

B I L L R I B B A N S



# KNIFE

IN THE  
FAST LANE

A Surgeon's Perspective  
from the Sharp End of Sport





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# INTRODUCTION

THE CONSEQUENCES of exercise are not always positive. Sport can be exhilarating to play and thrilling to spectate. However, injury and illness caused by sport remind us that it is an intrinsically precarious enterprise. Its activities can fly in the face of society's preoccupation with health and safety. A doctor's duty in sport includes trying to reduce risk. Failing this, you must strive to treat the problems with all the skills available.

I became involved in sports medicine in 1981 having enlisted as a part-time medical officer with the British Boxing Board of Control. I had no idea how my career would develop or how medicine would evolve in the following decades; sports medicine would not be recognised as a speciality for another 25 years. I chose orthopaedic surgery. Career progress was slow and uncertain. Building a career and reputation within sport depends on developing networks with fellow professionals – becoming a team-player and looking at athletes from a holistic viewpoint.

I have interwoven my own experiences of sports surgery with the broader questions that face doctors involved in sport. These doctors face difficult ethical issues: pressures from sporting establishments and changing room mutinies; confidentiality; the decision to challenge when players want untried remedies. All this while working within an increasingly litigious society.

The power of medicine and surgery to treat and return athletes to play has increased enormously. But has our increased ability really reduced injuries or are we simply returning players to face the next big hit? How far should the duty of care of doctors extend? Should we insist that sporting bodies take action to prolong careers and prevent long-term disability, as the Football Association has done recently in banning under-12s from heading while training?

## INTRODUCTION

I have been blessed to have consulted with and operated on many elite sports people. They have included world champions across eight different sports and athletes with 28 medals from seven Olympiads. My clinics, though, are filled predominantly with the occasional runner and gym user.

Since training and working in London I have spent a long period practising medicine in my hometown, Northampton, where I first developed my love for all kinds of sport. It has been a privilege to look after athletes from the clubs that have been my own sporting heart for over 60 years.

This book charts the history of medical care for athletes, from the eras of football managers injecting players with monkey testicle extracts and team doctors being ‘detained in hospitality’. It surveys the present scene of vast numbers of highly qualified support teams swaddling today’s athletes.

There is always another side to the coin, however. Sport has become populated at its fringes with quacks and charlatans. Everybody wants a piece of the action, to bask in the reflected glory. Lack of training or science to support their offerings is no barrier; these individuals will muscle to the front of any sporting queue. Athletes are surrounded by numerous advisors but are still potential prey to unscrupulous paramedical parasites who populate the sporting shadows. Some elite athletes still want to have the afterbirth of a horse rubbed on their ankles or a witch doctor massage their thighs with leaves.

The world and his dog (especially football managers) are experts in sports medicine. I read avidly newspaper back pages and follow pronouncements on various ‘new age’ treatments. When media interest has evaporated, it is instructive to revisit these ‘remedies’ and reflect on whether the hype was justified – usually it is not.

In these pages I have chronicled some of the important welfare issues that loom large in many sports. Concussion, long-term damage to physical well-being, mental health, drug-taking and many more issues. I look at the battlegrounds where performance and welfare collide and how clinicians’ roles have evolved to survive.

I have reflected on the relationship between medicine and sport. It seems a paradox at times: medicine has never been better ordered or more knowledgeable about athletes’ care, but its position, function and worth must be increasingly defended against those within and without sporting organisations.

Finally, I reflect on the major changes in my profession since the early 1980s. What did we do before MRI scans? Examine patients is one answer. Did we really do charity runs to raise funds for keyhole surgery equipment? These are operations now considered to be our stock-in-trade.

If the book appears at times critical of aspects of sport, this is born of my concern for something I love. I am passionate about sport and convinced of its benefit for society. I thrill at the skills of our most talented athletes; their endeavours raise the national mood and inspire future generations. Sport encourages youngsters to spend fewer hours in front of electronic gadgets.

Mine has been a long journey but not a unique one. Many colleagues could write of similar careers. I hope this account proves of interest to sports followers, those involved in sports and health sciences, and the clinicians already involved or contemplating a career in this fascinating world.

The book is primarily about my patients, however. I learn from them every working day. I never forget that it is an honour for patients to consent and trust me to undertake surgery on them. Medicine is like sport. It is about exposure to the challenge. The need for analysis, planning, practice, repetition and review. Sporting endeavour mirrors my own ongoing professional growth: reflection, adaptation and continued learning.



