La déclaration de consensus d'Amsterdam sur les commotions cérébrales dans le sport : Qu'est-ce que cela signifie pour les dirigeants sportifs au Canada ?

Consensus d'Amsterdam - Kathryn Schneider

Lignes directrices canadiennes - Stephanie Cowle

Outils de formation sur les commotions cérébrales dans le sport :

Ce qu'ils sont, ***à qui*** ils s'adressent et ***où*** les trouver

Prendre une tête d'avance – Adam Solitt
Cours en ligne ouvert à tous (CLOT) sur les commotions – Pierre Fremont
Outil de sensibilisation et de formation aux commotions cérébrales (CATT) – Shelina Babul
Lignes directrices en matière de vie pédiatrique – Jennifer Dawson
Lignes directrices de vie pour les adultes – Alex Lithopoulos/Shawn

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Déclaration de consensus sur les commotions cérébrales dans le sport :

6e conférence internationale – Amsterdam, octobre 2022

Consensus d'Amsterdam sur les commotions cérébrales

Résumé des données publiées au moment de la conférence

- Éditoriaux – introduction, définition, outils
- Document de méthodologie
- 10 revues systématiques
- Déclaration de consensus
- Nouveaux « outils » d'évaluation des commotions cérébrales

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Processus de consensus

Méthodologie de la revue systématique a priori

Processus de consensus a priori avec examen externe

Vote anonyme + points de vue alternatifs

Déclaration de conflits d'intérêts

La voix des athlètes

Considérations sur le sport paralympique

Perspectives éthiques

Photo : CIO - Heike Dennhard

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Discussion

Amsterdam 2022 process: A summary of the methodology for the Amsterdam International Consensus on Concussion in Sport

Kathryn J Schneider [1,2,3] Jon S Patricios [4] Willem Meeuwisse,[5] Geoff M Schneider,[6] K Alix Hayden [7] Zahra Premji [8] Osman Hassan Ahmed [9,10,11] Cheri Blauwet [12,13] Steven Broglio [14] Robert C Cantu,[15,16] Gavin A Davis [17,18] Jiri Dvorak [19] Ruben J Echemendia [20] Carolyn A Emery [1] Grant L Iverson [21,22] John J Leddy [23] Michael Makdissi,[24,25] Michael McCrea [26] Michael McNamee,[27,28] Margot Putukian [29] Keith Owen Yeates [2,3,30] Amanda M Black [1] Joel S Burma [1] Meghan Critchley,[31] Paul H Eliason [31] Anu M Räisänen [32] Jason B Tabor [31] Clodagh Toomey,[1,33] Paul E Ronksley,[34] J David Cassidy[35]

over time. The purpose of this paper is to summarise the methodology for the Amsterdam 2022 International Consensus on Concussion in Sport and the resulting consensus statement.

THE CONSENSUS METHODOLOGY

The Amsterdam 2022 International Consensus on Concussion in Sport used a consensus conference methodology which is outlined below. The consensus process included identification of research questions, preparation of 10 systematic reviews,[12–21] the open consensus conference (2 days), closed expert panel consensus meeting (EPCM) (1 day), and a meeting to determine the format for practical tools for the identification, evaluation, and management of SRC (1 day). In addition to this methodology paper, each of the 10 systematic reviews, the International Consensus Statement on Concussion in Sport, and the 'tools' (Sport Concussion Assessment Tool 6 (SCAT6),

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Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022

Jon S Patricios ,[1] Kathryn J Schneider ,[2] Jiri Dvorak ,[3] Osman Hassan Ahmed ,[4,5] Cheri Blauwet ,[6,7] Robert C Cantu,[8,9] Gavin A Davis ,[10,11] Ruben J Echemendia ,[12,13] Michael Makdissi,[14,15] Michael McNamee,[16,17] Steven Broglio ,[18] Carolyn A Emery ,[2] Nina Feddermann-Demont,[19,20] Gordon Ward Fuller ,[21] Christopher C Giza,[22,23] Kevin M Guskiewicz,[24] Brian Hainline ,[25] Grant L Iverson ,[26,27] Jeffrey S Kutcher,[28] John J Leddy ,[29] David Maddocks,[30] Geoff Manley ,[31] Michael McCrea ,[32] Laura K Purcell,[33] Margot Putukian ,[34] Haruhiko Sato ,[35] Markku P Tuominen,[36] Michael Turner ,[37,38] Keith Owen Yeates ,[39] Stanley A Herring,[40,41] Willem Meeuwisse[42]

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JSP and KJS are joint first authors.

