

## **Clinical Sportology or Clinical Sports Medicine, A Must Have in Every Ward and Clinic**

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By Definition clinical sportology or clinical sports medicine is a branch of sports medicine, which diagnoses, prevents and cures diseases at the hospital level (in-ward and clinic), based on the provision of medicated locomotion in terms of physical activity, rehabilitation or exercise.

Sports medicine is found worldwide, in some countries as a medical specialty and among others as a fellowship. In Colombia, it has been a little more than 25 years since it began as a medical specialty, but it was until the creation of the specialty in FUCS (Fundacion Universitaria de Ciencias de la salud) where adding more credits to training in conventional sports medicine took place, the clinical sports medicine approach was added with its clinical and pharmacological components; years later a program at the University of Boyacá was launched where they once again take up this approach where the sports medicine physician not only fulfil the functions known worldwide but also this new clinical approach with a manifest role at the hospitalization level as well as a role in comprehensive management of communicable and non-communicable chronic pathologies, is performed; that is, it becomes an ideal piece for all prevention and promotion health programs (adults and paediatrics).

In Colombia there are six postgraduate programs in sports medicine; amongst them, there are two postgraduate programs in physical activity and sports medicine (Fundacion Universitaria de Ciencias de la salud, Universidad de Boyacá) that in their credits added to the usual sports medicine core, the ones corresponding to clinical sports medicine or clinical sportology. There are already graduates of these programs exercising this concept of clinical sportology in their professional practice. I can highlight among these the program in two hospitals (Hospital de San Jose and Hospital infantil Universitario de San Jose); I can also highlight another postgraduate program at the University de Boyacá, also adding to the well-known core of sports medicine, this concept of clinical sportology and Renacera IPS (private clinic at Villavicencio - Colombia) which is an example of clinical sportology practicing from private practice, also incorporating rehabilitation with technology and robotics.

Like them there are many more today and it would be extraordinary to expand globally.

The experience has been truly enriching and innovative for our population, where exercise has taken place as medicine in the least expected scenarios, for example talking about therapeutic exercise with dosages in the patient with critical care, acute interventions with high technology and robotics treatments at an emergency centre dedicated to trauma, intra-surgical therapeutic interventions in spinal cord trauma to provide an alternative for prompt recovery to the patient, rapid intervention plans and for many colleagues to provide early mobility and recovery in the post-surgical and hospitalized in-ward patient.

Without a doubt, it has not been an easy path to break the paradigms of medicine and challenge molecular biology with exercise and physical activity.

The services where there is a high demand are the coronary ICUs where the decrease in hospital stay and bed-rotation has had a good impact, which is convenient for the institutions, for their economic income and for the patients for their prompt improvement. The hospi-

tals dedicated to trauma have benefited in the soft tissue treatment with the intervention of the sports medicine physician, their surgical times are optimal due to the decrease in oedema in record times and with this tissue's preparation fewer intra-surgical and post-surgical complications are found. In the field of hospitalization, there has been a positive experience with early mobility with therapeutic doses of physical activity, for each of its chronic communicable and non-communicable pathologies, with biomolecular stimuli that help regulate pain, inflammation, increased immune status with impact in decreasing the days of in-ward hospitalization (ICU included); thus, we see people compliant to healthy lifestyles and on a daily basis with people who want to move more because they can see the before and after therapeutic exercise effect benefit. Currently we are in almost all surgical and non-surgical services with chronic and non-chronic patients, emergency centres, pain clinics, and patients in critical condition units and in the oldest field such as the diseases promotion and prevention, included paediatrics, for the latter, the FUCS recently launched a Paediatric Sports Medicine diploma where knowledge is reinforced in this field, clinical sports medicines included.

Our scope is relative and wide at the same time, for instance, being there is an absolute contraindication to exercise, we take the resource of physical activity and ultimately passive mobility with technologies that very rarely allow us to tell our colleagues that nothing can be done and not come up with an alternative intervention in terms of therapeutic locomotion objectively prescribed for the patient improvement. Movement medicine is very grateful, our expectation is to share our knowledge to the medical world that moving will always be the best option or at least amongst the best ones.

Our services provide a solution to health services in a broad way, compared to the economic aspect, we reduce the use of medications for pain control up to 6 hours and complex pain after surgery up to 4 hours, decrease in hospital stay with an increase in bed-rotation up to 25%, in the long term; the health system has more active people due to compliance to the exercise that we manage, this includes cardiovascular, obese and sedentary patients, we give different alternatives of intervention according to the need and availability of resources where we handle high-tech and robotic equipment or with simple elements. There is always a way to safely move and benefit from it, science based; thus, assessment, diagnosis and management by a Sports Medicine Physician is mandatory.

The physical activity and sports medicine invites all programs to know its benefits for the surgical, non-surgical medical professional of complex units such as oncology, pain clinic and palliative care, trauma units, ICU, renal units, in-ward and outpatient consultation (adults and paediatrics) and more.

This medicine is not there only for amateur or high-performance athletes, exercise as a medicine goes much further than we thought and beyond we were taught.

I consider it is a great opportunity for public health and interdisciplinary care, what clinical sportology or clinical sports medicine offer us. I invite all those interested to organize this branch of medicine in their private and/or hospital practice; It is not a new vision for some but very innovative for many.

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