



CANADIAN ATHLETIC THERAPISTS ASSOCIATION

ASSOCIATION CANADIENNE DES THÉRAPEUTES DU SPORT

MAY 2004

President's Message

It's difficult to put into words the range of emotion and volume of activity that comes with being the president. In order to remain focused and well balanced, I looked to those surrounding me for their expertise, wealth of knowledge, and words of encouragement. These are the people you, the membership, have looked to over the years as well. This is a group of people who have committed their time and efforts to the association year after year and, in the end, the contributions have enabled us all to continue working in the health care community as athletic therapists. This group of people is you, the membership.

Although I may not have spoken to everyone directly, your participation in the association speaks loudly. I was able to work more closely with the committees through the voice of the committee chairs, Grant and Helena, our national office staff, and the board members to hear the members' comments and concerns. Feedback from the membership is such a valuable tool with both positive and negative outcome, and we all included your feedback this year when considering growth and change for the association.

This was another very active year for the standing committees. Certification, Exam Review, and Education committees are constantly updating materials and making policy and procedural changes to maintain quality assurance for our certification candidates. Program Accreditation committee efforts continue to help our educational institutions maintain the highest of standards and quality programming in order to help the newest members of our association as they embark on the journey to certification. Marketing, Sponsorship, and Exhibitors and Insurance Billing committees are working hard at public awareness and informing the external competition we face of how valuable a commodity athletic therapists are in the health care community. We managed to have our Financial Advisory committee actively participate this year and, finally, International Relations committee continues to make huge strides working toward credential recognition across the border.

In closing, I would like to express my personal thanks to all who provided assistance to me this year, especially my fellow board members Colleen, Dave, Glen, Andrea, and Mark. Through a roller coaster of events all year, this group continued to provide commitment and support. It's been a true

(continued on page 2)

Important Contacts

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President's Message (continued)

pleasure working with all of you. To Grant and Helena, your constant attention, upkeep, knowledge, and maintenance of the association's daily operations is invaluable to the incoming president. Thank you for sharing your wealth. And finally, I am forever grateful to my mentors, Dexter Nelson, Joe Piccininni, Jim MacLeod, and Mark Lafave. Whether or not they know it, these men provided unconditional support at any hour of the day and any day of the week through countless emails and conversations. They provided the third dimension and the alternate perspective that can only come from history and experience. This information sharing was of great value to me this year, and I thank all of you. I wish the best of luck to our incoming president, Colleen Creighton, and I thank you, the membership, for allowing me to be part of a wonderful experience I shall never forget.

Janice Holmes



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Regional Chapter Reports

Ontario ATA Report

The OATA Executive felt there was a need to develop a Strategic Plan so we could see where we are headed in the next 5 years and how we will get there. The meeting was held January 10 at York University. To summarize the outcomes, the OATA has decided to actively pursue regulation in Ontario. This process was started in 1998 and we hope to be submitting the documents to the Ontario government by 2006–7. We also hope to develop a member's manual that will give OATA members the tools needed to effectively market/promote themselves to sporting organizations, events, insurers, and their clientele.

Plans are well under way for the CATA Conference 2006. Ottawa is the host city and we hope all members will join us in the Nation's capitol for learning and comradery.

Andrea Prieur has stepped down as our VP Finance. I would like to thank Andrea for all her hard work and dedication to the Athletic Therapy Profession, not only in Ontario but also at the national level.

Looking forward to seeing everyone in Antigonish!

Kelly Parr
President, OATA

Manitoba

The MATA held its Annual General Meeting on Tuesday, May 4, 2004. As usual, the AGM was well attended by the membership. One of the highlights was the formal welcoming of all 14 newly certified athletic therapists for 2003. The MATA's current membership breakdown is as follows: 60 Certified Athletic Therapists, 122 Certification Candidates, 2 Honorary Member Emeritus, and 1 Associate Member.

The MATA recently interviewed for the position of Athletic Therapy Services Coordinator. The ATS Coordinator is responsible for organizing medical services for sporting and charity events that are held throughout Manitoba from May until September. Last year's ATS program saw an increase in demand, as the number of events requiring medical services increased from 40 to 51. As more and more sporting organizations recognize the importance and value of medical services, the MATA's ATS program will continue to grow. As well, the ATS program provides an excellent opportunity for certification candidates to gain some valuable experience in a variety of sporting environments.