## Chapter 1

# WEALTH, HEALTH AND SPORT

*The times they are a changing  
'Come gather 'round, people  
Wherever you roam  
And admit that the waters  
Around you have grown'*

**Bob Dylan, 'The Times They Are A-Changin' (1964)**

ON 30 July 1966 England defeated West Germany 4-2 to become football world champions. Arguably, it was the greatest sporting team triumph in English history. As a youngster, I was captivated. Scrapbooks and posters littered my bedroom. I still have a ticket from every one of the 32 games. I bought as many newspapers my pocket money would allow. I was hungry for news and comment. There was not a lot for a lad to feed on.

On the Saturday morning of the final the *Birmingham Post* found no place for the game on its front page. 'Traffic stopped by hailstones in Scotland' did make it. Page 13 had a pre-match article and team news. The *Post's* Monday edition allowed news of the weekend's victory to creep on to page one but it was given fifth billing behind stories such as, 'Religion holds up operation'. Page 11 had a game report from the sports desk.

The *Sunday Times* featured a story on its front page but only to deal with its aftermath: 'London goes mad after World Cup victory'. Rolls Royce's jet engine order and chief superintendent MacArthur of Scotland Yard ranked higher. The match report was tucked away on page 16.

Fast forward to the 2018 World Cup. England's semi-final exit to Croatia was splashed across the front of *The Times* and covered its entire back page, and two further inside pages were devoted to the story. There was a 12-page semi-final special and a four-page wrap-around section – 'Thanks for the Memories!' What of MacArthur's Scotland Yard successors? Efforts to capture the Salisbury novichok poisoning villains were relegated to page 19.

Different times, different priorities.

Sport has preoccupied the British for centuries. For the avid follower of yesteryear, reports of sporting events came via local and national newspapers and later the radio. The first major sporting event broadcast on television was a tennis match from Wimbledon in 1937. FA Cup finals, Test matches and the Boat Race started a year later but only 20,000 television sets were in use to receive their coverage. Queen Elizabeth's coronation in 1953 is credited with the boom in TV ownership and by 1960 ten million homes had a television.

During the 1950s and early 1960s attempts were made to show football highlights on television, but it was *Match of the Day (MotD)* that would become the beating heart of the soccer fan. The programme was launched in August 1964 but the BBC offered highlights of one game only.

There were no slow-motion replays, no pundits. The first programme showcased Liverpool against Arsenal. It attracted an audience of just 20,000 viewers – less than half the attendance at Anfield earlier that day. By the time *MotD* celebrated its 50th birthday in 2014, seven million people were tuning in.

It's something of a cliché to talk of sport as 'big business'. The term was applied by one of the founders of the English Football League in the 19th century. In reality, many English clubs below the Premier League have a turnover lower than the Lidl supermarket around the corner. It is different in the 'promised land'. By 2017 Sky TV contracts pushed the English Premier League soccer summer transfer window spend to over £1.4bn with a net outlay of £665m. These vast sums at the top end seem as unstoppable as they are unfathomable, and affect more than just a player's bank balance.

Lottery money allocated via UK Sport comes with strings attached: medals are the currency. Underperforming sports such as handball, basketball, table tennis and wrestling found themselves jettisoned after the 2012 Olympics. Success in many sports depends as much on the

quantity of money thrown at it as the skills of the athletes and coaches. This applies as much to Olympic sports as any football team.

With so much money at stake, and so much focus on performance, the health of our leading athletes has become a national obsession. Concerns fill newspapers and the thoughts of many within our country. Television bulletins, radio phone-ins and social media platforms thrum to the words of pundits. Websites such as [physioroom.com](http://physioroom.com) provide injury tables and medical updates.

On one Monday in October 2019, over 10 per cent of *The Times* sports pages had medical themes: depression and anxiety in international cricket, the doping scandal swirling around distance running coach Alberto Salazar, and tackling and concussion debates at the Rugby World Cup. I could also read of and contemplate the dubious ethics of requesting that Caster Semenya be castrated.

