

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>.

—Inge Schabert, MB CHB, CCFP

—Linda Hilts, RN, MED

—Jennifer Lachance, MD

—Nikolina Mizdrak, MD

—Mandy Schwartz, MD

Hamilton, Ont

by e-mail

References

1. Kwiatkowski C. Food for thought [letter]. *Can Fam Physician* 2004;50:29.
2. Oboler SK, LaForce FM. The periodic physical examination in asymptomatic adults. *Ann Intern Med* 1989;110:214-26.
3. Cheney C, Ramsdell J. Effect of medical records checklists on implementation of periodic health measures. *Am J Med* 1987;83:129-36.

Summarizing ordinal data. What is appropriate?

In the article by Midmer et al,¹ 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.

—Tolulola Taiwo, MB BS, MPH, MSC(MED)

Springdale, Nfld

by e-mail

Reference

1. Midmer D, Bryanton J, Brown R. Assessing antenatal psychosocial health. Randomized controlled trial of two versions of the ALPHA form. *Can Fam Physician* 2004;50:80-7.

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 article¹ 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."² 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.