

# **Sports-related concussion update**

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### Ironman Medical Symposium 2023







### Thank you









### Disclosures



#### The Reverend Dr. Jim MacDonald

**Universal Life Church** 









### **Overview – 6<sup>th</sup> Intl Concussion Consensus Conference**





- Amsterdam 2022- Consensus Statement
  - backstory
- Notable changes from 2016 Berlin (5<sup>th</sup>)
- Major messages
- On-going challenges







# Major messages

- It's a massive undertaking
- The "R's"
  - The highlights/changes
- Get them moving (Level I evidence)
- Prevention
  - Some promising findings
- SCOAT6 and changes in the SCAT (5  $\rightarrow$  6)







### Needs

#### **1. We need to diversify our evidence**

1. The vast majority of the evidence comes from North America and Europe (*issues of generalizability remain*)

#### 2. We need to study children ages 5 – 12 more

- 1. Adults studied fairly well
- There is a 'pediatric' literature but it focuses almost solely on post-pubescent/adolescents/teens

#### 3. Continue to drill down to the particulars

1. Para athletes, women.





### IOC Consensus Conferences on Sports-related concussion

- 2001 Vienna
- 2004 Prague
- 2008 Zurich
- 2012 Zurich
- 2016 Berlin
- 2020 Paris????
- 2022 Amsterdam

(published in BJSM June 2023)





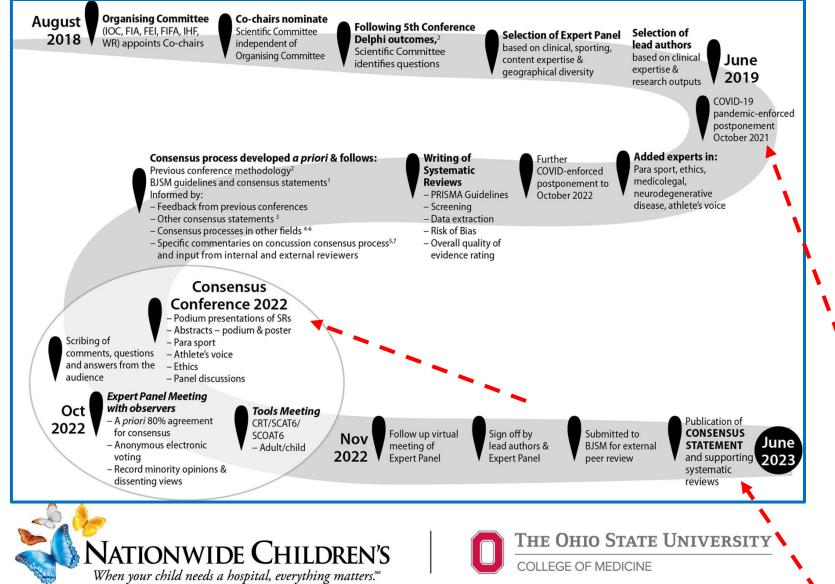
The Ohio State University

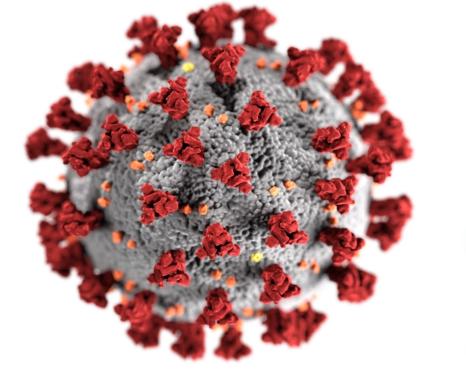
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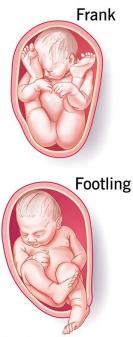




### **The Journey**









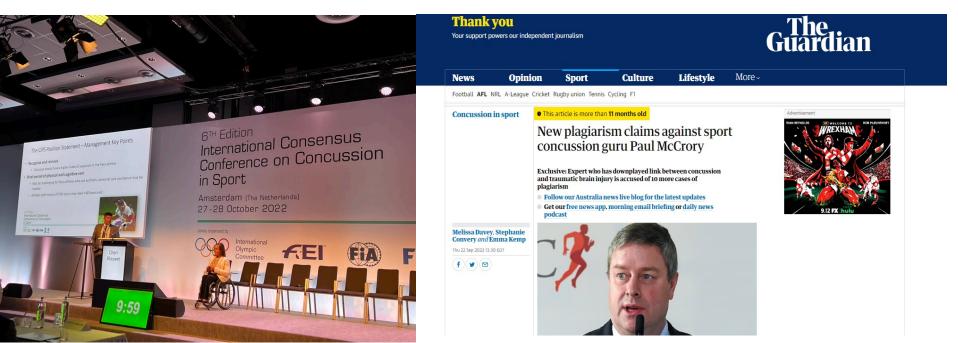








Complete





## It takes a village .....



INTERNATIONAL ICE HOCKEY FEDERATION











- 31 authors
   6 women
- Consensus driven
  - Seeking > 80% (not always achieved)
- Prof Michael McNamee, Swansee University
  - Ethicist
- Independent observers
- 'The Athletes' voice'



