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Editorial

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Sport Medicine VS Physiotherapy

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Editorial

A way from the sophistications of both of sport medicine SM and physiotherapy PT a core or principal difference is ought to be under light for more interpretation of the next step of development of both of these fields. The issue is the disease process. Disease can be dormant or overt. When it is overt it can be starting or subsiding. When it is subsiding it can be with or without residue. My work on the biological bases of neurological pathologies showed that no issue without a microbial involvement, that's to say there are no issue with unknown etiology and no pure hereditary affection. The microbial up to this moment is the intracellular bacteria not the others in main focus. For that we have to link dormant disease to the sport medicine and the subsiding disease to the physiotherapy. To explain; dormancy is not a rigid or stationary concept, it is a mutual state of activity and pause, for that there is a subclinical

body response of very wide findings in the OUT, but without IN findings as clinical examination or lab and so others. Here the SM role is to enhance or awake the ACOMPANION PHYNOMENA; these phenomena are the collection of what the body can do to bring homeostasis to itself one example for that is the activation of immune system, and so many others which can be discussed in another occasion. By this we could not say SM is wise in subsiding entity, while PT is. Here if the subsiding issue is still active even in lowest level also it is unwise to rely on PT, e.g. in stroke, for two reasons; first, moving the related affecter organs gives efferent to stimulate or activate affected region to work in a time we need to calm it for many known reasons, the second is my work showed the percentage of microbial stroke is the main In spite of the proposed pathologies in embolic or hemorrhagic conditions, do if it is infection and still in the scene why we do exercise only.