Pillars of ESSKA.

ESSKA likes to honour the men that have been the pillars of Sports Medicine in Europe. In the current issue, we will focus on Professor Lars Engebretsen, President of ESSKA from 2008-2010.

INTERVIEWING PROF. LARS ENGEBRETSEN
by ASBJØRN ÅRØEN

Professor Lars Engebretsen a former top level soccer player has been the dynamic engine in the sports medicine in Norway for about three decades, always prepared to facilitate collaboration and the improved care for sports injuries, not only for the elite athletes, but also for those on the more ordinary level. At the moment, we meet him at research travel in United States, which have been one of the main axes for some of the fruitful collaboration in his research.

Dear Lars, could you share some of your thoughts on the following topics.

Q: With your experience in sports both as an active and later as a provider of health care to the top athletes, what do you think about the progress to more and more heavy training at early ages, maybe particularly in team sports as soccer? Does this increased loading on the young athletes increased the risk of injuries and is this something you think ESSKA as organization should focused more during the next years?

R: This is obviously happening all over the world and is part of the increased demands on the top-level athletes. I agree that the injury risk increases, but I think ESSKA and other similar societies can increase their efforts in injury prevention. New and more studies, both basic science and RCTs are needed. ESSKA as the prime society in sports in Europe has a responsibility and I hope the leadership will initiate new programs in this field.

Q: The Olympic games in London is coming up this August and will probably be the best ever in athletic performances and antidoping work. How do you see that the Esska as the main organization in knee and shoulder surgery in Europe could contribute to achieve even better care for the athletes?

R: ESSKA is already doing much through their education of young orthopaedists all over Europe. What is needed, is education and research, and implementation of our knowledge. ESSKA should continue to foster courses and congresses around Europe and in my opinion continue the hard work towards a European degree in sports trauma.

Q: What have been the most important change in sports medicine the last decade and what is most needed to focus in the next decade?

R: The increase in sports participation and the number of serious injuries are the most important challenges. To this comes the technical revolution with industry and surgeon partnership. Unless we are successful in our prevention work, the injury increase will continue and unless we work with society to secure good business rules, we will not be able to continue our partnership with the industry.

Q: As a central member both in ESSKA and the Olympic Medical Organization in the Olympics in London what are your future visions for both these organizations?

R: The IOC will clearly play a bigger role in research and education in sports medicine in general, whereas ESSKAs role will be to ensure that our education and research is available for all orthopaedic surgeons with an interest in sports trauma in Europe. I certainly hope that this will lead to a specialist degree down the road.

Dear Professor Engebretsen. Thank for sharing your thoughts on these issues and all your past and ongoing contributions to the field of sports medicine. Much appreciated.

Professor Lars Engebretsen, Professor Lars Peterson and Asbjørn Årøen working together in Oslo performing autologous chondrocyte implantation on a difficult knee case involving both lateral and medial part of tibia.