From August 11–14, 2004, the city of Dauphin, Manitoba, will host the 2004 MTS Manitoba Games. Many of our members will be called upon to provide their time and expertise to the medical team for the games.

The MATA would like to wish everyone a safe and enjoyable summer!

Connie Klassen
MATA Program Director

Saskatchewan

At the time of this newsletter SATA members will be looking forward to the 38th Annual CATA Conference in Antigonish, Nova Scotia. There will be good representation of Saskatchewan in spirit even if not in numbers, given the travel distance.

The SATA continues to work to increase the awareness of Athletic Therapy in Saskatchewan. Members have been working on proposals for WCB and Blue Cross for their insurance coverage of AT. There is also continued support from the SATA for those working on developing a Western Athletic Therapy Regulatory Board. Recently we proposed an amendment to the Sport Medicine and Science Council of Saskatchewan Articles of Incorporation and Bylaws to have SATA included as an Active Provider Group Member. This would allow the association a director on the board and therefore voting status within the council.

SATA will also be playing a role in the organization of medical services for the 2005 Canada Summer Games to be held in Regina.

Congratulations go out to our newly certified members Kristi Hill and Corey Young. Our growing numbers will help strengthen the SATA and build its name in the province.

Lisa Swallow

Atlantic Provinces

Hello from the East Coast!!

In just a couple of weeks many CATA members will be descending on Nova Scotia for this year's national conference. There will be golf, amazing local singer Terry Kelly, the very entertaining band Big Fish, a Karaoke welcoming party, and the annual banquet party. And of course the educational side to the conference with an upper-extremity focus highlighted with keynote speaker Dr. Reed Ferber of Calgary. The conference is being held in the newly renovated St. Francis Xavier University campus in beautiful Antigonish, "The Heart of the Highlands." Make sure you have your transportation all organized, whether you are flying or driving to Halifax. You won't want to miss out on this exciting conference.

Exciting news from our region in insurance coverage: Headed by Stewart Munroe, the New Brunswick Worker's Compensation Board has initiated a 2-year

pilot program covering Athletic Therapy in NB. This project is the first of its kind in Canada, and hopefully it will become a continuing movement across Canada. Thanks to Stewart for all his hard work. Our regional IBC continues to improve insurance coverage, with current focus on getting Blue Cross, Maritime Life, and several other groups to include AT.

In other news, our region was excited to host another international event with the Women's World Hockey Championships recently held in Halifax/Dartmouth this past April. Several members of APATA were honored to assist as volunteers with the host medical team. In addition, the university and hockey seasons are finishing up and the focus of our members will be shifting to summer sports and some relaxation. Our association would also like to congratulate Jeff Kelly and Jocelyn Sitland, who became certified in the last CATA exam. Good luck to you both as you begin your careers. On a personal note, congratulations to CAT(C) Kate Elliott, who with her husband Scott welcomed their second child this month.

For more information on what is going on in our region, go to our website, www.apata.ca

