you might be more prepared to be disrespectful towards the witch doctor. But if you have someone who comes to you and says, Well, I've seen the sports therapist in my local town, and he says, this will be fine. You don't think that's the case? What's your approach? And how do you deal with that conversation?

Bill Ribbans

Yes, it's a common one. And, and the important thing is to be respectful, and kind to, to colleagues. You just have to go through your assessment, very carefully, spend a lot of time on your clinical examination, and then sit down and go through the options. And all he can do is just say, Well look, based on my experience, over so many years of of work, this is what I find works best my patients, obviously, you may have a concern, if you think alternative treatments may have a degree of harm. And that harm may not be direct harm, but it may be that it's delaying the treatment that the patient should get and therefore affecting what the long term recovery might be, then I think you have to be a little bit more dogmatic. But just generally, you just got to stick to your principles and say, Look, this is really what I think is the best thing for you. And I've got this, you know, back back catalogue of patients with similar problems. And this is what what I believe works.

Steven Bruce

Yes, probably easier for someone who's got over 40 years experience in orthopaedic surgery to do than a relatively newly qualified physio osteo chiropractor, isn't it when you're you're up against the sports team manager who's been doing this for umpteen years it and thinks he's got a medical degree as a result of that?

Bill Ribbans

Yes. And that is a problem. And that's why I think I get a lot of young clinicians wants to talk to me, how do I get into Sports, medicine, physiotherapy, osteopathy, chiropractic work. And I think I always think it's important to get a good body of experience under your belt first, which just gives

you that confidence. Because some of the people that you'll meet in sport at all levels can be fairly bombastic. And dealing with coaches who believe they've got medical background, but clearly have not got is very difficult. And the hardest thing is to say no, to to either a player or a manager. And I think you need to just built up within your own repertoire within your own career, that that experience is a really difficult, and I still find it difficult times. Do

Steven Bruce

you think the risks for women are different, probably greater than the risks for men in sport? After all, we're asking them to play on pitches, the same length with balls, the same weight all the other pressures that are on them, and I'm not suggesting that they can't be equally skillful, but biologically, they may be less strong or less able to cope with those those.

Bill Ribbans

Yes, and well as the as the father of three daughters. I'm incredibly pro women sport and also as you said, in your introduction, I've been involved with the world of ballet for 40 years and I've come to have the most enormous respect for the dance. I think some of the Ballerinas are as tough as your front row international rugby forwards

Steven Bruce

so it's amazing amazingly athletics.

Bill Ribbans

I mean, it's it's a source of enormous pride how women's sport has come on, as you know, I've got a chapter in there about shrinking violets and looking at the history of women in sport, but they do come with with with different issues that need to be thought about and that we had a symposium at the University last week on, on women in sport, one particular area where to particular areas a concussion in sport in women and anterior cruciate ligament injuries of the knee. When we know a, there's been very little research done, which is a source of shame, really, in rugby, etc. But it would appear that women do have the are more susceptible to concussion in for instance, in rugby, exposure playing hours, and generally they tend to take longer to recover. And there are issues around neck strength, which is very important and your ability to withstand impacts that need our need to be worked on.

Steven Bruce

You'd expect the impacts would be lower because again, the body weights are that much less than in male rugby generally,

Bill Ribbans

will introduce some very good research going on at Swansea University and working and talking to them. It seems that the mechanism of concussion may be slightly different in the more women seem to concussions from custom cells in rugby, from head impacts on the ground. Whereas in male rugby, it tends to be more the tackler is, is the most one at risk. So tackler the yes, the tackler rather than the person being tackled is more likely to injure themselves. So, we've been looking at that. And the other area, as you said, is anterior cruciate ligament injuries. Skye asked me to do a TV piece before the World Cup because we're just getting so many anterior cruciate ligament injuries in, in women's football. And that's got a lot to do with some things you outlined, you know, I hope that it will become a thing of the past, but often teenage girls are coming into into football later than, than the boys have. So perhaps the techniques have not been so well honed. And that will change as more young girls come into the sport. Often, they're put onto inferior pitches, the coaching may not be as good. Traditionally, women's football boots than men's football boots, and those knee changing.

Steven Bruce

There are so many I assumed when I was asked the question that they would have changed that they wouldn't be lighter, they are

Bill Ribbans

changing, but they've but they've been so far behind. And then there's the societal views of how we treat young girls, you know, that we think that they should be doing girl based things. I look back on my daughters, and they're my granddaughters and encouraging them to do whatever sport they would like to do. And then but we do have other issues with the female anatomy, very much to do with their pelvis, their cue angles in the size of their intercondylar notches. And then the other thing which is coming through and a lot of research being done is is the endocrine environment, and also the stages in the menstrual cycle. So all of those we're learning about. And America, American soccer, learn this first because American soccer grew in the on the female side much earlier than in England. And they were seeing 20 years ago, this epidemic of ACL injuries, which we're now beginning to see now. So it's not something new, unfortunately.