Accepted 2 June 2023

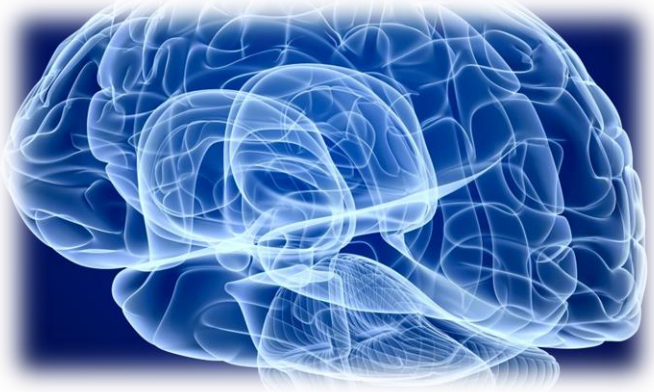
ABSTRACT

For over two decades, the Concussion in Sport Group has held meetings and developed five international statements on concussion in sport. This 6th statement summarises the processes and outcomes of the 6th International Conference on Concussion in Sport held in Amsterdam on 27–30 October 2022 and should be read in conjunction with the (1) methodology paper that outlines the consensus process in detail and (2) 10 systematic reviews that informed the conference outcomes. Over 3½ years, author groups conducted systematic reviews of predetermined priority topics relevant to concussion in sport. The format of the conference, expert panel meetings and workshops methodology. The purpose of this Statement is to provide a summary of the evidence and practice recommendations based on science and expert panel consensus recommendations at the time of the conference. Additional outputs of the consensus process include freely available evidence-informed tools to assist in the detection and assessment of SRC, including the Concussion Recognition Tool-6 (CRT6), Sport Concussion Assessment Tool-6 (SCAT6), Child SCAT6, Sport Concussion Office Assessment Tool-6 (SCOAT6) and Child SCOAT6. Apart from this Statement, in the interest of knowledge translation, the tools are free to distribute in their original formats

RECONNAITRE: Définition

Définition conceptuelle

« Lésion cérébrale traumatique causée par un coup direct à la tête, au cou ou au corps entraînant la transmission d'une force impulsive au cerveau, survenant dans le cadre d'activités sportives ou liées à l'exercice physique. »



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The American Congress of Rehabilitation Medicine Diagnostic Criteria for Mild Traumatic Brain Injury

Noah D. Silverberg, Ph.D • Grant L. Iverson, Ph.D. ** •
on behalf of the ACRM Brain Injury Special Interest Group Mild TBI Task Force and the ACRM Mild TBI Definition Expert Consensus Group, ACRM Brain Injury Special Interest Group Mild TBI Task Force members •
... Ross Zafonte, D.O. • Nathan D. Zasler, M.D. • Roger Zemek, M.D. • Show all authors •
Show footnotes

Published: May 19, 2023 • DOI: https://doi.org/10.1016/j.apmr.2023.03.036 PlumX Metrics

Definition of sport-related concussion: the 6th International Conference on Concussion in Sport

Gavin A Davis [1,2] Jon Patricios [3] Kathryn J Schneider [4] Grant L Iverson [5] Noah D Silverberg [6]

RÉDUIRE: Recommandations de prévention

- Protège-dents dans le hockey sur glace pour enfants et adolescents
- Politique d'interdiction de la mise en échec dans le hockey sur glace pour les enfants et la plupart des adolescents
- Limiter les pratiques de contact dans le football américain
- Échauffement pour l'entraînement neuromusculaire
- Stratégie de gestion des commotions cérébrales visant à réduire les taux de commotions cérébrales récurrentes

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Systematic review

Prevention strategies and modifiable risk factors for sport-related concussions and head impacts: a systematic review and meta-analysis

Paul H Eliason ,[1] Jean-Michel Galarneau,[1] Ash T Kolstad ,[1] M Patrick Pankow,[1] Stephen W West ,[2] Stuart Bailey,[3] Lauren Miutz,[4] Amanda Marie Black ,[1] Steven P Broglio ,[5] Gavin A Davis ,[6] Brent E Hagel ,[7] Jonathan D Smirl,[1] Keith A Stokes,[8] Michael Takagi,[6] Ross Tucker,[9] Nick Webborn ,[10]