The nation frets over injuries. The collective blood pressure rises as major soccer tournaments approach, as we debate the effect on our side's hopes of success. In 2006 it was Wayne Rooney's fractured metatarsal and Michael Owen's anterior cruciate ligament (ACL). In 2010 it was David Beckham's ruptured Achilles. By 2014 we were back to the ACL. This time it belonged to Theo Walcott.

The British are not alone in this. In 2018 the Egyptian population waited anxiously to hear whether Mohamed Salah would recover from the shoulder injury sustained in the Champions League Final just weeks before. At the same time, Ipanema beach regulars in Brazil waited nervously for Neymar to recover from his metatarsal fracture. Both players made it to the World Cup but did not set the tournament alight.

The earnings of footballers, golfers, tennis players, Formula 1 drivers and boxers have been at impressive levels for more than half a century. Back in 2006, the Professional Footballers' Association (PFA) estimated that the average Premier League annual salary was £676,000 – before bonuses. In 2018 Alexis Sanchez's transfer from Arsenal to Manchester United earned him a £6.7m signing-on fee and an annual salary of £20.35m. It didn't stop there. He was paid an extra £75,000 every time he played, before being bundled off to Inter Milan. Teenagers breaking into top football sides can expect to receive a weekly pay packet of 200 times the national average.

Earnings abroad can be even greater for soccer's superstars. In 2018 Cristiano Ronaldo was asking Real Madrid for a weekly salary of

£1.35m to stay with the club before accepting £26.5m a year on moving to Juventus. Messi was earning £673,000 per week at Barcelona.

Recently, other sports have raised the earning potential and profiles of their leading exponents. In 1996, the advent of professionalism in rugby union allowed players to jettison other careers. Twenty years later, Premiership rugby players were earning, on average, a shade under £100,000 a year, with the *Daily Mail* estimating that nine star players earned over £300,000 each in the 2016/17 season. Average salaries doubled in the next two seasons, with Leicester's Manu Tuilagi taking home £450,000. The latter's run of injuries only allowed him to play for his club on 36 occasions in five seasons (2013 to 2018). He cost Leicester £65,000 per game he played.

By the end of the decade, annual salaries were even higher with the £1m mark approaching. Saracens were relegated in 2020 for breaching the salary cap to keep ahead of the pack.

In cricket, the 2017 'retainer fee' for the 11 centrally contracted England players was £700,000. With considerable bonuses available for appearances and captaincy status, some salaries topped the million mark.

Riches may be accrued for the chosen few in cricket's Indian Premier League (IPL) 'auction'. Even before his 2019 man-of-the-match performances in the World Cup Final and Headingley Ashes Test match, Ben Stokes received a combined total of £3.1m for his participation in the 2017 and 2018 IPL competitions. This involved a maximum of 34 days of cricket if his side made the final each year. In 2017 he played 12 times – £590 for every ball bowled in the games in which he was involved.

The media coverage rivalled that of soccer following the heroics of Stokes, Buttler, Morgan and their mates in securing the 2019 Cricket World Cup in a nerve-shredding finale at Lord's. *The Times* produced its four-page wrap-around combined with ten pages of analysis. The victory was even dissected on its editorial page. The same paper produced a 16-page supplement the following day. In terms of column inches, cricket was beginning to rival other major sports.

Up until the early 2000s the Royal Mail depicted only the monarch and members of the royal family on its stamps – unless you were dead. Since then we have been able to lick the backs of many of our sporting heroes such as rugby and cricketing world champions and Olympians and famous footballers; even 1966 football World Cup winners Bobby Moore and Geoff Hurst were not given that privilege.

Why is this reminder of the eye-watering salaries of our star sportspeople and the media's insatiable appetite for sports stories relevant? Because the prolonged robustness of athletes affects their sporting competitiveness, the health of their finances and those of the organisations that engage and control their activities. Additionally, the improving financial position and media exposure of athletes impinges on their medical care because they have the freedom to pursue wise, and not-so-wise, clinical decisions: they are increasingly attractive prey.

For a doctor entering the world of sport, it can all be bewildering. Coming from NHS training, we are expected to 'watch the pennies' and follow evidence-based remedies. Government agencies such as the National Institute of Clinical Excellence can dictate our professional pathways. We have ingrained a 'value for money' mentality. Elite sport allows unfettered access to expensive tests and treatments. 'Just in case' or 'being seen to be doing something' (even if it involves untested remedies) frequently replace logical decision-making. It can appear as untamed as the Wild West.