Steven Bruce

But I'm thinking here about all those people watching who they'll have parents bringing in their their children, and in this case, their daughters perhaps, and asking for advice about sport. What should they be advising in terms of maintaining, maintaining the their children's health, their daughter's health? Yeah,

Bill Ribbans

I had a difficult conversation yesterday afternoon. A 16 year old girl playing netball with an anterior cruciate ligament injury. And that's ridiculous. We never saw 2030 years ago if we saw an anterior cruciate ligament rupture in a teenager in our unit. I mean, all the knee doctors would have got together and looked at it. We have now we don't even blink an eyelid about it because all of our

teenagers are so much bigger, stronger. I mean, it mean, somebody told me that at the National under 15, or under 16. Rugby final last week, one of the props was 21. Stone. I mean, they're just huge now under 16, under 1620 ones now,

Steven Bruce

and nobody may be actually I know the average height of a child or adult hasn't changed vastly. So what are they doing? They just did? They're just training them harder to build more muscle at an early stage.

Bill Ribbans

Yeah, I mean, they're in the gyms much earlier. I tell the story in the book about one of my friends who I go skiing with. And he played for Wales. It was a prop forward. And he played with Gareth Edwards and Barry John. And he was an he was a gym teacher. And I said, Well, how often did you train? Well, Tuesdays and Thursdays. And as I said, he'd be mostly going to the gym. He said, I never lifted a weight in my life.

Steven Bruce

This was in the day when you get five pounds in your boot at the end of the month.

Bill Ribbans

And of course, coaches were banned. It was thought to be in rugby was an amateur game. And before as it was five nations game, you you were not allowed to meet up until Thursday lunchtime before the game on a Sunday. And he's tell se to run through some penalty moves. Do some do some line outs and then play golf on Friday and turn up at Cardiff arms Park on Saturday. play against France. That was how it

Steven Bruce

was amazing. I actually got some quite good rugby out of them in the end. Well,

Bill Ribbans

I mean, one of the things I do feel Steve is in my book is really question us because essentially, as I said, I qualified in 1980. And there was no care for the athletes at any level. It was a physio therapist, who might have done a weekend course certainly not qualified. It was a local GP who turned up on monetary. And now here we are spending millions at Manchester City and Liverpool on on the back room staff. The injuries are greater than ever. Yeah.

Steven Bruce

Interestingly, I remember talking to a colleague a few years ago, and we're talking relatively few, so 10 years ago, who worked with I can't remember it was spurs or arsenal, one of the top football clubs in London. And he was saying then that the medical care was still rubbish, almost as a result of the whim of the club manager rather than the benefit of the patients.

Bill Ribbans

It was, and I mean, I tell the story, I mean, you know, it's very proud to look after Northhampton scenes. From 96 A year it went professional till 2013. And I was pitchside. I still had to pay. It was purely voluntary. I had to pay for my season ticket to getting the grant and no carpark. So if I needed to transport somebody to casualty, one of the players, I wasn't even in the car park it kind of walk out by my car on the street and put the player in the car. And that was only up to 1012 years ago.

Steven Bruce

Tom here, almost certainly not the same time I was referring to he said he was forced out of a professional football team in the late 80s, due to the manager constantly wanting a player's knee injected to keep the player on the field. Week after week, he fell out with a team doctor and manager as a team doctor was willing to do this, although he was against it. But he was being paid a lot of money. This isn't the 80. So the doctor was being paid a lot of money, but he was doing what the manager wanted rather than what his instincts told him was, is

Bill Ribbans

absolutely appalling. What went on. And once again, I recount stories about how England footballers, careers were finished by multiple injections before games at half times and talked about the Derby County in England player Roy McFarland, who's actually injected with steroid during a match, he was brought on to the touch line into the dugout and inject.