RECONNAITRE et SE RETIRER

Systematic review

Acute evaluation of sport-related concussion and implications for the Sport Concussion Assessment Tool (SCAT6) for adults, adolescents and children: a systematic review

Ruben J Echemendia ,[1,2] Joel S Burma ,[3] Jared M Bruce ,[4] Gavin A Davis ,[5,6] Christopher C Giza,[7,8] Kevin M Guskiewicz,[9] Dhiren Naidu,[10] Amanda Marie Black ,[3] Steven Broglio ,[11] Simon Kemp ,[12] Jon S Patricios ,[13] Margot Putukian ,[14] Roger Zemek ,[15,16] Juan Carlos Arango-Lasprilla,[17] Christopher M Bailey,[18,19] Benjamin L Brett ,[20] Nyaz Didehbani ,[21] Gerry Gioia,[22] Stanley A Herring,[23] David Howell,[24] Christina L Master ,[25] Tamara C Valovich McLeod ,[26] William P Meehan, III,[27,28] Zahra Premji ,[29] Danielle Salmon,[30] Jacqueline van Ierssel ,[15] Neil Bhathela,[31] Michael Makdissi,[32,33] Samuel R Walton,[34] James Kissick,[35] Jamie Pardini,[36] Kathryn J Schneider [37]

RÉ-ÉVALUER

Systematic review

Beyond acute concussion assessment to office management: a systematic review informing the development of a Sport Concussion Office Assessment Tool (SCOAT6) for adults and children

Jon S Patricios ,[1] Geoff M Schneider,[2] Jacqueline van Ierssel ,[3] Laura K Purcell,[4] Gavin A Davis ,[5] Ruben J Echemendia ,[6,7] Pierre Fremont ,[8] Gordon Ward Fuller ,[9] Stanley A Herring,[10] Kimberly G Harmon ,[11] Kirsten Holte,[12] Mike Loosemore ,[13] Michael Makdissi,[14,15] Michael McCrea ,[16] William P Meehan, III,[17,18] Patrick O'Halloran ,[19,20] Zahra Premji ,[21] Margot Putukian ,[22] Isla Jordan Shill ,[23] Michael Turner ,[24,25] Kenzie Vaandering ,[26] Nick Webborn ,[27,28] Keith Owen Yeates ,[29,30,31]

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CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

SCOAT6™

Sport Concussion Office Assessment Tool

For Adults & Adolescents (13 years +)

What is the SCOAT6?*

The SCOAT6 is a tool for evaluating concussion in a controlled office environment by Health Care Professionals (HCP) typically from 72 hours (3 days) following a sport-related concussion.

The diagnosis of concussion is a clinical determination made by an HCP. The various components of the SCOAT6 may assist with the clinical assessment and help guide individualised management.

The SCOAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCOAT6.

Brief verbal instructions for some components of the SCOAT6 are included. Detailed instructions for use of the SCOAT6 are provided in an accompanying document. Please read through these instructions carefully before using the SCOAT6.

Completion Guide

Blue: Complete only at first assessment | Green: Recommended part of assessment | Orange: Optional part of assessment

Athlete's Name:

Date of Birth: Sex: Male ☐ Female ☐ Prefer Not To Say ☐ Other

Sport:

Occupational or Educational Status:

Current or Highest Educational Level or Qualification Achieved:

Examiner: Date of Examination:

Referring Physician's Name:

Referring Physician's Contact Details:

* In reviewing studies informing the SCOAT6 and Child SCOAT6, the period defined for the included papers was 3–30 days. HCPs may choose to use the SCOAT6 beyond this timeframe but should be aware of the parameters of the review.

Developed by: The Concussion in Sport Group (CISG)

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Child SCOAT6™

Sport Concussion Office Assessment Tool

For Children Ages 8 to 12 Years

What is the Child SCOAT6?*

The Child SCOAT6 is a tool for evaluating concussions in a controlled office environment by Health Care Professionals (HCP) typically from 72 hours (3 days) following a sport-related concussion.

The diagnosis of concussion is a clinical determination made by an HCP. The various components of the Child SCOAT6 may assist with the clinical assessment and help guide individualised management.

The Child SCOAT6 is used for evaluating athletes aged 8 - 12 years. For athletes aged 13 years and older, please use the SCOAT6.

