FAST BREAK

Publication for team medical personnel

The role of the Team Doctor

June 2025

ISSUE 19

WELCOME to FAST BREAK!

Welcome to Fast Break, the official quarterly news bulletin of the FIBA Medical Commission. Our goal is to introduce our FIBA sports medicine and sports science community to newsworthy research topics and develop a community of practice among physicians and clinicians involved with basketball at every level of play across the globe.

We hope this publication will foster friendly communication and discussions within the world of basketball. We welcome and encourage your questions, comments, suggestions, and contributions to this publication.

MESSAGE FROM THE EDITOR

When people ask me, “what does a sport and exercise medicine physician do”, my response is, “total care of the athlete.” By this, I am referring to the expanded scope of clinical knowledge, education and skills that a team physician requires to be able to attend to the routine and emergent needs of the athlete as an individual, as well as the team as a collective in environments and conditions that may be unfamiliar, uncomfortable or down-right hostile. The physician who travels with the team must expect the unexpected, and prepare for the unpredictable, as well as be flexible, collaborative and sometimes creative in the provision of care to athletes while away from home. The unpredictable influence of infectious agents during the last two summer Olympic games – Zika in 2016 and COVID in 2020 – stand testament to the benefit a skilled physician brings to the basketball team for not only the management of routine injury and illness, but also for emergency medical situations and trauma management, anti-doping, determination of fitness to play and injury prevention. In this edition of the Fast Break, Dr. Omega Edwards provides his insight for the basketball team physician to consider with respect to infectious disease management for the team.

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IN THIS ISSUE

EDIFICATION FROM THE MEDICAL COMMISSION

In this segment of the Fast Break we feature an editorial from a member of the FIBA Medical Commission on topics relevant to basketball.

Infectious Disease Consideration in Basketball

Dr Omega Edwards, M.D.

FIBA Medical Commission

There is nothing more disappointing or frustrating for athletes, coaches and fans when athletes are unable to participate because of an infectious disease. Months of dedicated training are for naught if, for example, traveler's diarrhea prevents an athlete from stepping foot on the court. Respiratory illnesses like COVID-19 can knock an entire team out of competition if robust infectious disease control measures are not followed. Team physicians are in a unique position to mitigate the impact of infectious diseases in the setting of the basketball team.

Team physicians should take time and research the travel destination and the inherent risks of local travel-associated infections. This will include understanding the climate and seasonal-related infections. If a basketball event has a local medical resource, that person should be able to provide accurate and relevant endemic disease information to assist with disease prevention efforts for the team.

Physicians should make sure that all athletes and team personnel are up to date with routine vaccinations (measles, mumps, rubella, polio, chicken pox, tetanus and diptheria, pertussis, rotavirus, meningococcal and pneumococcal, influenza and COVID) and be able to provide guidance on the need for travel vaccines such as hepatitis A and B, typhoid and yellow fever, or Japanese encephalitis. Guidance must also be provided on the need for antimalarial prophylaxis.

Keeping a team healthy requires awareness of good hygiene advice: hand washing, respiratory hygiene, cough etiquette, avoiding touching the face, covering up open sores/wounds, the importance of wearing clean clothes and the concept of isolation procedures. Here are a few additional measures to consider:

- Shower immediately after every competition and practice.
- Hot wash all workout clothing after each practice.
- Do not share towels, personal hygiene products (e.g. razors) or water bottles with others.
- Refrain from shaving chest, arms, legs, abdomen, and groin as this may increase the risk of folliculitis and furuncles.
- Athletes should wash their hands with an alcohol-based gel or soap and water before and after every practice and contest to decrease bacterial load on the hands.

- The risk of transmission of bloodborne infections like HIV, hepatitis B, and hepatitis C during basketball is very low. However, it is still very important to follow universal precautions when dealing with blood.

Remind athletes and others to stay home when sick and to seek appropriate care. Transmission-based precautions (contact precautions, droplet precautions and airborne precautions) may be needed in addition to standard precautions. Wipe down surfaces, medical and athletic equipment after each use in a training room. The athletic training room represents a shared environment involving close contact among athletes and, in the presence of poor hygiene and contamination, can predispose to infection.