THE OHIO STATE UNIVERSITY



### The Outputs





- https://bjsm.bmj.com/content/57/11/695
- https://bjsm.bmj.com/content/57/11/712
- https://bjsm.bmj.com/content/57/11/617
- https://bjsm.bmj.com/content/57/11/722
- https://bjsm.bmj.com/content/57/11/737
- https://bjsm.bmj.com/content/57/12/762
- https://bjsm.bmj.com/content/57/12/771
- https://bjsm.bmj.com/content/57/12/780
- https://bjsm.bmj.com/content/57/12/789
- https://bjsm.bmj.com/content/57/12/798
- https://bjsm.bmj.com/content/57/12/810
- https://bjsm.bmj.com/content/57/12/822
- <u>https://bjsm.bmj.com/content/57/12/749</u>

#### June 2023 BJSM – 12 manuscripts consensus statement and methodology paper 10 systematic reviews





# The Outputs (cont.)

#### 12 papers

- Consensus statement
- Methodology paper
- 10 systematic reviews

- Child SCAT 6 and SCAT 6
- Concussion Recognition tool
   CRT6
- Office assessment tools (new)
  - SCOAT6, Child SCOAT6

### ALL OUTPUTS FREELY AVAILABLE





# The "R's"



- Recognise - definition
- Reduce
  - prevention
- Remove
  - Side-line evaluation
- Re-evaluate
  - Office assessment
- Rest & exercise

- Refer
- Rehabilitation
- Recovery
- Return to learn/sport
- Reconsider
  - Potential long-term effects
- Retire
- Refine
  - Para athletes; special populations

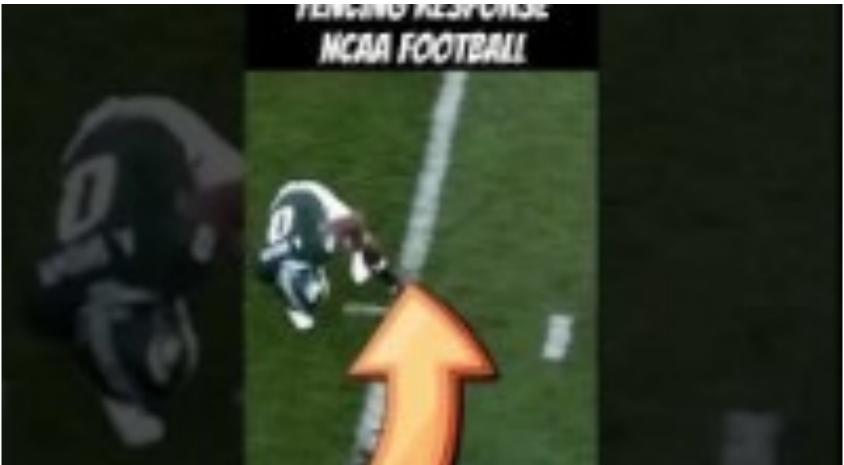






### Recognize











- Defining concussion is difficult (79.6%)
- "The conceptual definition does not provide specific diagnostic criteria."
- No abnl seen on MRI or CT but in *research setting* abnormalities may be present in functional, blood flow or metabolic imaging

### Recognize

- Signs
  - LOC
  - Seizure
  - Tonic posturing
  - Ataxia
  - Poor balance
  - Confusion
  - Behavioral changes
  - Amnesia

"The CISG definition of concussion was updated while work continues toward a unified conceptual and operational definition."

# Minutiae



#### Amsterdam

SRC is a traumatic brain injury **caused by a direct blow to the head, neck or body** resulting in an **impulsive force being transmitted to the brain** that occurs in sports and exercise-related activities.

#### • Berlin

SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.





- Policy/rule changes
  - Disallowing body checking in youth ice hockey games works
    (↓rate of concussion 58%)
  - Limiting # & duration of contact practices in American football works (↓ rate of concussion 64%)
- Mouthguards reduce concussion rate in ice hockey across all age ranges
  - ↓ rate 28%
  - Much smaller effect for rugby

### **Prevention**



- NMT
  - On-field NMT warmups three times/week reduces concussion rates in Rugby Union across all ages



Photo: Wikimedia, <u>K.M.</u> <u>Klemencic</u> from Hudson, Ohio



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### SCAT5 vs. SCAT6

Sport Concussion Assessment Tool 6 - SCAT6™

SCAT6 <sup>TM</sup> Sport Concussion Assessment Tool For Adolescents (13 years +) & Adults			$\bigcirc$
Athlete Name:		ID Number:	
Date of Birth:	Date of Examination:	Date of Injury:	
Time of Injury:	Sex: Male Female	Prefer Not To Say Other	
Dominant Hand: Left	Right Ambidextrous Sport	/Team/School:	
Current Year in School (if applicable): Years of Education Completed (Total):			
First Language:	Prefer	rred Language:	
Examiner:			

Concussion History				
How many diagnosed concussions has the athlete had in the past?:				
When was the most recent concussion?:				
Primary Symptoms:				
How long was the recovery (time to being	cleared to play) from the most recent concussion?:	(Days)		

. . . .