Brief verbal instructions for some components of the Child SCOAT6 are included. Detailed instructions for use of the Child SCOAT6 are provided in an accompanying document. Please read through these instructions carefully before using the Child SCOAT6.

Completion Guide

Blue: Complete only at first assessment | Green: Recommended part of assessment | Orange: Optional part of assessment

Athlete's Name:

Date of Birth: Sex: Male ☐ Female ☐ Prefer Not To Say ☐

Sport:

Age First Played Contact Sport: School Class/Grade/Level:

Handedness (Writing): L ☐ R ☐ Ambidextrous ☐ Handedness (Sport): L ☐ R ☐ Ambidextrous ☐

Dominant Leg (Sport): L ☐ R ☐ Ambidextrous ☐

Name of Accompanying Parent/Carer:

Examiner: Date of Examination:

Referring Physician's Name:

Referring Physician's Contact Details:

* In reviewing studies informing the SCOAT6 and Child SCOAT6, the period defined for the included papers was 3–30 days. HCPs may choose to use the Child SCOAT6 beyond this timeframe but should be aware of the parameters of the review.

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- Blessure actuelle
- Antécédents de blessures
- PMHx
- Antécédents familiaux
- Symptômes
- Tâches cognitives verbales
- Signes vitaux orthostatiques
- Évaluation de la colonne cervicale
- Examen neurologique
- Équilibre - BESS
- Démarche en tandem chronométrée
- Démarche complexe en tandem
- Double tâche
- VOMS modifié
- Dépistage de l'anxiété
- Dépistage de la dépression
- Dépistage du sommeil
- Test cognitif informatisé
- Test d'exercice aérobique gradué

REPOS et recommandations d'exercices

- Période initiale – ***repos relatif pendant 24 à 48 heures***
  - Activité physique et cognitive légère
  - Limiter le temps passé devant un écran
- L'exercice aérobique comme traitement
  - Facilite la récupération (2-10 jours)
  - Prévient une récupération prolongée
  - Adapté à l'athlète

Exacerbation des symptômes ?

Légère = augmentation de 1 ou 2/10 sur une échelle de 0 à 10

Brève = se résout en moins d'une heure

Arrêter si

Hausse >2/10

Demeure > 1 heure

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Systematic review

Rest and exercise early after sport-related concussion: a systematic review and meta-analysis

John J Leddy [1], Joel S Burma [2], Clodagh M Toomey,[3] Alix Hayden,[4] Gavin A Davis [5], Franz E Babl [6], Isabelle Gagnon,[7,8] Christopher C Giza,[9,10] Brad G Kurowski,[11] Noah D Silverberg [12], Barry Willer,[13] Paul E Ronksley,[14] Kathryn J Schneider [15]

Recommandations pour la **RÉÉDUCATION**

- La rééducation cervicovestibulaire (interventions intégrées au niveau du cou et de l'équilibre) est recommandée pour les athlètes souffrant de maux de tête, de douleurs cervicales, de vertiges et/ou de problèmes d'équilibre à 10 jours.
- Soins collaboratifs et rééducation active pour les adolescents lorsque les symptômes persistent pendant plus de 4 semaines.
- En combinaison avec des exercices aérobiques!

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Systematic review

Targeted interventions and their effect on recovery in children, adolescents and adults who have sustained a sport-related concussion: a systematic review

Kathryn J Schneider [1,2,3] Meghan L Critchley,[4] Vicki Anderson,[5,6] Gavin A Davis [7,8] Chantel T Debert,[9] Nina Feddermann-Demont,[10] Isabelle Gagnon [11] Kevin M Guskiewicz,[12] K Alix Hayden,[13] Stanley Herring,[14] Corson Johnstone,[4] Michael Makdissi,[15,16] Christina L Master [17] Rosemarie Scolaro Moser [18] Jon S Patricios [19] Johna K Register-Mihalik,[20] Paul E Ronksley,[21] Noah D Silverberg [22] Keith Owen Yeates [2,3,23]

Repos & exercice

Réadaptation

Reférer – Symptômes persistants

Récupération - Technologie

Retour à l'apprentissage / **R**etour au sport

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Stratégie de retour à l'apprentissage