Travelers' diarrhea is the most predictable travel-related illness and can reduce quality playing time during practices and competitions. Bacteria are the most common cause of traveler's diarrhea, sometimes also called "food poisoning". To prevent travelers' diarrhea, the team should regularly wash hands with soap or using hand sanitizer. Good advice is to eat only fully and freshly cooked meat, eggs, fish, shellfish, and other foods (be cautious of food that has been in a warming dish or under a heat lamp for a while), and to drink only pasteurized milk and dairy products. Remember: If you can't cook it, boil it, peel it… forget it. Avoid drinking tap water (including when brushing teeth) in locations that may have unreliable water purification and use bottled water that has an intact sealed cap. Avoid using ice cubes as they may be made from unsafe water; alcohol in a drink does not kill the germs in the water/ice.

Athletes with skin infections should be managed carefully to avoid contaminating others. Methicillin Resistant Staph Aureus (MRSA) is one such organism that can be associated with common skin infections like impetigo, cellulitis, and abscesses. Athletes should be educated on proper hygiene practices to prevent the spread of skin infections. Open wounds should be covered with dressings. Athletes should wear sandals in the locker room and showers to avoid contracting or spreading fungal skin and nail infections, and ensure the skin between the toes is dry. Clean and dry athletic socks can help with skin care of the foot and athletes should be encouraged to remove their basketball shoes when they are not training or competing.

Regular activity strengthens the immune system and decreases the rate of viral infection, but high-intensity, prolonged activity (such as training camps and competitions) has a transient inhibitory effect on the immune system which may predispose athletes to upper respiratory infections. Proper nutrition, good hand hygiene, restorative sleep and yearly influenza and COVID vaccination can decrease the risk for upper respiratory tract infections (URTI). Zinc Sulfate 20mg daily x 10 days, particularly within the first few days of symptoms, may reduce the duration of cold symptoms by a couple of days. Many athletes may choose to play with mild to moderate URTI symptoms but this does increase the risk of viral-mediated cardiomyopathy. If the URTI are 'above the neck' (i.e. rhinorrhea) the risk of further problem is less than if symptoms are 'below the neck' (i.e. cough, fever, myalgia). URTI with symptoms 'below the neck' should prompt removal from exercise and training until the symptoms are resolved. Anyone on the team who becomes ill after traveling should seek medical care and be sure to provide their travel history to their healthcare care provider.

SELECTED PUBLICATIONS OF INTEREST

Prevalence of Inadequate Immunity or Measles, Mumps, Rubella and Varicella in MLB and NBA Athletes.

Conway JJ, Toresdahl BG, Ling DI, Boniquit NT, Callahan LR, Kinderknecht JJ Sports & Health. 10(5):406-411, 2018 Sep/Oct.

Background: Multiple outbreaks of vaccine-preventable viral diseases have occurred in professional sports in recent years. Currently, there is no established protocol for vaccination or immunity screening for professional athletes. **Hypothesis**: There are significant differences in the prevalence of inadequate immunity dependent on age, sport, country of birth, and participation in collegiate sports. **Study design**: Cross-sectional cohort study. **Level of Evidence**: Level 4. **Methods**: A sample of Major League Baseball (MLB) and National Basketball Association (NBA) players were screened for serologic evidence of immunity to measles, mumps, rubella, and varicella prior to the 2015 and 2016 seasons. The results were designated as adequate (immune) or inadequate (equivocal or nonimmune) based on laboratory criteria. Comparison with an age-matched control group was performed using data from the National Health and Nutrition Examination Survey (NHANES). **Results**: A total of 98 athletes (62 MLB, 36 NBA) were screened. The prevalence of inadequate immunity for any virus was 35.5% in MLB players and 33.3% in NBA players. There was a significantly greater risk of inadequate immunity to rubella (risk ratio, 6.38; $P < 0.01$) and varicella (risk ratio, 4.21; $P < 0.01$) in athletes compared with the age-matched NHANES population. Our analysis did not reveal differences in rates of immunity based on sport, country of birth (US born vs international), or participation in college athletics. There was a lower rate of inadequate immunity to varicella with increasing age (odds ratio, 0.72; $P = 0.05$). **Conclusion**: One-third of athletes studied had inadequate immunity to 1 of the 4 viruses tested. Younger players had a significantly greater risk of inadequate immunity to varicella. Birth outside the US and lack of participation in college athletics were not found to influence immunity rates. **Clinical reverence**: These results can inform the development of future screening programs to prevent outbreaks of viral infections in professional athletes.