Decelline)





### What's a "SCOAT"?

#### What is the SCOAT6?\*

The SCOAT6 is a tool for evaluating concussion in a controlled office environment by Health Care Professionals (HCP) typically from 72 hours (3 days) following a sport-related concussion.

The diagnosis of concussion is a clinical determination made by an HCP. The various components of the SCOAT6 may assist with the clinical assessment and help guide individualised management.

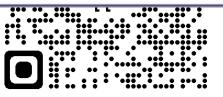
The SCOAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCOAT6.



Brief verbal instructions for some components of the SCOAT6 are included. Detailed instructions for use of the SCOAT6 are provided in an accompanying document. Please read through these instructions carefully before using the SCOAT6.

This tool may be freely copied in its current form for distribution to individually, teams, groups, and organisations. Any alteration (including translations and digital reformatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ and the Concussion in Sport Group (CISG).





# Berlin vs. Amsterdam -- Exercise

#### 2016 Berlin

'In addition, closely monitored active rehabilitation programmes involving controlled sub-symptom-threshold, submaximal exercise have been shown to be safe and <u>may be of</u> <u>benefit in facilitating recovery</u>.'



#### 2022 Amsterdam

- Stronger endorsement
- Sub-symptom threshold exercise should be POSITIVELY ENCOURAGED— has been shown to be beneficial
- When possible GXT
  - But don't let this stop you prescribing

Level 1 Evidence to get them moving (e.g. walking) early



# **Exercise & Youth SRCs**

#### JAMA Pediatrics 2019 (RCT) Leddy

- N = 103 mean age 15.3
- 50/50 male/female
- 20 minute aerobic exercise vs. stretching
- Mean recovery
  - 13 d aerobic/17d stretching
    (p = 0.009)
- Trend toward lower rates of prolonged recovery (> 28d)



#### **EBM Overview**

- Youth with SRCs engaging in physical activity ≤ 7 d of injury – more effective recovery
- However if commenced too soon at inappropriate intensity, may be detrimental to recovery
- Specialist concussion services use objective decision making



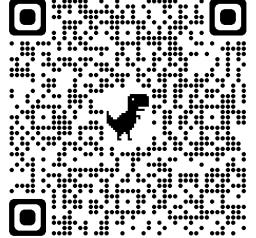


## Exercise prescription w/o exertion testing

- No Buffalo Concussion Treadmill Test (BCTT)
- Not full sport/avoid occasion for head injury
- Should not have sig vestibular/ocular symptoms
- Karvonen method for HR<sub>max</sub> (220 age)
  - Stage 1 50% HR<sub>max</sub>
  - Each stage go up 5% until 80%
- Exercise 'without symptom exacerbation'
  - $\leq 1$  on Likert scale move up
  - 2 on Likert scale stay here for 2 days
  - 3 drop down a stage
  - 20 minutes









### Retire

- No clear evidence of the factors, if present, would unequivocally lead to retirement
- Decision-making process should involve athletes and family after a comprehensive evaluation by a multi-disciplinary team.
- COIs should be clearly stated.
- Shared decision-making process.





### **Review:**



### **Amsterdam Messages on SRCs**

#### What we don't know

- Still discussing the definition of injury
- More is needed to 'prescribe intensity' of exercise, dosing
- Paucity of research on youth
  - egregious lack of information on true children
    - 80,000+ journal articles as part of the systematic review process
    - 0.7% analyze 5 to 12 year olds
- Potentially promising evidence regarding headgear, concussion management strategies, but evidence insufficient in MAs to endorse strongly















# More Resources (free)

- BJSM Podcast
  - <u>https://podcasts.apple.com/ie/podcast/bjsm-podcast/id330966919</u>
    - Several relate to the Amsterdam conference
- BJSM Video Abstract
  - <u>https://www.youtube.com/watch?v=bP4eRyVL8-4</u>
- Upcoming spring 2024 MOOC
  - <u>https://kinesiology.ucalgary.ca/current-</u> <u>students/online-concussion-course</u>







# **References (free)**

- 2022 Amsterdam Concussion Consensus Statement
  - <u>https://bjsm.bmj.com/content/57/11/695</u>
- Statement on SCAT6 for adults, adolescents, children
  - <u>https://bjsm.bmj.com/content/57/11/722</u>
  - PDF:

https://bjsm.bmj.com/content/bjsports/57/11/622.full.pdf

- Statement on SCOAT 6 for adults, adolescents, children
  - <u>https://bjsm.bmj.com/content/57/11/737</u>
- Prevention strategies
  - <u>https://pubmed.ncbi.nlm.nih.gov/37316182/</u>

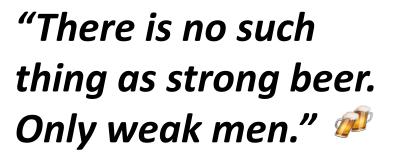






# Thank you

**MEDICAL SYMPOSIUM** 



seen on the streets of Amsterdam