Étape	Activité mentale	Activité à chaque étape	Objectif
1	Activités quotidiennes n'entraînant pas plus qu'une légère exacerbation* des symptômes liés à la commotion cérébrale actuelle	Activités typiques pendant la journée (p. ex., lecture) tout en réduisant le temps passé devant un écran. Commencez par 5 à 15 min à la fois et augmentez progressivement.	Retour graduel aux activités typiques
2	Activités scolaires	Devoirs, lecture ou autres activités hors de la salle de classe	Augmenter la tolérance au travail cognitif
3	Retour aux études à temps partiel	Introduction progressive au travail scolaire. Il peut être nécessaire de commencer par des demi-journées d'école ou en accordant davantage de pauses au cours de la journée.	Augmenter les activités scolaires
4	Retour aux études à temps plein	Augmenter progressivement les activités scolaires jusqu'à ce qu'une journée entière puisse être tolérée sans exacerbation plus que légère* des symptômes.	Retour complet aux activités scolaires et rattraper les retards

Étape	Stratégie d'exercice	Activité à chaque étape	Objectif
1	Activité limitée aux symptômes	Activités quotidiennes qui n'exacerbent pas les symptômes (ex., la marche)	Réintroduction graduelle du travail ou des études
2	Exercice aérobique **2A – Léger** (jusqu'à environ 55% FC) **puis** **2B – Modéré** (jusqu'à environ 70% FC)	Vélo stationnaire ou marche à un rythme lent à moyen. Peut commencer un entraînement léger à la résistance qui n'entraîne qu'une légère et brève exacerbation* des symptômes de la commotion cérébrale.	Augmenter la fréquence cardiaque
3	Exercice spécifique à l'individu **REMARQUE**: si l'exercice spécifique au sport comporte des risques de coups à la tête, un avis médical sur l'état de préparation est recommandé avant de passer à l'étape 3	Entraînement spécifique au sport en dehors de l'environnement de l'équipe (par exemple, course, changement de direction ou exercices d'entraînement individuels en dehors de l'environnement de l'équipe). Pas d'activités présentant un risque d'impact sur la tête.	Ajouter du mouvement et le changement de direction
Les étapes 4 à 6 doivent commencer après la disparition des symptômes, des anomalies des fonctions cognitives et de tout autre résultat clinique lié à la commotion cérébrale actuelle, y compris avec et après un effort physique.			
4	Exercices d'entraînement sans contact	Exercices d'intensité élevée, y compris des exercices d'entraînement plus difficiles (p. ex., des exercices de passes, entraînement multijoueurs). Peut s'intégrer dans un environnement d'équipe.	Reprendre l'intensité habituelle de l'exercice, la coordination et l'augmentation de la réflexion
5	Pratique avec plein contact	Participer aux activités d'entrainement normales	Redonner confiance et évaluation des habiletés fonctionnelles par le personnel d'entrainement

conduisent sans équivoque à la retraite.

- Les décisions de départ à la retraite sont complexes et multidimensionnelles - elles nécessitent souvent une évaluation clinique multidisciplinaire pour éclairer les décisions.
- La prise de décision doit être individualisée et partagée :
  - Les préférences du patient/de l'athlète et sa tolérance au risque
  - La blessure
  - La spécificité du sport
  - L'éthique
  - Les facteurs socioculturels

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Systematic review

When should an athlete retire or discontinue participating in contact or collision sports following sport-related concussion? A systematic review

Michael Makdissi [1,2] Meghan L Critchley [3] Robert C Cantu,[4] Jeffrey G Caron [5,6] Gavin A Davis [7,8] Ruben J Echemendia [9,10] Pierre Fremont [11] K Alix Hayden [12] Stanley A Herring,[13] Sidney R Hinds [14] Barry Jordan,[15] Simon Kemp [16,17] Michael McNamee [18,19] David Maddocks,[20] Shinji Nagahiro,[21] Jon Patricios [22] Margot Putukian [23] Michael Turner [24,25] Stacy Sick,[3] Kathryn J Schneider [3,26,27]

RAFFINER – Recommandations pour le sport para

- Peu de preuves à ce jour chez les para-athlètes.
- Il est important de reconnaître les caractéristiques du handicap de l'individu et la manière dont il peut affecter les stratégies de prévention, la détection des symptômes, le diagnostic, la récupération et le traitement.
- Les outils couramment utilisés devront peut-être être adaptés à une approche individualisée.
- Prise de position récente du groupe sur les commotions cérébrales dans le sport paralympique (CIPS).



