



Joint Position statement - The Role of Family Physicians and physicians with Added Competencies in Sport and Exercise Medicine in a Public Health Approach to Concussions.

Category: Governance

Date Approved: August 2017

Date of required review: After the publication of the next consensus statement of the Concussion In

Sport Group (CISG) anticipated early 2021

CFPC Contact: Sport and Exercise Medicine Program Committee

CASEM contact: Publication Committee

Status: Effective

Initially brought to the public's attention through media coverage of high profile professional athletes and dramatic complications in amateur athletes, concussion is recognised as a public health issue. This increased awareness of concussion has been associated with a sharp rise in medical consultations for sport-related brain injuries.¹ The potential implications of a missed or poorly managed concussion makes proper identification and management essential.

Family Physicians, whether in primary care settings or emergency departments, and those with added competencies in Sport and Exercise Medicine (SEM), are often the first medical professionals seen by a person who has sustained a concussion during a sport, leisure or occupational activity. In these cases, they are the first point of contact for proper management, advice, and education regarding that person's gradual return to cognitive activities (e.g. school or work) and gradual return to physical activities (e.g. sport, exercise or work). The body of knowledge regarding concussion is rapidly and constantly changing. Therefore, to provide the best care possible, it is important that these physicians are knowledgeable of the most current concussion recommendations. For that purpose, the College of Family Physicians of Canada (CFPC) and the Canadian Academy of Sport and Exercise Medicine (CASEM) recommend that physicians from both organisations remain aware of and utilise the most recent recommendations and tools (e.g. Consensus Statement on Concussion in Sport, Sport Concussion Assessment Tool - SCAT, Concussion Recognition Tool - CRT), which are regularly updated every 4 years.²⁻³

Family Physicians and physicians with added competencies in SEM also play a role in public education and awareness, and can influence sport and school policy at local, provincial and national levels. Public health strategies should be developed and implemented to address the issue of concussions since key aspects of concussion prevention, detection and management occur prior to as well as after the initial medical intervention. Family physicians and physicians with expertise in SEM can contribute to these strategies by working in conjunction with families, schools, sports organizations, employers and governments to educate, support and empower the implementation of proper concussion prevention, detection and management protocols.

References:

- Canadian Institute for Health Information. How Many ER Visits for Sport-Related Brain Injuries
 Receive a Concussion Diagnosis? https://www.cihi.ca/en/how-many-er-visits-for-sport-related-brain-injuries-receive-a-concussion-diagnosis (accessed June 12, 2017)
- 2. McCrory P, Meeuwisse W, Dvorak J, et al. Br J Sports Med 2017; 51: 838–847 http://bjsm.bmj.com/content/bjsports/51/11/838.full.pdf (accessed June 12, 2017)
- 3. Canadian Concussion Collaborative. Resources webpage. http://casem-acmse.org/concussion-related-position-statements-tools/ (accessed June 12, 2017)
- Concussion In Sport Group. The Concussion recognition tool, 5th edition (CRT5) http://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf (accessed June 12, 2017)