Steven Bruce

So talk us through physiologically, I mean, it just instinct says that that's a bizarre thing to do with someone who needs steroids to give them some steroids in the middle of a match and bring them back on again, physiologically, what is happening in this instance? Well,

Bill Ribbans

it's not in the player any good as most of your viewers know, a steroid injection, which is a perfectly reasonable option. And something I would do is very good for reducing inflammation, swelling in a joint if needed. But it takes time to work. And I'll tell my patients, this is going to take three, four or five days to begin to work. So the only real the only real benefit of that injection is going to be the local anaesthetic side, which kind of internally numbs numbs the joint. And it really, you know, hopefully, it's been bad. I have a real problem. You know, I often get players turn up in my clinic on Monday, Tuesday, with a request, can they have an injection to get them fit for Saturday? You know, at least we've gone back a little bit from the days of doing immediately before, and I said it's just not

going to work. I mean, you know, you need a plan programme of when the player is going to have some downtime. I mean, I do feel a reticence or they do have to occasionally offering young athletes steroid injections. It should be the absolutely the last resort. As far as I'm concerned. There are other injectables I use viscosupplementation shackle schedule pay payments as engineers. I think that's a safer option. But but they take a long time to work.

Steven Bruce

And we're still talking about are we injecting somebody something has caused that inflammation? Yeah. There are therefore tissues that need to heal. And well, where do you stand on exercising through injury and we clearly it works for some injuries or some some individuals.

Bill Ribbans

As far as exercise and surgery at most athletes at the top end we've published on this are usually performing with some injury. And we looked at football as at different levels from the Premier League downwards. And when you get down to division one, Division Two, because they're much smaller squads, the number of injuries that people are playing with increases. So if you said you're not going to be able to play or train without this injury, or you wouldn't have a squad and and you wouldn't be at the club long. But you've got to come to view and you've got to advise the player and the club as to whether they're likely to do themselves harm, you know, through through playing on and what that and try and give them an, a view on quantifying what that risk is.

Steven Bruce

I remember being told on an MSc course, which I failed to complete, I was too busy setting up a clinic, back, sorry, I

Bill Ribbans

can always go back,

Steven Bruce

I'd love to refund you the time. Ms equals that, particularly at the elite level, the athletes concerned are exercising at the very limits of their envelope of capability, if you like, I can't remember the terms that were actually used. So they it could be just a small injury that pushes them over the edge of that, and it's catastrophic for them, because then they've got to take so long to recover, is that a concept which rings any bells with you

Bill Ribbans

all the time. And that was really in a way of saying, if you think athletes now, they're fitter, they're faster, they're stronger, they've got more endurance, they're more skilled than they were when I

started 40 plus years ago, and therefore their tolerance isn't, it is less. And that's what I was questioning whether we as clinicians have the problem, the fact that strength and conditioning, which really wasn't a career, 2025 years ago, we can make these athletes. So out of this world, physiologically, whether we're taking them closer and closer to that breaking strain, and, and our ability to put people back together, get injuries have finished people's careers 3040 years ago, now we can put them back together just for the next, next injury. And are we actually doing the right thing, you know, because Are we really set them up for later arthritis, and I'm sure you see in your practice as well. People coming in in their 30s, and 40s. And their joints are already wearing. And I certainly know that I played rugby toss 43, which wasn't really a very good idea. But they're my size. But you know, I'm got all of those issues now from from play a contact sport for far too long. And what I'm seeing now, whether you're seeing your practices, is they're coming in younger and younger. And so you're now getting people in their 20s coming in, with arthritis in their knees, or their hips, or their ankles. And I think it's getting, this is going to be a trend that we're going to see. And it's giving evidence at a Westminster forum next month on duty of care, and safeguarding issues. And I often see teenagers or even younger coming into my clinic with overuse injuries, and you sit down with them and their parents, and you go through their week. And you look at how much they're doing, that they're often not having a day to day week off. And I think is a very crude rule of thumb, I tend to look at the age of the child. And I think if they're doing more than an hour a week, times their age, then they're probably overdoing it. So if you're 10, if they're doing 1112 hours, I think is too much.

Steven Bruce

There's one that you want to avoid. So it gets the knife in the first time that you talk about something about the biggest jumping from three training sessions a week to four, I think, is that still something that is true? Yeah. And

Bill Ribbans

that's kind of in ribbons is unscientific rules of running. Okay. And I talked about it to a patient this week as well. I think at all age, all ages, I think, I think your body needs a chance to recover. And I think for all of us, we underestimate the benefit of the recovery time because essentially what you're doing with a training session is that you're, you're pushing your your musculoskeletal system, and your cardiovascular system to a certain level. And then it's got to respond and recover. If you're training, or running four days a week run three days a week, that means inevitably, you're not going to get there's one of those sessions, which is going to follow another another one. And you're not going to have that rest, right.

