

# Collaboration is key to concussion management in family medicine

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Collaboration is essential to many aspects of the work of family physicians. Concussion care is certainly no exception—multiple stakeholders have the potential to do better collectively through collaboration on this important public health issue, both in the community and within the health care system.

For family physicians practising in an office setting, concussion care typically consists of 3 stages, as previously described in *Canadian Family Physician*<sup>1</sup>: initial assessment, diagnosis, and counseling after a traumatic brain injury; assessment to make a recommendation about resuming an activity with a risk of concussion, such as a contact sport; and assessment in the presence of persistent postconcussion symptoms.

The College of Family Physicians of Canada (CFPC) participated in 2 joint statements on concussion and traumatic brain injuries that emphasize a collaborative role for family physicians that could help address the public health issue of concussion beyond traditional office-based encounters.

## Traditional and potential roles in concussion care

In a joint statement, the CFPC and the Canadian Academy of Sport and Exercise Medicine emphasized the important roles that family physicians and physicians with added competencies in sport and exercise medicine can play in concussion care.<sup>2</sup> First, this statement reiterates the importance of developing and maintaining competencies related to the essential medical encounters related to concussion care.<sup>3</sup> However, family physicians cannot be responsible for every aspect of concussion care, such as the day-to-day management of and strategies for gradual return to cognitive and physical activities in school and sport environments. Therefore, this statement also suggests that physicians can contribute to innovative sport-related concussion prevention, detection, and management through collaborative approaches with relevant stakeholders, such as families, schools, sport organizations, and allied health care professionals.<sup>2</sup>

In another joint policy statement entitled “Concussion in sport, leisure, and occupational settings,” the Canadian Medical Association, the CFPC, and the Canadian Academy of Sport and Exercise Medicine made recommendations to promote better awareness, prevention, recognition, and management of concussion and head trauma.<sup>3</sup> This document emphasizes that head injuries and concussions occur not only across all levels of sport participation but also in leisure, occupational, and

domestic activities in every age group. Now, that range presents many opportunities for family physicians to play a central role in collaboration with a broad spectrum of stakeholders.

More research is needed to better understand how collaborative strategies aiming to improve the implementation of concussion management recommendations, such as those found in the 2017 Concussion in Sport Group consensus statement,<sup>4</sup> could be applied in this broader context. We previously concluded that “physicians who are provided with adequate knowledge translation strategies can become better facilitators for the implementation of concussion-related medical recommendations in both sport and school environments.”<sup>5</sup>


## Recent initiatives point the way

In line with the CFPC statements on concussion,<sup>2,3</sup> this issue of *Canadian Family Physician* presents 2 initiatives that illustrate how family physicians can collaborate with stakeholders in school and sport settings to develop and assess innovative concussion management strategies to optimize the management of every concussion.

The first of these 2 initiatives is called SCHOOLFirst (page e92).<sup>6</sup> This program was designed in a multidisciplinary fashion with collaboration from family physicians, school boards, occupational therapists, parents, and students to support and enable the implementation of optimal return-to-school strategies, considering the specificities and resources of each setting. The SCHOOLFirst concept was inspired by a research project in a family physician’s office,<sup>5</sup> which, through collaboration with educators, researchers, and public health authorities, evolved to become the Holland Bloorview Kids Rehabilitation Hospital SCHOOLFirst resource.<sup>7</sup> SCHOOLFirst is a tool to help teachers and other school personnel become “concussion champions” who support youth upon their return to school after a concussion. This tool is now available (<https://schoolfirstconcussion.ca>)<sup>7</sup> and its dissemination and implementation across Canada can be facilitated by family physicians in our capacity as resources for our communities.

We also provide an assessment of the second initiative, a collaborative and multidisciplinary concussion management strategy in a school-based football program (page e100).<sup>8</sup> Our study illustrates how concussion management can be adapted to the characteristics and resources of a school-based sport program. We found that adapting such a strategy both empowers stakeholders in the recognition and daily management

of postconcussion recovery and helps achieve more efficient use of and more timely access to medical resources. In this study setting, a health care provider (a physiotherapist) was involved as a team therapist for the school's sport programs. In this collaborative approach, most decisions about resuming sports presenting a risk of concussion were made by the physiotherapist according to pre-established criteria.

The common characteristic of these 2 initiatives is that, through collaboration with key stakeholders, strategies adapted to the specific characteristics and resources of different settings decreased the burden of care on any one group and enabled holistic, continuous care across numerous environments. As family physicians work with many different groups to break down silos between the medical, education, sport, and family environments, we can assist Canadian youth in resolving concussion-related temporary disability more quickly and more safely. Through multidisciplinary and collaborative approaches, we are far more capable of designing successful health initiatives to maintain the health of our communities. 

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**Competing interests**

None declared

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