With this in mind, we recognize the irony of integrating a highly evidence-based guideline reference with the MRC scoring criteria that lack this support. Please feel free to download our male and female periodic examination forms from http://67.69.12.117:8080/oscarResource/forms/CPXforMale and http://67.69.12.117:8080/oscarResource/forms/CPXforFemale.

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New guidelines on concussion management overlooked

Concussion is a serious problem that is often underappreciated and poorly managed by physicians. I was, therefore, pleased to see an article on management of concussion in the February issue of Canadian Family Physician. The article does not reflect what is currently considered to be optimal concussion management, however, and fails to reference the most important and comprehensive statement on this subject: “The summary and agreement statement of the First International Conference on Concussion in Sport, Vienna 2001.” This statement was prepared by an international group of concussion experts (The Concussion in Sport Group) following a conference sponsored by the International Ice Hockey Federation, FIFA (International Soccer), and the International Olympic Committee Medical Commission. For those of us who look after athletes with concussions, it is the definitive current reference and was considered so important that it was simultaneously published in the Clinical Journal of Sport Medicine, British Journal of Sports Medicine, and Physician and Sportsmedicine. It is unfortunate that this publication was missed by the author and peer reviewers.

Concussion grading systems are all anecdotal, with no hard scientific evidence. Return-to-play times accompanying these guidelines are similarly the personal estimates of the author. They are, therefore, not recommended by the Concussion in Sport Group and are not used by those of us dealing with concussion.

A summary of the key current concepts in concussion management follows.

1. Concussion can have multiple symptoms and signs that evolve over time, including physical (eg, headache, nausea, imbalance), cognitive (eg, memory, concentration alteration), and emotional (eg, mood changes) manifestations. You do not have to lose consciousness to have a concussion! This is perhaps the biggest misconception and mistake made in diagnosis of concussion.

References

Summarizing ordinal data. What is appropriate?

In the article by Midmer et al., Table 3, “Women’s ratings of the ALPHA form by type of form” used a scale that ranged from 1—very much to 5—not at all. It appears as though the variables are ordered, ie, that there is some order among the categories ranging from 1 (very much) to 5 (not at all). Ordinal data are characterized by the presence of order among the categories and by the fact that the difference between two categories is not the same throughout the scale. For this reason, the most appropriate descriptive statistical ways of summarizing ordinal data are through proportions and percentages and estimates of the median value.

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Reference
2. It is absolutely unsafe to return to play while symptomatic in any way following a concussion. Dr Hickey mentions Second Impact Syndrome, but this is extremely rare. Symptomatic people are far more likely to be concussed again, however, to be concussed more easily, and to have postconcussion symptoms that are more severe and long-lasting. This is a very common reason for patients I see to have a prolonged postconcussion course.

3. Return to play should follow a stepwise progression. Athletes should rest until asymptomatic, then start with very light aerobic activity, and progress gradually toward participation if asymptomatic. This progression will vary depending on the duration of postconcussion symptoms and the type of sport (eg, contact vs noncontact).

4. I add this point: prevention. Family physicians are in an ideal position to advocate for safe participation in sport (eg, use of helmets when snowboarding and in-line skating).

Physicians who follow these guidelines would be doing their patients a great service and would greatly decrease their risk. Physicians will likely be called upon more often to “clear” athletes for return to play after concussion; for example, the Greater Toronto Hockey League now requires a doctor’s certificate in this regard. It is, therefore, critical that physicians are up-to-date with the most recent information in this field.

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References

Debating the values of family medicine

The College of Family Physicians of Canada’s Committee on Ethics has done all family physicians, and indeed the discipline of family medicine,