

Sports Medicine in a Time of Pandemic

We join with all nations across the globe in a common endeavour, using the great advances of science and our instinctive compassion to heal.

H.M. Elizabeth II, *Broadcast to the UK and Commonwealth, April 5, 2020*

It's a glorious spring day in Chicago, more like mid-June than early April. Trish and I are out for an early morning walk, anxious to get in a modest bit of exercise before too many other Chicagoans notice the beautiful weather. Masks carefully tied in place, we amble south on Lincoln Park West toward Clark Street. A few other walkers and joggers are out and about. Whenever another human approaches, we reflexively move to the right, dutifully yielding the prescribed 6 feet of clearance as we pass.

Just over the fence in Lincoln Park, an azure carpet of hundreds of thousands of bluebells proudly proclaims the new season. Here and there, drifts of gleaming daffodils reflect the sun, crowds of yellow smiling at us as they must have smiled at William Wordsworth 2 centuries ago. Apparently, the flowers haven't read the social distancing order. The 151 bus rolls down Stockton Drive, eerily empty when it should be stuffed to its standing-room-only capacity. The statues stand proudly upright: Hans Christian Andersen smiling benignly beneath his soft green patina, Alexander Hamilton gleaming regally in a coat of gold leaf befitting the first secretary of the treasury. Further beyond, the Lake Michigan shoreline, which normally would be packed with runners and cyclists on the first warm spring day, is silent and deserted, its access blocked by a police department barricade.

Daily life has become a dystopian science fiction movie—only it's not fiction but reality, not the future but the present. What we used to accept as normal existence seems like the distant past, but it isn't. We are told that knowledgeable epidemiologists predicted this months ago, but like Cassandra, their warnings went frustratingly unheeded. I'm amazed at my own prior naivete—or was it denial? When I left Chicago for the Egyptian Arthroscopy Association congress in Cairo on February 21, the epidemic seemed localized. True, most of the intended faculty from Italy had abruptly cancelled a few days before the meeting in the face of a viral outbreak in Lombardy; perhaps they were overreacting, we thought at the time. Other speakers filled in for them and the congress proceeded as usual. Every seat in the audience was full; tables

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of food were eagerly emptied at coffee breaks; friends greeted friends with handshakes, hugs, or kisses; faculty dinners were festive and lively.

Two weeks later, at the Magellan and SLARD meetings in South America, the atmosphere was just slightly more cautious. Although there were a few faculty no-shows, general attendance appeared largely unaffected. Some Covid-19 cases had been reported in Argentina and Chile, but the continent seemed outside the main danger zone. Social interaction was again virtually normal; the occasional elbow bump in lieu of a handshake felt more ironic than prophylactic. Yet, as the conference drew to a close, the news from back home was ominous. With the number of cases mounting, American governors were beginning to issue stay-at-home orders. My daughter-in-law, a pediatrician, implored me to wear a mask during my return trip. As my American Airlines 787 took off from Santiago, I learned that I'd been lucky to board the carrier's next to last flight from Chile to the United States.

Reaction to the epidemic in the sporting world evolved rapidly. Professional leagues played a few contests in empty arenas and then shut down completely as they recognized that athletes were not immune to the virus. In quick succession, the NCAA cancelled the celebratory banquets at its winter championships, then cancelled the championships themselves and the entire season of spring sports. This decision became moot as, one by one, American universities sent their students home and declared that the remainder of the school year would occur online. As a university team physician, I was greatly saddened by these events. I immediately thought of our swimmers, wrestlers, and track and field athletes who had trained since the fall to qualify for the NCAA meet but had learned just days before the competition that they would not get a chance to fulfill their dreams of a national championship.

As sports have disappeared, the clinical practice of sports medicine has quickly followed suit. Chicago hospitals, like their counterparts in many other sections of the United States and around the world, eliminated elective surgery, both to avoid putting healthy patients at risk and to free up space for the onslaught of seriously ill Covid-19 victims. Because most sports-related procedures can be postponed without irrecoverable harm, our patients must endure the pain and frustration of seeing their expected treatments put on indefinite hold. Educationally, this is a major blow to American orthopaedic sports medicine fellows, who stand to lose up to 5 months from a 12-month learning experience. Fellowship directors will have to decide whether the abbreviated training period is sufficient for each fellow or secure funding to extend the fellowship beyond the expected date of completion.

The northern hemisphere spring is usually a busy time of orthopaedic and sports medicine congresses. Absent these opportunities to meet with my colleagues from around the

world in person, I'm in touch with many of them via email and social media. Their stories are both heartwarming and heartbreaking. Many are covering general trauma and conducting telemedicine visits while spending uncharacteristic amounts of time with their families. Some have contracted Covid-19 themselves and have fought through the symptoms. So far, I have not heard of any who have succumbed to the disease. Surgeons from hard-hit areas have related the experiences of their colleagues in internal medicine and intensive care who, for the first time in their careers, have had to triage which patients are selected to use the suddenly inadequate supply of ventilators.

The effect of the Covid-19 pandemic on sports medicine journal publishing has been interesting. Submissions to the *American Journal of Sports Medicine* in March surged past the prior monthly record. The curtailment of clinical practice may have given authors the time to finish writing up completed projects. One would expect a reciprocal future dip in submissions to reflect a period in which clinical research has ground to a halt. For now, journal production is unaffected, with reviewers, editors, manuscript managers, and proofreaders all able to do their jobs remotely. Except for some temporary glitches, even print production has so far been able to continue.

For Trish and me, daily life has become a lot duller. With no sporting events to cover, and the diversions that make Chicago such a vibrant place to live—the symphony, opera, experimental theater companies, countless ethnic

eateries—in suspended animation, we're visiting Netflix a lot more these days. Considering the thousands who are unemployed and wondering how they will pay for food and shelter, or who are huddling together in impoverished conditions, or who are risking their own health to care for the sick, or who are shaking with fever, struggling to breathe, and too often losing that struggle, these concerns seem petty and selfish.

I am writing this piece in early April, and it won't appear in print until May. By then we may have moved into the next phase of an uncertain future. When will life be back to normal? Will life ever get back to what we had come to consider normal—or will normal be a new paradigm about which we can only make educated guesses? When the post-pandemic world arrives, will the practice of sports medicine have changed? At this point we cannot answer these questions with certainty but only with speculation.



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