

# EDITORIAL COMMENTARY: HAS GENDER ON THE AGENDA REALLY MADE A DIFFERENCE? IN SPORTS AND ATHLETICS, WOMEN ARE NOT JUST SMALLER THAN MEN

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2022 has marked the 50<sup>th</sup> anniversary of Title IX, the educational amendment act in the United States that prohibits discrimination in educational institutions based on sex. This amendment had major implications for female athletes in the United States, resulting in large increases in participation in sports and athletics by women. The historical myths surrounding women participating in athletic events have been largely dismissed. Many initiatives have worked to improve the numbers of female health care providers in orthopaedics and sport medicine. However, the changes are slow, and the culture in sports still favours the male default, both for athletes as well as physicians. We need a renovation of our culture - to reimagine the way we understand and approach the medical care of our athletes, both male and female, equally important, but not the same. Different in many ways, not just in size, all of which need to be addressed by the physicians and surgeons that care for them. This can only be accomplished when those that care for our athletes represent and look like the athletes that they serve.

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2022 has marked the 50<sup>th</sup> anniversary of Title IX, the educational amendment act in the United States that prohibits discrimination in educational institutions based on sex. This amendment had major implications for female athletes in the United States, resulting in large increases in participation in sports and athletics by women. The historical myths surrounding women participating in athletic events have been largely dismissed. Women are now allowed to run the Boston marathon without the fear that their uterus may fall out. Triple jump, rugby and soccer are all played by women without fear of damage to their reproductive organs. Although it is now well known that athletics are not inherently dangerous to women on the basis of their sex, we do know women are not just smaller than men, and this holds especially true in sports.

Female athletes grow and develop at different rates and timings than male athletes; they suffer from different endocrine-mediated conditions, have different musculoskeletal injury patterns than men,

and have concussions that present and resolve differently than men.<sup>1</sup> All these differences are mediated by the fact that women are indeed not just smaller than men but different than men; not inferior, nor superior, but different.

Medical care has long been based on the default male standard that we see in all areas of medicine. This bias undoubtedly extends to medical care of the athlete. Studies have shown that female athletes are more comfortable discussing reproductive and sex health-related topics with female physicians.<sup>2</sup> A diverse group of medical practitioners is more likely to think of, understand and address the diverse issues that may present in a diverse group of athletes. This article by Glover and Walker<sup>3</sup> has highlighted that we are not close to achieving equality in the medical care of the athlete with regards to gender, even 50 years after Title IX. Only 6% of orthopaedic surgeons and 30% of sport medicine physicians are female in the United States; a shocking statistic knowing that women currently

make up more than half of those entering medical school classes in North America. These gender-based disparities are present not only in the numbers of physicians, but also in sports team coverage, leadership positions and amount of research funding.

As outlined by Glover and Walker,<sup>3</sup> many initiatives have worked to improve the numbers of female health care providers in orthopaedics and sport medicine. However, the changes are slow, and the culture in sports still favours the male default, both for athletes as well as physicians. We need a renovation of our culture - to reimagine the way we understand and approach the medical care of our athletes, both male and female, equally important, but not the same. Different in many ways, not just in size, all of which need to be addressed by the physicians and surgeons that care for them. This can only be accomplished when those that care for our athletes represent and look like the athletes that they serve.

### Conflict of Interest Statement

The author reports no conflict of interest with the contents of this manuscript.

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