



AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS POSITION STATEMENT ON SPORTS RELATED CONCUSSION IN ATHLETICS

The purpose of the American Chiropractic Board of Sports Physicians (ACBSP™) Concussion Registry is to provide a format for healthcare providers to voluntarily review current evidenced based information and to demonstrate competency

regarding the evaluations and management of concussion in sport. The healthcare provider will review the course materials and complete an outcome evaluation. The minimum passing score is 80%. The questions for the outcome will be extracted

from the course materials. The registry is not a certification. Healthcare providers who complete the course will be listed on the ACBSP Concussion Registry, which is available on the ACBSP website at www.ACBSP.com.

The management of concussion in athletics is an area of sports medicine that continually evolves. Several methods of evaluating and managing concussion that were once considered standards of care are now obsolete. The importance of providing correct clinical decisions for the assessment, management and return-to-play criteria of individuals who have sustained concussion remains one of the greatest challenges to sports medicine providers.

With respect to the qualifications of Doctors of Chiropractic and their involvement in concussion management, it is the position of the ACBSP that:

1. Doctors of Chiropractic with current ACBSP™ DACBSP® and CCSP® certificates of additional qualifications in sports medicine are qualified to manage the concussed individual in any patient population.
2. Doctors of Chiropractic may evaluate, diagnosis and manage concussed individuals. The prerequisite management skills for a concussed athlete can be supported by additional experience and education such as the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry.
3. All healthcare providers involved in the management of concussed individuals have an obligation to maintain current knowledge of best practices in concussion management.
4. The ACBSP does not endorse specific methodology of concussion management because methods of assessment and management of concussion are in transition.

The position of the ACBSP regarding current best practices in concussion management is that:

1. Concussion may be caused by a direct blow to the head or elsewhere on the body.
2. Loss of consciousness is a key symptom but the majority of concussions do not involve a loss of consciousness.
3. Individuals with a concussion may present with a wide range of signs and symptoms such as physical signs of neurologic impairment, or/and symptoms of impaired brain function that may include abnormal behavior.

4. An athlete suspected of having sustained a concussion must be removed from play and immediately assessed by a qualified healthcare provider.
5. A concussed individual must not be allowed to return to play the same day they were concussed.
6. When evaluating a collapsed athlete on the field of play emergent concerns such as airway, breathing, circulation, spinal trauma or a more serious brain injury should be first excluded. The initial sideline examination should include a more detailed history and examination of the individual. Examination should include serial examinations and direct monitoring of the athlete's vital signs and additional assessments through a standardized concussion neurological examination.
7. Concussed individuals should not be left alone in the initial phase of their evaluation until their constellation of signs and symptoms are static and a diagnosis can be confirmed.
8. Any increase of symptoms (especially increasing headache, decreasing neurologic function, presence of a focal neurologic deficit, altered vital signs, or repeated vomiting) in a concussed individual requires an urgent evaluation in a hospital setting.
9. Any individual with signs or symptoms of concussion at rest or with exertion should not be allowed to participate in sport until their signs and symptoms have resolved.
10. A consultation from a qualified healthcare provider, including DACBSP or CCSP certified Doctors of Chiropractic, prior to returning-to-play is essential after suspected or known concussion.

11. A graded return-to-play protocol that includes exertion must be followed prior to an athlete's resumption of full sporting activity.
12. Children and adolescents should be managed more conservatively than adults and they may not be returned to sport until they are completely symptom-free which may require a longer time frame.

13. All athletes must be symptom-free at rest and with exercise prior to return-to-play.
14. The appropriate management of concussed individuals requires careful consideration in regards to the timing and management of the injury. Manual procedures for concussed individuals with clinical presentations of cervical spine and/or vestibular dysfunction may be of benefit, especially if the individual is experiencing neck pain.
15. Cases of concussion in sport where clinical recovery falls outside the expected window of recovery of ten (10) days should receive consideration for management using a multidisciplinary approach.

A recommended current reference for consensus based approach to concussion management is the *Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport* held in Zürich, November 2012. Agreement exists pertaining to principal messages conveyed within this document, the ACBSP acknowledges the science of concussion is evolving and therefore, management and return-to-play decisions remain in the realm of individualized clinical judgment. Individual management depends on the specific presentation and circumstances that are unique to each individual case. This statement reflects the current state of knowledge and will need to be modified according to the development of new knowledge. It is intended that this document will be formally reviewed and updated prior to June 1, 2016.

The ACBSP Position Statement on Sports Related Concussion in Athletics is not intended as a standard of care document, and it should not be interpreted as such.