Associations of circadian change, travel distance, and their interaction with basketball performance: a retrospective analysis of 2014-2018 National Basketball Association data.

Cook JD, Charest J, Walch O, Bender AM Chronobiology International. 39(10):1399-1410, 2022 10

This investigation aimed to clarify the influence of circadian change and travel distance on National Basketball Association (NBA) team performance using a dataset from the 2014-2018 seasons. Data from 9,840 games were acquired from an open-access source. Game point differential and team free-throw percentage served as outcome variables. Time zone change (TZDELTA) captured raw circadian delay/advance based on travel for a game and adjusted TZDELTA (AdjTZDELTA) evolved TZDELTA by allowing acclimation to a novel TZ. We also further categorized AdjTZDELTA into AdjTZDELTA_A, which assumed travel the day before each game and AdjTZDELTA_B, which assumed teams spent as many days in their home city as possible. Travel distance for each game was calculated. Linear mixed-effects modeling estimated associations, with games nested within team and year. Adjusted associations accounted for differences in team ability, whether the game was home or away, and whether the game occurred on the second half of a back-to-back game sequence. Greater circadian misalignment, regardless of delay or advance, and increasing travel distance negatively influenced NBA game performance. Yet, results suggest that performance outcomes may be

more influenced by travel distance than circadian misalignment. Moreover, circadian misalignment and travel distance interacted to significantly influence game point differential. Furthermore, differences in results across analyses were observed between AdjTZDELTA_A and AdjTZDELTA_B, which suggests that subtle differences in constructed travel schedules can have notable impact on NBA performance outcomes. Lastly, playing on the second half of a back-to-back sequence emerged as a robust predictor of performance disadvantage, which corroborates the existing literature and provides further support for NBA schedule changes purposed to enhance competitive equity by reducing the number of back-to-back games across a season. These findings can help guide NBA teams on key strategies for reducing travel-related disadvantages and inform schedule makers on critical factors to prioritize across future schedules to attenuate competitive inequity from travel. Furthermore, they can help direct teams towards scenarios that are best to target for load management purposes due to the cumulative disadvantage arising from travel-related factors, opponent quality, game location, and game sequence.

Understanding 'monitoring' data-the association between measured stressors and athlete responses within a holistic basketball performance framework.

Mercer RAJ, Russell JL, McGuigan LC, Coutts AJ, Strack DS, McLean BD PLoS ONE [Electronic Resource]. 17(6):e0270409, 2022.

This study examined associations between cumulative training load, travel demands and recovery days with athlete-reported outcome measures (AROMs) and countermovement jump (CMJ) performance in professional basketball. Retrospective analysis was performed on data collected from 23 players (mean+/-SD: age = 24.7+/-2.5 years, height = 198.3+/-7.6 cm, body mass = 98.1+/-9.0 kg, wingspan = 206.8+/-8.4 cm) from 2018-2020 in the National Basketball Association G-League. Linear mixed models were used to describe variation in AROMs and CMJ data in relation to cumulative training load (previous 3- and 10-days), hours travelled (previous 3- and 10-day), days away from the team's home city, recovery days (i.e., no travel/minimal on-court activity) and individual factors (e.g., age, fatigue, soreness). Cumulative 3-day training load had negative associations with fatigue, soreness, and sleep, while increased recovery days were associated with improved soreness scores. Increases in hours travelled and days spent away from home over 10 days were associated with increased sleep quality and duration. Cumulative training load over 3 and 10 days, hours travelled and days away from home city were all associated with changes in CMJ performance during the eccentric phase. The interaction of on-court and travel related stressors combined with individual factors is complex, meaning that multiple athletes response measures are needed to understand fatigue and recovery cycles. Our findings support the utility of the response measures presented (i.e., CMJ and AROMs), but this is not an exhaustive battery and practitioners should consider what measures may best inform training periodization within the context of their environment/sport.

