

References

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AUTHOR RESPONSE

We thank the authors for their interest in this preliminary weekend warrior study. While we agree with many of their comments, their reference to a negative assertion associated within the term “weekend warrior” is unclear to us. We have not witnessed any particular negativity associated with this term. More specifically, many of our patients use it as a badge of honour to indicate a continued attempt at maintaining a healthy and active lifestyle in the era of long work weeks and sustained commitment to family and occupation. In fact, the term is used in a friendly supportive manner among some of our most accomplished athletes injured on the weekend (i.e., ex-Olympians).

We do agree that this work is preliminary. As previously docu-

mented in our centre’s equestrian injury publications,^{1,2} the only way to truly determine root cause factors remains prolonged individual patient follow-up. This is currently underway among our weekend warriors and will hopefully provide us with definitive data on skill level and decision making analyses. We look forward to presenting this data in the near future.

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**HUMBLE CORRESPONDENCE:
GAINING A Foothold IN THE
SURGICAL LITERATURE**

We enjoyed Farooq and White’s essay that paints a wonderfully accurate picture of our educational world, where “rapid communications technology” rules the roost. They intelligently describe the myriad benefits of our technological age, while balancing these against drawbacks, including potential distractions.¹ However, they neglect online journals, which are now ubiquitous. Through online content, students and surgeons can instantly access and learn from articles that previously took weeks to obtain, thus hugely progressing our profession.

Telecommunication has utterly revolutionized the process of publishing research, making this established and fundamentally required practice

even easier. Nonetheless, we still perceive another barrier to publication for our future surgeons, the medical students and junior doctors of today.

The blockade is rudimentary: tomorrow’s surgeons simply do not know how to begin publishing. Unfortunately, universities provide inadequate guidance for writing papers, probably due to already swollen curricula, and while seniors may have confidence in our surgical future, concerns exist regarding the need to instill the significance of publishing to the next generation.² A thorough discourse is beyond the scope of this piece, but we wish to make some suggestions for surgeons-to-be.

An apropos place to start for first-time writers is correspondence or letters to the editor. These articles are concise opinions in response to published research or stand-alone pieces discussing topical issues or presenting research not substantial enough to warrant a full article. They may not garner as much respect as a review or an original research paper, but they are easier for juniors to write and often database. Going through the motions of letter publication provides juniors with important skills, such as cover letter writing, debating authorship and maintaining good academic conduct. Furthermore, they can enjoy seeing their names in print postpublication and gain the satisfaction having generated valuable debate. It is pertinent to remember that letters are opinions and thus the lowest form of evidence on the Oxford Hierarchy of Evidence;³ as such, juniors must aim to publish more substantial articles. However, naive academic surgeons would be in a stronger position to publish more meaningful papers having gained a foothold in the literature with a humble letter and having acquired the associated skills and confidence.

It can be tricky for the inexperienced to generate appropriate material. This mnemonic might light a