*Natalie Randall CAT(C)
APATA President*

British Columbia

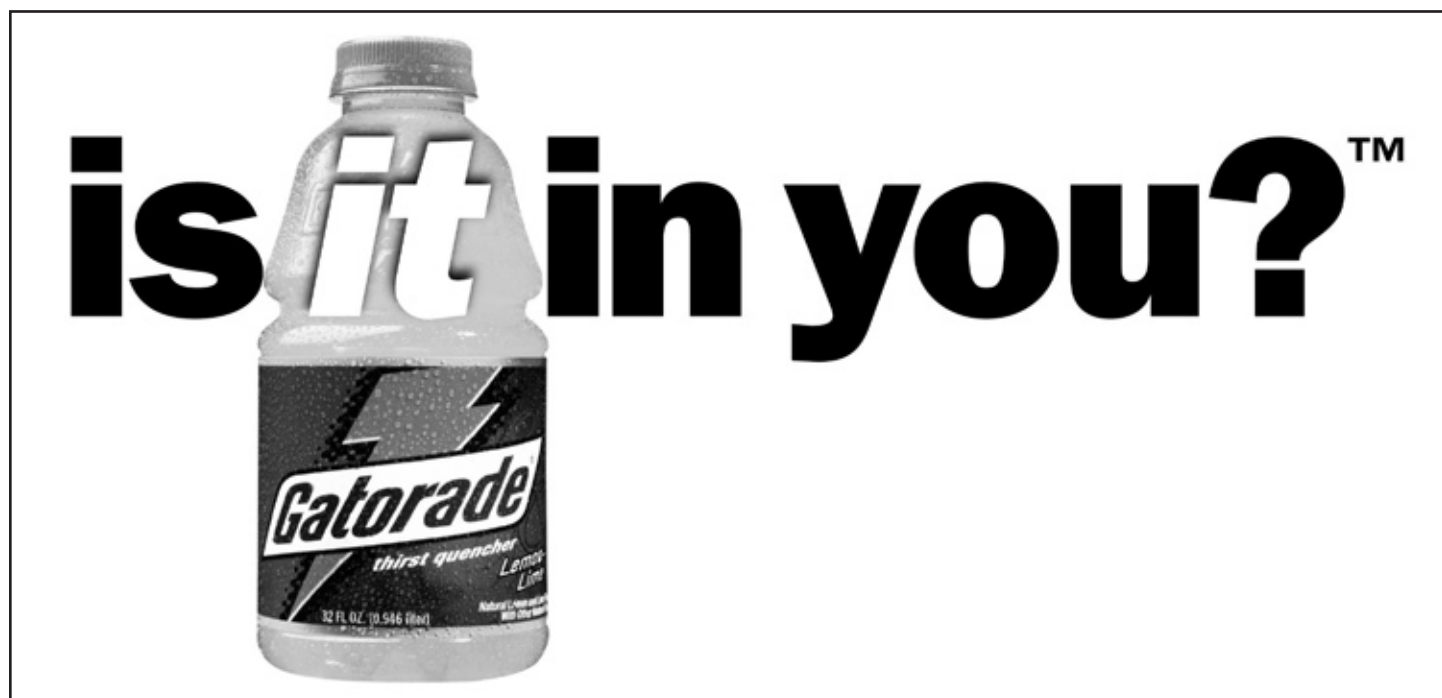
The ATABC is excited and pleased to provide its members with a quarterly newsletter that includes Clinical Tid Bits,

Field Training Tips, and a BC Member Profile, as well as important ATABC information. Great job, Deanna Schick, Isabel Grondin, and Mikki Lanuk on the 1st ATABC newsletter edition. The ATABC BOD has been working on developing a one-day seminar to be held in conjunction with its AGM in May 2004. Details are still being determined and will be made available as soon as times and dates have been confirmed. The ATABC would like to congratulate Shay McKay on completing certification at the December exams. Great work, and we look forward to seeing you at the ATABC AGM!

Congratulations to Cassandra Zinkowski, who was the athletic therapist traveling with the U19 Women's National Soccer Team when they competed in Trinidad and posted a 2-1-0 record. Congratulation to Kevin Brechin, the athletic therapist who accompanied the University of Victoria Soccer Team when they went to Florida in February for a tournament. Isabel Grondin continues her long-term work with the National Rugby Programs. Hong Kong and Singapore were the sites of the Senior Men 7's Program as part of the IRB 7's Series.

The ATABC would also like to wish all those teams heading into playoffs the very best in their respective sporting events, and we look forward to experiencing all that East Coast hospitality at this year's CATA Conference in Antigonish, NS.

Deanna Schick



Committees

Board of Director Report CATA Winter Meeting

It's that time of year again for renewal of membership dues to be sent in. The current year's membership dues are still being received as this goes to press, but as of mid-February the total membership remains ahead of last year. We are happy to report that CATA has 1,264 members. Broken down, that gives us 686 Certified members, 578 Certification candidates, 5 Emeritus, and 5 Associates. It is great to see the rise in membership in all provinces across Canada! Membership was slightly down only in one category compared to 2002, with the only attrition occurring in our candidate category. This is a concern to our Board of Directors and one of my tasks is to find out why this may be happening.

Please make certain you pay your 2004 dues in accordance with the new fee schedule that was proposed at the 2003 AGM to ensure that you remain a member in good standing. Welcome to new members and thanks in advance to all returning members for the speedy payment of your dues.

The 2004 Annual Conference is scheduled at St. Francis Xavier University, Antigonish, Nova Scotia for May 26–29th. Tara Sutherland, chair of the Conference Committee, reports that an exciting program awaits CATA members dealing with all issues concerning “The Lower Extremity.” Thank you to Tara and the 2004 Host Conference Committee, as well to the 2003 Host Conference Committee in Victoria for helping to provide us with excellent opportunities to make us a better AT! The Board of Directors has now determined locations for future conferences and we would suggest that you mark your calendars for the following dates and venues: June 1–5, 2005, in Calgary; May 24–27, 2006, in Ottawa.