Greater circadian disadvantage during evening games for the National Basketball Association (NBA), National Hockey League (NHL) and National Football League (NFL) teams travelling westward.

Roy J, Forest G Journal of Sleep Research. 27(1):86-89, 2018 Feb.

We investigated the effects of a circadian disadvantage (i.e. playing in a different time zone) on the winning percentages in three major sport leagues in North America: the National Basketball Association, the National Hockey League and the National Football League. We reviewed 5 years of regular season games in the National Basketball Association, National Hockey League and National Football League, and noted the winning percentage of the visiting team depending on the direction of travel (west, east, and same time zone) and game time (day and evening games). T-tests and analysis of variance were performed to evaluate the effects of the circadian

disadvantage, its direction, the number of time zones travelled, and the game time on winning percentages in each major league. The results showed an association between the winning percentages and the number of time zones traveled for the away evening games, with a clear disadvantage for the teams travelling westward. There was a significant difference in the teams' winning percentages depending on the travelling direction in the National Basketball Association ($F_{2,5908}$= 16.12, P < 0.0001) and the National Hockey League ($F_{2,5639}$ = 4.48, P = 0.011), and a trend was found in the National Football League ($F_{2,1279}$ = 2.86, P = 0.058). The effect of the circadian disadvantage transcends the type of sport and needs to be addressed for greater equity among the western and eastern teams in professional sports. These results also highlight the importance of circadian rhythms in sport performance and athletic competitions.

Injury epidemiology in international basketball: a six-season study of the Great Britain men's basketball team

Cresswell T, Barden C. Phys Sportsmed, 2025 Jan 24:1-8.

https://pubmed.ncbi.nlm.nih.gov/39838614/

Objectives: To report the injury epidemiology of the Great Britain's (GB) men's basketball team games and training over a 6-season period. **Methods:** Non-time loss (NTL) and time-loss (TL) injuries were recorded throughout 14 international windows (2018-2024). Exposure (player-hours) was recorded for team training and games. NTL and TL injury incidence is presented per 1000 player-hours (p/1000 h; 95% CI) for training, games and overall exposure. TL severity (days-lost) and burden (days-lost/1000 h; 95% CI) was calculated, with incidence rate ratios (IRR, 95% CI) comparing game and training incidence for each definition. **Results:** Throughout the study period, 113 injuries were recorded, of which 65 were GB related (43 NTL and 22 TL). Game injury incidence was significantly greater than training for TL (96/1000 h; 95% CI 33-159 versus 6/1000 h; 95% CI 2-9; IRR = 17; 95% CI 7-44) and NTL (75/1000 h; 95% CI 10-131 versus 7/1000 h; 95% CI 3-11; IRR = 11; 95% CI 4-28) injury definitions. Overall, most TL injuries occurred at the ankle (36%, 5/1000 h; 95% CI 2-9) and NTL injuries at the knee (19%, 5/1000 h; 95% CI 2-9). 31 overuse injuries were recorded, with 25% lower limb tendinopathies. TL injury severity ranged from 1 to 30 days, with injury burden for games (675/1000 h; 95% CI 234-1116) greater than training (48/1000 h; 95% CI 55-133). **Conclusion:** The reported game injury incidence is high, with a large prevalence of NTL injuries. Lower limb injuries were most common, particularly overuse knee injuries. Preventative strategies need to be specific in the international basketball context, where camps are short but intense in duration.

The Effects of High-Intensity Interval Training on Basketball Players: A Systematic Review and Meta-Analysis.

Cao S, Li Z, Wang Z, Geok SK, Liu J

Journal of Sports Science & Medicine. 24(1):31-51, 2025 Mar.