Steven Bruce

We haven't been very long left. And of course, typically questions are now starting to come in. So I'm gonna have to turn to these if you don't mind. They're interested in this one by Sallie Mae. She wants to know your opinion on young boys training as boxers sometimes pushing being pushed into it by their parents. And obviously you've worked quite a lot with boxers, didn't you? Yes,

Bill Ribbans

and I have written about boxing. It was the first sport that I got involved in as a junior doctor in 1981. Through family connections, I have to say now, I know there are many advantages to young Amateur Boxing Clubs. But I've come to the view through looking at long term injuries from impact sports to the brain that I, I could not now support boxing, and some people at any level at any level, and I hadn't say, I know some people said you should surely come to that view earlier because I'm aware, in the early 1980s, when I was a junior doctor, the British Medical Association came out strongly about it being banned. And that was difficult.

Steven Bruce

In your book, you said, well, people enter into it, knowing the risks and so rather like the warning on the cigarette packets, if you know the risks, you can make your choice. But it is such a long term risk, isn't it, people would possibly be inclined to dismiss it. And it is such an exciting sport to participate in Otter watches. It's very hard to turn against it. But not even when it's difficult to believe that it doesn't cause you long term damage.

Bill Ribbans

Yeah, well, you always got this dilemma. And it's an all sport, isn't it? When you're 20, you're never going to be 50. You're never going to be 70. With those with all those long term injuries. And there are certainly advantages in all sports, including boxing, the camaraderie, learning how to win and lose being fit. And for some people keeping them out of trouble. Yeah, there's all of those isn't the end. But I just, it just worries me today about repetitive brain injury in young people. And then that really comes also to impact sports like rugby. We're really struggling my group at the moment to come to a reasonable view on when young rugby players start tackling and taking impact.

I mean, I mean, our brains are not mature until we're 25 if not sooner in Canton. 24. You are not staggered.

Steven Bruce

Yeah, no, I agree. Allison says what are the best options for multiple plantar fibromas apart from basic treatments, when activity has been severely affected?

Bill Ribbans

Right, not advanced by Brenners? Yes. The way I treat those is obviously look at symptomatic relief and looking at footwear and orthotics that might relieve those areas. If you've got multiple ones in there can be very difficult. I have had undoubtedly success in terms of pain relief, with ultrasound guided intralesional injections of steroids. There may be very, very rare cases when you do have to resort to surgery. But it is a difficult one because as everybody knows the soul of 14 is a difficult area to to operate on. There are issues with wound healing, there's different issues with recurrence. So if you can avoid surgery try to and I tend to keep those going, who are symptomatic. And often I don't

know what your view is experienced this, but often they're most painful when they're growing. And when they will seem to get more mature than they sometimes become less painful. But certainly intralesional steroids and I've got a number of patients in my clinics and they often come up every 1218 months and I've got a fantastic radiologist who's very good at doing the right colleague. So that's how we manage them.

Steven Bruce

Steve wants to know if there's a similarly high incidence of ACL injuries in girls playing hockey and netball.

Bill Ribbans

Yep, it's one of the one of the top of the University last week was with the doctor and physiotherapist responsible for the England roses netball team. And ACL injuries are a big problem in netball and basketball. The mechanism frequently is is the player going up to receive a pass so they're off the ground, and then coming down on one foot and pivoting. And there's a big issue in handball and Scandinavia that and they've had some very interesting studies of going in and doing prehab. Before season injuring season and really showing they can cut down on ACL injuries and in hockey.

Steven Bruce

Again, there's quite a bit of pivoting. And yeah, there's a lot of pivoting.

Bill Ribbans

And I have to say over the last 20 years, I've seen so many more injuries in hockey than I saw before that as the game turned from grass to all weather and hockey does worry me I often find that I'm seeing teenage girls in particular, turning up with their school on a Saturday morning, turning out for a club on Saturday afternoon, and then doing regional training or something on Sunday, and it's just simply too much and they just don't seem to talk to each other. We

Steven Bruce

all just don't have any impact on this because at one point we went from round two bladed studs and they have a big

Bill Ribbans

they do this the same with with doing football and rugby on Whether surf does as well with the evidence is not absolute absolute. But the indications are that we're seeing more ACL injuries on the All Weather Services.

Steven Bruce

I've got a couple of other questions. I'll put them to you after this and send them out after the show but we're out of time Bill Bill, would you come back in and do another show with us and talk specifically about lower limb injuries and not be delighted? Because it will be great to have you in and I know we've had some fascinating stuff to talk about here already. 420 people watching so it's a pretty good number of roller Thursday lunchtime. Yeah. And hopefully others on catch up. Yes. And more on catch up. Definitely. Yeah, so that is it for today.

DRAFT TRANSCRIPT