The last component to my report is to update the membership of any policy and procedure changes. Currently the CATA P&P can be found throughout our website for easy accessi-

bility and is the most up-to-date copy available. For even easier access, we will have a NEW one-page summary in the P&P area of the website, which will list the appropriate year and any changes that occurred during that year. Some proposed changes to the P&P will be presented at the AGM concerning leave of absence for educational and certification categories.

That's it for my first Board report. May the Association and its members continue to seek, display, and lead in professional excellence in the upcoming year. I look forward to representing you!

Andrea Prieur

Maintenance of Certification

1) The revised Maintenance of Certification Information Booklet and Reporting Document are now on the CATA website. Certified members I–N and O–Z can download these documents for their next applicable submissions. Certified members A–H may submit (January 31, 2005) the Reporting Document they currently have; the Info Booklet contains revised values for certain categories and more accurate descriptions. Please reference as necessary.

(continued on page 6)



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Please contact the National Office if you prefer that these documents be mailed to you. Questions regarding Maintenance of Certification should be directed to Jenelle McAllister, Certification Committee <spica @shaw.ca>

2) Effective 2004, proof of current CPR is now to be submitted ANNUALLY with national dues for every certified member. You will not be required to submit CPR with Maintenance of Certification, as it will be tracked with annual dues and insurance. Valid CPR is a requirement to maintain status in the CATA.

3) The CATA Written & Practical Exam Applications will be available to download from the CATA website 2 months prior to each application deadline. Please ensure that you use the application specific to the exam you are applying for, as revisions are ongoing. You must have a login ID and password to the members section of the CATA website to access the exam application. Please contact the National Office if you need login/password information.

Jenelle McAllister

Database Ad Hoc Committee Report

Members who have activated their personal web entrance in the CATA website may have noticed some subtle changes to the website.

- For example, if you are an SAT, you can list your certification candidates.
- You can also update your address in your personal information.
- Add your clinic to Clinics Across the Country listing.
- Job Postings can be submitted and sent to the National Office for approval.

There are plans to have more information on the website to assist you and the committees. We are working on creating data fields whereby you will be able to calculate your "points" to qualify to go to major games. Currently the Major Games committee spends a tremendous amount of time calculating each member's points so that they can be rank-ordered. Our goal is to collect the necessary information so you can see your points on the website. Some of the information will be entered by Helena (National Office) and some will be entered by you.

The other project we are working on that parallels the major games application is the information required for maintenance of certification (MOC). Our goal is to collect as much information needed for MOC as possible. Some day we would like to eliminate the need to keep and collect information for completing the MOC. We are probably a

couple of years away from that point, but for now we will begin to collect all the information.

You will receive information sheets in the mail that request information to be added to the CATA website. We appreciate your attention and thoroughness in completing these forms and returning them to the National Office. To save money, we encourage people to return forms to the national office electronically via email.

Grant Slessor

Education Committee Report

The CATA Education Committee met in December in conjunction with the certification exams. At those meetings Joan Matthews-White stepped down as chair of the committee and I have moved into that role. Joan has spent many years serving the Education Committee in

The advertisement features a central image of a football player in a dark jersey with the number 87, running with the ball. Various medical supplies are labeled with lines pointing to them: SUN GLARE (top), BRACE (left arm), CRAMERGESIC (left knee), BANDAGE (left leg), TAPE (left foot), SLEEVE (right arm), GLOVES (right hand), and PROTECTION (right knee). Above the player, there are icons of a person with a cane, a person with a crutch, a person with a wheelchair, and a person with a prosthetic leg. The text "Trainer's Choice SPORTS MEDICINE PRODUCTS" is prominently displayed. Below the player, the phone number "1-800-706-9834" is listed. At the bottom, there are logos for CATA (Canadian Athletic Therapists Association) and CANADA (An official supplier to the Canadian Hockey Association), along with the website "www.trainerschoice.on.ca".

several mandates. Her tireless commitment to furthering this committee should not go unspoken. We thank Joan for all her work and wish her all the best in her future endeavors. I would also like to personally thank Joan for her mentorship both in the past and as I transition into the role of chair.