This review aims to evaluate the effectiveness of HIIT on basketball players' physical fitness and skill-related performance. This study adhered to the PRISMA guidelines and included randomized controlled trials (RCTs) that investigated the effects of HIIT on basketball players. The databases searched included Web of Science, Scopus, PubMed, and SPORTDiscus (up to 4 March 2024). The meta-analysis used a random-effects model, with effect sizes (ES) calculated for various performance outcomes. A total of 15 studies, with a low risk of bias or some concerns of bias, including 369 players (130 females, 239 males) at the developmental level, national level, and international level, were included in the systematic review, with 7 of these included in the meta-analysis. The systematic review indicated that HIIT significantly improved cardiovascular endurance, power, change of direction (COD) ability, linear sprint, and basketball skill-related

performance. However, the effects on certain physical aspects such as VO_{2max}, the Yo-Yo intermittent recovery test level 1 (Yo-Yo IR 1), jump tests, ball throw test, 20-m COD sprint test, T-test, 20-m linear sprint, and basketball-specific skills such as shooting accuracy and passing were inconsistent. The meta-analysis revealed a very large effect on the Yo-Yo IR 1 (ES = 2.32; p = 0.000), a moderate effect on VO_{2max} (ES = 0.90; p = 0.000), T-test performance (ES = 0.91; p = 0.000), and CMJ height (ES = 0.76; p = 0.000), and a small effect on the 20-m sprint test (ES = 0.59; p = 0.006). HIIT appears to be an effective training method for improving general physical fitness and certain basketball-specific skills, particularly endurance, power, and agility. However, its impact on more skill-specific aspects, such as shooting accuracy and passing, requires further investigation. Coaches should consider supplementing HIIT with targeted skill training and carefully plan its timing, ideally incorporating HIIT during pre-season or off-season periods for optimal effectiveness. Further research is needed to explore the differential effects of HIIT across various age groups and playing levels.

Effects of prolonged aerobic exercise and training intensity on memory cognition.

Li X, Qian J, Tong J, He Z

PLoS ONE [Electronic Resource]. 20(2):e0294381, 2025.

This study aims to explore whether the impact of varying aerobic exercise intensities on knowledge acquisition is influenced by exercise intensity and gender. The results lay the groundwork for selecting suitable aerobic exercise intervention programs, considering exercise intensity and gender, to enhance knowledge acquisition. Employing a mixed-design approach, a sample of 569 college students engaged in 8 weeks of aerobic exercise sessions with moderate and low intensity, incorporating basketball and badminton. Knowledge acquisition effects were assessed using questionnaires targeting distinct knowledge levels. Declarative and procedural knowledge levels across different acquisition types were evaluated pre and post-exercise intervention for the low-intensity, moderate-intensity, and control groups. The findings reveal that both moderate and low-intensity aerobic exercises distinctly and positively impact college students' knowledge levels, with no discernible gender-related alterations.

Cardiac screening findings and referral patterns in male African-American basketball players: Analysis of the HeartBytes Registry.

Corsi D, Saraiya A, Doyle M, Shah V, O'Malley B, Qiu G, Lanstaff R, Masood I, Osler B, Hajduczok AG, Johnson D, Shipon D

American Journal of Cardiology. 243:73-80, 2025 May 15.

Sudden cardiac death (SCD) is the leading medical cause of death in young athletes. Male African American basketball players (MABP) demonstrate particularly elevated risk for SCD. Despite increasing screening and preventative efforts, the incidence of SCD remains elevated in this population. This retrospective analysis of the HeartBytes National Youth Cardiac Registry (2015-2023) aimed to characterize cardiac screening findings, including symptoms, family history, physical exam, and electrocardiogram (ECG) abnormalities in MABP compared to other youth athletes undergoing cardiac screening. We secondarily examined referral patterns based on screening results between the two groups. Of 8,303 individuals screened, 200 MABP were identified. MABP were found to have higher rates of chest pain during exercise (10.0% vs. 4.8%, p<0.001), easily tiring with exercise (13.0% vs. 7.0%, p=0.003), and heart murmurs (8.9% vs. 4.4%, p=0.008) when compared to the rest of the population screened. ECG abnormalities, including T-wave inversions (4.0% vs. 0.8%, p<0.001), ST-segment depressions (0.5% vs. 0.05%, p=0.01), and nonspecific ST-T wave changes (2.0% vs. 0.4%, p<0.001), were more prevalent in MABP. However, positive screening rates leading to referral to a cardiologist were

