

Abid Hussain at the Commonwealth Games



The privilege to be the Sport Podiatry Team lead at the Birmingham Commonwealth Games 2022 was bestowed upon me. This is following in the footsteps of one of my mentors and inspirations within podiatry, Professor Nat Padhiar who was the Sports Podiatry Team Lead at the London Olympics 2012. I feel it is not possible to discuss sports podiatry without recognizing the huge efforts of Professor Padhiar in terms of promoting sports podiatry as well as designing and implementing a podiatric sport specific PGc and MSc at Queen Marys University, London. I had been involved for 12 months before the games with logistics, recruitment and providing extensive hands-on training to the younger podiatrists, which is something I really enjoyed.

Being part of the Games was a huge honour and something that myself and my fellow podiatry colleagues immensely enjoyed. We had three polyclinics operating in three athlete villages; Birmingham University, NEC and Warwick, with podiatrists on duty from 7am to 11pm on 8-hour shift patterns. As you can imagine it was challenging but hugely rewarding, as working within a multi-disciplinary team of physiotherapists, osteopaths, chiropractors, sport medicine doctors, GPs, pharmacists, dentists, sport massage therapists, paramedics and radiologists was amazing.



The atmosphere inside the polyclinics was absolutely fantastic with sports podiatrists working closely primarily with physiotherapists, sports medicine doctors and radiologists. I have spoken to many members of the podiatry team since the conclusion of the games and they have all agreed that it was an incredible learning opportunity to work closely with a leading multi-disciplinary team. It was interesting and equally fascinating to observe how different medical specialities assess and treat the same foot and ankle condition. Many of the younger podiatrists on our team found this experience invaluable as we had Ultrasound, X-ray and MRI on site and the team had the opportunity to be part of the athlete's journey and had to ask the radiologist, as well as the sports medicine doctor, detailed questions.

We primarily treated athletes from nations that did not have the same level of medical support as our home nations. In fact many of the athletes did not know what a podiatrist was, which provided an opportunity to discuss the role, scope and importance of the profession. These conversations also extended to many of our multi-disciplinary team colleagues which led to the promotion of the role and scope of sports podiatry.



The Birmingham 2022 Commonwealth Games was also the first games to have a fully integrated para sport schedule which enabled the team to manage injuries that are specific to para-athletes.

Podiatrists assessed and treated athletes from around the world with a variety of foot, ankle and lower leg sporting injuries including ligamentous, tendonous and muscular injuries to bone stress reaction injuries along with nerve entrapments. Most injuries were overuse and acute injuries with the predominance being overuse injuries. Some of the athletes had travelled to the UK with a pre-existing injury as the Commonwealth Games was a once in a lifetime opportunity.

The most injured athletes were from the discipline of athletics however the sports podiatry team have treated athletes from many disciplines including beach volleyball, squash, basketball, aquatics, hockey and gymnastics to mention a few.

Many injuries come to mind, however, a few injuries that I took a particular interest in, include:

- nerve entrapment in a sprinter with an enlarged abductor hallucis muscle
- an isolated calcaneofibular ligament tear in a hockey player (which is actually quite rare)
- superficial peroneal nerve entrapment in a long distance runner and
- tenosynovitis of the Knot of Henry which is the superficial crossing of the flexor digitorum longus tendon obliquely over the flexor hallucis longus tendon in the midfoot in a hockey player.

Bone stress reaction injuries especially to the head of the 2nd metatarsal and Achilles pathologies were common place; not so common place is a Lisfranc injury. I personally assessed and managed two such injuries confirmed on MRI on the same shift as well as a plantar fascia tear; you could say it was an eventful shift!

Looking back, the one injury that intrigued me the most, as it felt like a medical Sherlock Holmes mystery, was a 200m sprinter who firstly went to a chiropractor colleague for right side lower back pain, the athlete then mentioned she actually had right side gluteus medius pain so a physiotherapy colleague was called to assess.

This then led to a discovery that the proximal symptoms actually started from the right foot, so I was called into the room as the on-duty sports podiatrist, a real time multi-disciplinary team effort to assess an athlete! The athlete had pain and reduced range of motion in the first metatarsal phalangeal joint which when in the starter blocks and an explosive start led functionally to proximal symptoms.

Addressing the first metatarsal phalangeal joint symptoms resolved all proximal symptoms which enabled the athlete to get through to the next qualifying heat and qualify.



Without mentioning specific names of athletes, the sports podiatry team in all three polyclinics helped athletes to compete and gain medals at the games which is hugely rewarding.

Treatments that sport podiatrists could offer were limited as the polyclinics were not equipped with shockwave or class 4 laser however; we did provide taping of injuries, mobilization techniques, padding, providing off the shelf orthotics with modifications, evidence-based rehabilitation prescriptions and a few of the more experienced sports podiatrists were able to perform image-guided injections. Skin and nail pathologies presented very rarely, however, we did have the occasional blister and ulcer in para wheelchair athletes.

Treating athletes at a major international sporting event is very different to how we would manage our clinical patients. It is primarily the clinical rationale of 'fire fighting' with a multi-disciplinary team which focusses on getting the athletes through to the next round or heat of their respective event and not necessarily providing a long-term rehabilitation and treatment plan as this will be initiated in the athlete's home country.

In conclusion this was a once in a lifetime experience for myself and the team which we all enjoyed immensely. Working alongside experienced multi-disciplinary teams raised the profile of sports podiatry and our profession as a whole. For me, it was a tremendous honour and privilege to be leading such a fantastic team of sports podiatrists at the Commonwealth Games in my home city.

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