As mentioned previously, we have several new members in new mandates. At the meetings in December the previous members were present to officially end their duties and help transition the new members into their mandates. Thank you to Cynthia Lays, Vicky Wiltshire, Kathy Harvie, and Joe Rotella for all their work on the committee. All four of you stayed longer than your obligations required. We hope we can fill your shoes adequately!

In the past issue of *Athletic Therapy Today* we reviewed roles and responsibilities of a supervisory athletic therapist (SAT). The policy states that a SAT must remain current by attending a SAT accreditation seminar or by participating in a practical exam every 3 years. The Education Committee has been compiling a database of SAT maintenance and we will now be able to enforce this policy. Be aware that if you are not in good standing as a SAT, you will receive a warning letter shortly. Please plan to complete this requirement. We are pursuing the option of giving

the accreditation seminar at regional meetings (provincial AGMs). Please stay tuned for more information!

Deanna Schick

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CATA 2004 Continuing Education Calendar

Course Title	Dates	Location	CEU	Fee	To Register
Intro to Craniosacral Therapy	Feb 21-22/04	Calgary, AB	4.8	\$225 US	1 800 233-5880 ext 88001 upledger@upledger.com
Intro to Craniosacral Therapy	Feb 24-25/04	Nelson, BC	4.8	\$225 US	1 800 233-5880 ext 88001 upledger@upledger.com
Intro to Craniosacral Therapy	Feb 28-29/04	Ottawa, ON	4.8	\$225 US	1 800 233-5880 ext 88001 upledger@upledger.com
Craniosacral Therapy II	Mar 18-21/04	Edmonton, AB	9.6	\$532 US	1 800 233-5880 ext 88001 upledger@upledger.com
Canadian Red Cross First Responder and AED	March 20-21/04	Sheridan College Oakville, ON	14.4	\$370	Loriann Hynes 416-949-4542 lhynes@cogeco.ca
Continuing Education in Athletic Therapy	March 27/04	Sheridan College Oakville, ON	2.4	\$75 student \$100	Chris Jackson 905-845-9430 #2323 christopher.jackson@sheridanc.on.ca
Craniosacral Therapy II	March 25-28/04	Winnipeg, MN	9.6	\$588.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Visceral Manipulation IB	March 25-28/04	Edmonton, AB	9.6	\$588.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Introduction to Craniosacral Therapy	April 2-3/04	Victoria, BC	4.8	\$200 US	1 800 233-5880 ext 88001 upledger@upledger.com
Sport First Responder - French Certification/BCLS	April 2-4/04	Montreal, QC	12	\$350 \$300 CC	514 426-9519 john@sportsfirstresponder.com
Craniosacral Therapy I	April 15-18/04	Edmonton, AB	9.6	\$488.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Craniosacral Therapy I	April 15-18/04	Saskatoon, SK	9.6	\$488.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Lymph Drainage Therapy I	April 15-18/04	Ottawa, ON	9.6	\$488.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Fascial-Pelvis Myofascial Release Seminars	Apr 16-18/04	Buffalo, NY USA	8.0	\$650 US	www.myofascialrelease.com 1 800 FASCIAL
The Cervical Spine	April 16-18/04	Concordia U Montreal, PQ	9.6	\$300 CC \$350	CTSQ 514-848-2424 ext 3311
Current Topics in Athletic Therapy	April 17/04	York University North York, ON	1.0	OATA AGM	Loriann Hynes 416-949-4542 lhynes@cogeco.ca
Soft Tissue Release	April 18-19/04	Brock U St. Catharine's, ON	6.5	\$250 US \$295 US	Jim Bilotta 905-356-1741 Jm.bilotta@sympatico.ca
Sport First Responder - English Certification/BCLS	Apr 23-25/04	Montreal, QC	12	\$350 \$300 CC	514 426-9519 john@sportsfirstresponder.com
Soft Tissue Release	April 24-25/04	Concordia U Montreal, QC	6.5	\$250 US \$295 US	Dave Paris 514-848-2424 #3323 parisd@vax2.concordia.ca
Robin McKenzie Institute Canada Part A: The Lumbar Spine	April 29-May 2/04	McGill University Montreal, QC	11.2	\$550	Carol Boaks 1 800 463-8568 rmckenziecanada@bellnet.ca
Sports E-Care- English	May 02/04	Montreal, QC	3.2	\$125	514 426-9519 john@sportsfirstresponder.com
Robin McKenzie Institute Canada Part A: The Lumbar Spine	May 13-16/04	Langley, BC	11.2	\$550	Carol Boaks 1 800 463-8568 rmckenziecanada@bellnet.ca
Sport First Responder - English Certification/BCLS	May 21-23/04	Montreal, QC	12	\$350 \$300 CC	514 426-9519 john@sportsfirstresponder.com