similar (3.5% vs. 3.2%, p=0.842) in MABP and the rest of the screened population. In conclusion, MABP exhibited higher rates of concerning cardiac screening findings compared to non-MABP, including symptoms, physical examination findings, and ECG abnormalities, highlighting the need for further investigation into optimizing screening strategies and determining appropriate follow-up in this high-risk group.

Effects of a 4-week weightlifting or plyometric training mesocycle on physical performance in highly trained adolescent basketball players.

Ricart-Luna B, Dominguez-Navarro F, Gene-Morales J, Colado JC, Juesas A, Portes R, Chulvi-Medrano I

Journal of Sports Sciences. 43(7):637-648, 2025 Apr.

This study examined the effects of weightlifting (WTG) and plyometric (PTG) training on ankle mobility, strength, power, and running performance in highly trained adolescent basketball players. Participants (male, n = 23; female, n = 35) were randomly assigned to WTG or PTG, training three times weekly for four weeks. Assessments included ankle dorsiflexion, hip strength (ABD-ADD ratio and asymmetry), handgrip strength, lower limb power (Counter Movement Jump -CMJ- and Broad Jump), and running performance. Both interventions significantly improved ankle dorsiflexion (left: $p < .001$, d = 1.10; right: $p < .001$, d = 1.50) and hip strength (left adduction: $p = .001$, d = 0.93; right abduction: F[1,54] = 6.65, $p = .013$, d = 0.71). The WTG improved right handgrip strength (m.d. 1.76 kg, $p = .028$, d = 0.23) and CMJ (m.d. 1.81 cm, $p = .004$, d = 0.30). Both groups improved Broad Jump performance (WTG: m.d. 0.13 m, $p = .002$, d = 0.46; PTG: m.d. 0.13 m, $p = .007$, d = 0.47). The PTG showed significant improvement in the Compass Drill ($p = .003$, d = 0.42). Both interventions have the potential to enhance physical performance, with no clear superiority for one type of training over the other.

Vitamin D and its relationship to performance and health during a competitive period in elite women's basketball and volleyball players.

Miguel-Ortega A, Calleja-Gonzalez J, Mielgo-Ayuso J

Physiological Reports. 13(3):e70224, 2025 Feb.

Vitamin D [25(OH)D] is a key nutrient, although its level is often low in the general population. To investigate the relationship between vitamin D levels and muscle performance, and to analyze how vitamin D changes during a 16-week competitive season and its relationship to the performance tests performed. Participant characteristics: age 25.1 +/- 4.7 years; height 1.8 +/- 0.1 m, and body mass 73.9 +/- 15.4 kg. Vitamin D levels (ng/mL) were at T1 (September): 33.7 +/- 14.7 (n = 23), and at T2 (January): 26.1 +/- 7.3 (n = 23). Over 16 weeks of competition, participants' blood was analyzed to determine their vitamin D levels. Their athletic abilities were evaluated through various tests: vertical jumps (standing jump and countermovement jump); 20-m sprint without direction changes; and intermittent endurance test; the vitamin D level decreased from T1 to T2 by -22. 40% [$p < 0.05$] but performance improved in all tests performed (SJ: 4.57%; CMJ: 6.94%; VO_{2max}: 4.99% [$p < 0.05$]; 20 m: -1.83%). There is a relationship between vitamin D levels and physical performance in female indoor athletes. The results suggest that increased training load may also negatively affect vitamin D levels in elite female indoor athletes.

FROM THE HISTORY BOOK

The world’s oldest basketball court.