Course Title	Dates	Location	CEU	Fee	To Register
Craniosacral Therapy I	May 27-30/04	Vancouver, BC	9.6	\$488.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Craniosacral Therapy I	May 27-30/04	Toronto, ON	9.6	\$488.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Craniosacral Therapy II	May 27-30/04	Vancouver, BC	9.6	\$588.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Craniosacral Therapy II	May 27-30/04	Toronto, ON	9.6	\$588.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
Visceral Manipulation IB	May 27-30/04	Vancouver, BC	9.6	\$588.50 US	1 800 233-5880 ext 88001 upledger@upledger.com
The Functional Movement Screen Advanced Exercise Prescription	June 5-6/04	McGill University Montreal, QC	6.8	\$500	Scott Livingston 514-281-9612 www.highperformancesport.com
Myofascial Mobilization Workshop	Jun 5-6/04	Edmonton, AB	4.8	\$400 US	www.myofascialrelease.com 1 800 FASCIAL
Fascial-Pelvis Myofascial Release Seminars	Jun 11-13/04	Saskatoon SK	8.0	\$650 US	www.myofascialrelease.com 1 800 FASCIAL
Robin McKenzie Institute Canada Part A: The Lumbar Spine	June 18-21/04	UWO London, ON	11.2	\$550	Carol Boaks 1 800 463-8568 rmckenziecanada@bellnet.ca
Robin McKenzie Institute Canada Part A: The Lumbar Spine	Sept 16-19/04	Millard Health Edmonton, AB	11.2	\$550	Carol Boaks 1 800 463-8568 rmckenziecanada@bellnet.ca
Canadian Red Cross First Responder and AED	Sept/04	Sheridan College Oakville, ON	14.4	\$370	Loriann Hynes 416-949-4542 lhynes@cogeco.ca
Acupuncture and ETSPS	Ongoing		5.6	\$125/day	Acumed 1 800 567-7246

CATA 2003 Distance Continuing Education Calendar

Myofascial Release in Sports Medicine	Self Study	6.0	\$129.95	Human Kinetics 1 800 465-7301 www.humankinetics.com/educate/pass.cfm
The Hand and Wrist in Sport New Offering	Self Study	6.0	\$114.95	Human Kinetics 1 800 465-7301 www.humankinetics.com/educate/pass.cfm
Current Trends in the Use of Electrical Stimulation in Athletic Rehab New Offering	Self Study	6.0	\$ 99.95	Human Kinetics 1 800 465-7301 www.humankinetics.com/educate/pass.cfm
Care and Treatment of Asthma in Athletes New Offering	Self Study	6.0	\$ 99.95	Human Kinetics 1 800 465-7301 www.humankinetics.com/educate/pass.cfm
Scientific Core Strengthening	Self Study	9.6	\$275 US	Paul Chek Seminars 1 800 552- 8789 Ginfo@chekinstitute.com
Program Design	Self Study	2.4	\$175 US	Paul Chek Seminars 1 800 552-8789 Ginfo@chekinstitute.com
Scientific Back Training	Self Study	4.8	\$250 US	Paul Chek Seminars 1 800 552-8789 Ginfo@chekinstitute.com
Advanced Program Design	Self Study	9.6	\$250 US	Paul Chek Seminars 1 800 552-8789 Ginfo@chekinstitute.com

Please note that for maintenance of CAT(C) the maximum CEU's/per course is 5.0.
For information regarding courses, please contact Chris Jackson @ 905-845-9430 #2323
Christopher.Jackson@sheridanc.on.ca

Biking-Induced Impotence

Bicycle injuries account for about 500,000 emergencies per year in the U.S. with an estimated annual economic cost of over \$1 billion. Concerns about riding-related impotence problems are not new. Hippocrates (460–377 B.C.) wrote that sexual problems were common among horsemen. In the modern medical literature, case reports about biking and sexual dysfunction have appeared since the 1970s. Comparisons between road and off-road cycling events indicate that more off-road cyclists sustain fractures, dislocations, and concussions than their road-event counterparts. It is off-road biking that causes repeated, chronic microtrauma of the perineum secondary to shocks and vibrations of the saddle from the rough terrain.

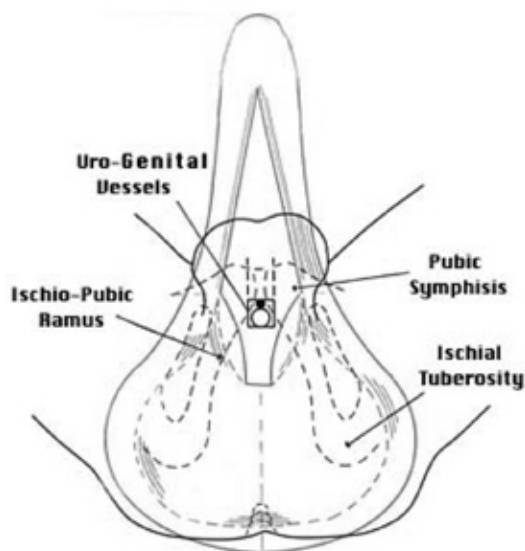
The perineum refers to both an external surface area and a shallow compartment of the body. In the anatomical position the perineum is the narrow region between the proximal parts of the thighs. The osseofibrous structures marking its boundaries are: the pubic symphysis anteriorly, the inferior pubic rami and ischial rami anterolaterally; the ischial tuberosities laterally; the sacrotuberous ligaments posterolaterally; and the sacrum and coccyx inferiorly. A transverse line joining the anterior ends of the ischial tuberosities divides the perineum into two triangles: the anal triangle posteriorly, which contains the anus; and the urogenital triangle anteriorly, which contains the root of the scrotum and penis in males or the external genitalia in females. The perineum contains the pudendal nerve leading to the dorsal nerve of the penis, the inferior anal nerve, the deep and superficial perineal nerves leading to the posterior scrotal nerves, and the internal pudendal artery and vein.

Between March and July 1999 a study was conducted on 45 amateur mountain bikers ages 16 to 44 years (26 ±

9.3 yrs) who trained at least 2 hours a day, 6 days a week, in off-road biking. The study reported through ultrasonographic examination that 43 of 45 bikers presented with pathological abnormalities of the scrotal contents. Also found were benign non-neoplastic calcified scrotal masses, so-called scrotoliths with a maximum size of 1.4 cm in 38 bikers (84%); spermatoceles up to 3.1 cm in size in 22 bikers (49%); epididymal calcifications in 20 bikers (44%); testicular calcifications in 17 bikers (38%); hydroceles in 17 bikers (38%); left-sided varicoceles in 4 bikers (9%); and testicular microlithiasis in one biker.

According to Irwin Goldstein, MD, a well-known impotence researcher and clinician from Boston University Medical Center, damage can occur when the bike seat, particularly the narrow racing type, focuses one's body weight on the pudendal nerves and artery, cavernosal artery, surrounding soft tissues, bony structures, and associated sexual organs. The perineum is an intricate neurovascular complex, and compression can lead to nerve damage, cavernosal artery insufficiency, and site-specific vaso-occlusion.

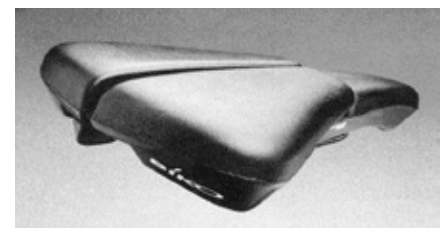
In 1997 Goldstein asserted that 100,000 men have suffered permanent impotence from bicycling. However, supporting scientific studies were lacking, and other urologists said his estimate was inflated. New studies slated for presentation May 1–6 at the American Urological Association (AUA) meeting in Dallas bring the problem into sharper focus. They provide evidence that the problem does exist, give an idea of its prevalence among bikers, and show that female bicyclists are not immune to perineal injury. Scientific evidence and estimates vary as to the prevalence of impotence among bicyclists.



Aeroseat



Minkow Seat



Biko Seat



Spongy Seat

Goldstein and his colleagues at Boston University compared the rates of sexual and urinary dysfunction for 738 members of a bicycling club and 277 members of a running club who did not bicycle. It was found that the level of moderate-to-complete impotence in cyclists was significantly higher than in runners (4.21% vs 1.12%, $p = 0.018$). The only demographic difference between the groups was a higher rate of hypercholesterolemia among the bikers (10.6% vs. 5.2%).