Photo courtesy: Craig Young online at Sportsnet.ca

Although there are other historical basketball courts, many have burned down or been redeveloped, including the gym at the YMCA in Springfield where the first ever game of basketball was played.

The oldest basketball court was previously thought to be in Pairs, France, but historical data has now determined that this court - in St. Stephen, New Brunswick, Canada – with the original hardwood and peach basket nailed to the wall - is the world’s oldest basketball court.

Lyman Archibald was the YMCA director in St. Stephen in 1893; he played in the first ever basketball game as a student of James Naismith in 1891. Archibald brought basketball St. Stephen, with the first game played here Oct 17, 1893, two months prior to the recorded December game in the Paris facility.

SHARE YOUR PHOTOS

Please send us your funny, interesting, or remarkable basketball pictures that we can share with the medical and sport science basketball community.

Email: medical@FIBA.basketball

Dr. John Philpott, Team Canada men's team physician on the original hardwood at the oldest basketball court in the world, St. Stephens, New Brunswick.

NEWS AND NOTABLE FROM THE FIBA MEDICAL COMMISSION

The FIBA Medical Commission will continue to develop educational webinar sessions on a variety of content relevant to basketball. Stay tuned for the 2025/2026 slate of presentations, and please let us know if there is a specific topic that you would like to see covered.

Resources from the FIBA Medical Commission can be found here:
https://about.fiba.basketball/en/services/medical/information-for-medical-staff

THE STUDENT'S CORNER

This space is intended for sport science and medical students, residents, and fellows to contribute to our knowledge and conversation.

Please encourage your students to contribute to the Fast Break on a topic of their choosing related to basketball injury, rehabilitation or sport science. The work published here is reviewed and approved for submission by the student's preceptor.

Unfortunately, there were no student submissions to this edition of the Fast Break.

BASKETBALL CME OPPORTUNITIES

A listing of varied sport medicine and basketball meetings and conferences you may be interested in attending:

Sports Medicine Australia conference events can be found here: **https://sma.org.au/about-sma/honour-board/sma-national-conferences/**

Sports Medicine New Zealand conference events can be found here: **https://sportsmedicine.co.nz/**

The Australasian College of Sport and Exercise Physicians events can be found here: **https://www.acsep.org.au/page/events**

The Asian Federation of Sport Medicine conference events can be found here: **https://afsm2024.com/index.php**

The South African Sports Medicine Association hosts several events throughout the year:

https://www.sasma.org.za/events/

The South African Sports Medicine Association hosts several events throughout the year:

https://www.sasma.org.za/events/

The British Association of Sport and Exercise Medicine conference events can be found here: **https://basem.co.uk/learning/**

The FIMS (International Sport Medicine Federation) list of events can be found here: **https://www.fims.org/news-events/events/**

The National Basketball Strength and Conditioning Association hosts a performance conference. Check here for the latest updates regarding the date of their next conference: **https://thenbsca.com.**

The Euroleague Strength and Conditioning Coaches Association list of upcoming events can be found here: **https://escca.net/events/.**

The High-Performance Basketball Symposium dates are coming soon: **https://www.highperformancebasketball.com/index.cfm.**

A listing of all the American Medical Society for Sports Medicine conferences can be found here:

https://www.amssm.org/Conferences.php

The Society for Sport Exercise and Performance Psychology website lists a number of mental performance educational opportunities:

https://www.apadivisions.org/division-47/about/resources/conferences

Conference Locate.com allows you to search globally for conferences on an extensive array of medical topics:

https://www.clocate.com

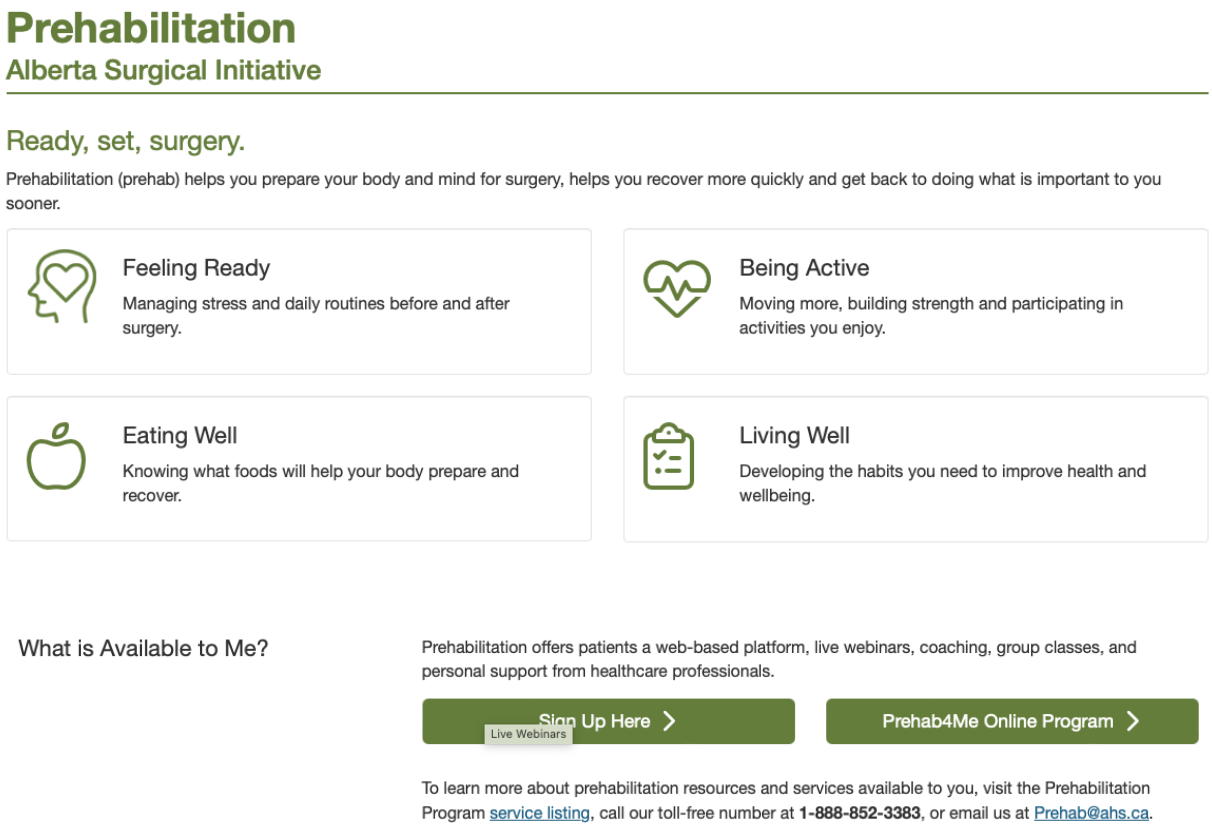
A listing of exercise physiology conferences across the world can be found here: **https://conferenceindex.org/conferences/exercise-physiology**

And for something a little different:

https://unconventional.com.au/conferences/south-america/medical-conferences/2024/

If you prefer self-study to earn CME credits while you are on vacation, have a look at these options:
https://www.americanseminar.com/?gad_source=1&gclid=Cj0KCQjw5cOwBhCiARIsAJ5njuavUXdPzpk4LULqCfKx1tp5tulliGrFPaki0M-Hjk6RjD6Vb4EGtGQaAtMTEALw_wcB

Date	Location	Event website
July 2-4, 2025	Melbourne (Australia)	15th International Conference on Sport and Society
May 26-30, 2026	Salt Lake City (USA)	American College of Sport Medicine Annual symposium
Jun 1-4, 2027	Indianapolis (USA)	American College of Sport Medicine Annual symposium



Prehab4Me is a component of the Alberta-wide Prehabilitation initiative for surgery patients. It is an online program that you can do at home and at your own pace. It covers different topics each week to help you actively prepare for surgery.

If you have any questions, please call the Prehab4Me support line at 1-587-341-4042 from 8am to 5pm on weekdays, or email us anytime atprehab@ualberta.ca

https://redcap.link/p4me