A 1997 cross-sectional study of participants in a Norwegian long-distance bicycle race (540 km) found that of 260 men who responded to the questionnaire, 22% reported nerve symptoms such as numbness in the perineal area. Numbness lasted more than 1 week in 11 riders, and more than 1 month in 3 others. Roger Minkow, MD, an ergonomic product designer in Petaluma, CA, who has designed a bicycle seat that reduces pressure on the perineal area, estimates that 50% of men who ride a bike for 2 to 3 hours at a time experience perineal pain or numbness. Goldstein and Minkow both estimate that 4% of male bicyclists experience activity-related impotence.

According to researchers from Boston University, bicycle-related perineal problems aren't limited to men. The researchers have conducted a study which they say is the first to document sexual and urinary tract dysfunction in female bicyclists. The study included 282 women members of a bicycling club and 51 women members of a running club who served as controls. Of the bicyclists, 98% were road bikers; 11% were racers. Past injuries and symptoms among the bicyclists included traumatic contact with the bicycle top tube (32%), perineal numbness (34%), urethral stricture (1.8%), and pelvic fracture (1.5%). The mean ages of both groups were similar (40 ± 9 vs. 42 ± 12). No significant differences were found in the rates of cardiovascular risk factors, education, race, or frequency of sexual intercourse.

The researchers say that similarity between men's and women's bike-related injuries from compression or trauma is not surprising because certain parts of the male

and female sexual anatomy are similar, specifically the orientation and course of the pudendal neurovascular bundle within Alcock's canal and medial to the ischio-pubic ramus.

Numbness is a premorbid symptom. It can be a warning sign, but impotence can occur without it. The physical exam in patients who have symptoms does not provide much clinical information. For high performance cycling, the proper fit of the bicycle is critical. Management of saddle related irritations may involve adjustment of seat height, angle, and fore and aft position in addition to changing the saddle, for example using a wider bike seat that allows the ischial tuberosities to bear more of the body's weight. Padding in the saddle and shorts plays an important part in saddle problems.

In addition, changing the hand and body position on the bike, restricting the training intensity, and taking ample pauses may be necessary in prolonged and vigorous bicycle riding to prevent damage to the scrotal contents. Furthermore, the use of saddle-suspension systems may reduce the extent of microtraumatization and decrease the number of pathological findings in the extratesticular space.

The use of maximum shock-absorbing racing dresses may also help reduce microtraumatization to the scrotum. Cycling-related perineal symptoms, which can be temporary or permanent, include numbness, pain, decreased orgasm sensitivity, and impotence. Treatment involves rest from biking, and sildenafil (generic term for Viagra) is often effective for patients who are impotent. For patients who have veno-occlusion, vascular reconstruction may reestablish potency, "but not everyone is a candidate."

For more information, see Moore & Dalley, *Clinically Oriented Anatomy*, 4th ed., 1999; Also the May 1999 issue of *The Physician and Sportsmedicine*. Or visit the following websites: <http://www.uibk.ac.at/c/c5/c53500/mountainbike/information.html>

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Simon Nodari
Student, Exercise Science, Concordia U

CATA Exam Timetable

Exam	Exam Date		Application Deadline	Location	Refund Deadline	Notification of Results by
	Day 1	Day 2				
Written	11-June-04		11-Apr-04	Regional	27-May-03	
Practical	12-June-04	13-June-04	11-Apr-04	Toronto	27-May-03	
Written	3-Dec-04		3-Oct-04	Regional	18-Nov-04	
Practical	4-Dec-04	5-Dec-04	3-Oct-04	Winnipeg	18-Nov-04	

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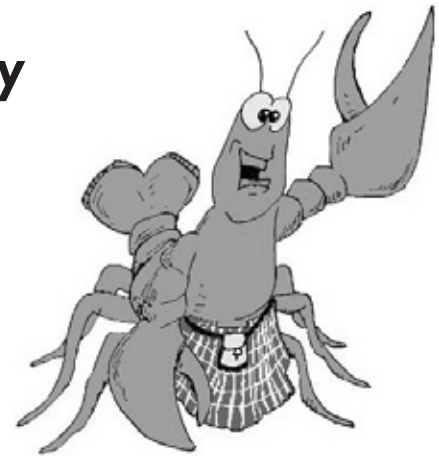
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