RAFFINER – Recommandations pédiatriques

- Enfants - 5-12 ans ; adolescents - 13-18 ans
- Le retour à l'école est une priorité pour les enfants et les adolescents.
- Les athlètes pédiatriques ont moins de chances de bénéficier du soutien de personnel médical formé sur la ligne de touche - le CRT6 peut être un outil utile.
- Tenir compte des avantages d'un mode de vie actif

Recherche future

- Hors du NA
- Contexte culturel
- Femmes
- Genres

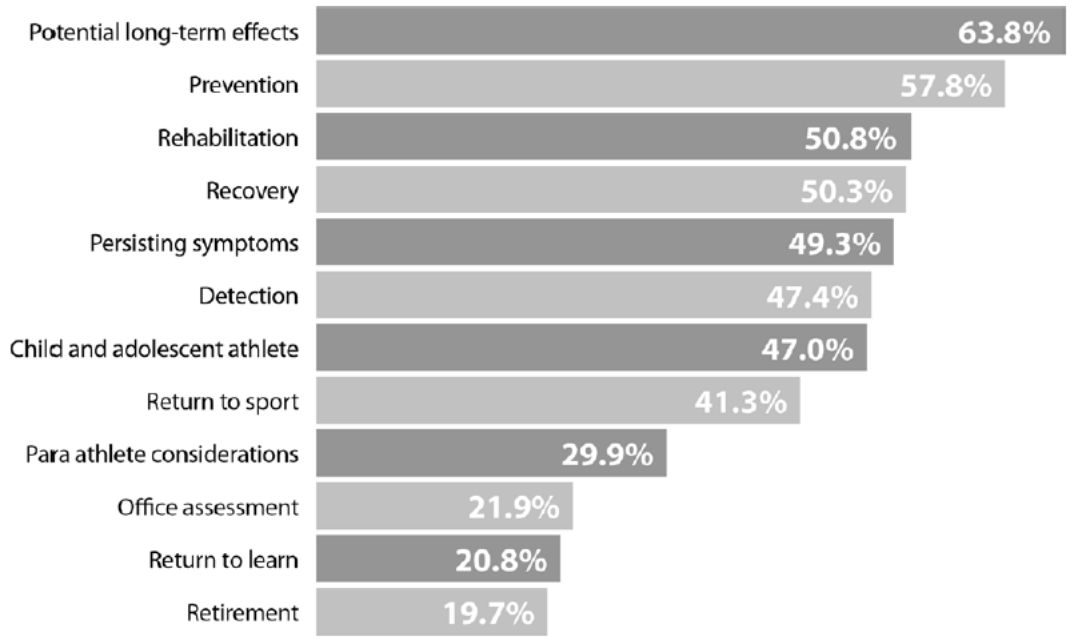

Figure 3 Percentage of conference attendees who voted for each topic as a top five priority for future research.

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International Olympic Committee, FEI, FIA, FIFA, IIHF International Ice Hockey Federation, World Rugby

Warm up

Amsterdam 2022 International Consensus on Concussion in Sport: calling clinicians to action!

Kathryn J Schneider ,[1,2,3] Jon S Patricios [4]

The June 2023 editions of *BJSM* contain the long-awaited papers emanating from a

world.[2] In fact, there are 14 translations of the SCAT5 available.[3]

and Child SCOAT6 *(see page 672)* are designed to guide the subacute (>3 days from injury) assessment of SRC. These assessment tools are all freely available to enable broad access for all stakeholders involved in the care of athletes at risk of or who have sustained an SRC.

PROGRESS BUT MORE TO DO

Appropriate early management of concussion, including the use of exer-

British Journal of Sports Medicine

Video Abstract

Consensus Statement on Concussion in Sport

The 6th International Conference on Concussion in Sport Held in Amsterdam, October 2022

Jon S. Patricios, Kathryn J. Schneider, Jiří Dvorák, Osman H. Ahmed, Cheri A. Blauwet, Robert Cantu, Gavin A. Davis, Ruben J. Echemendia, Michael Makdissi, Mike McNamee, Steven P. Broglio, Carolyn Emery, Nina Feddermann-Demont, Gordon Fuller, Chris Giza, Kevin M. Guskiewicz, Brian Hainline, Grant Iverson, Jeffrey Kutcher, John Leddy, David Maddocks, Geoffrey T. Manley, Michael A. McCrea, Laura Purcell, Margot Putukian, Haruhiko Sato, Markku Tuominen, Michael Turner, Keith Owen Yeates, Stanley A. Herring, Willem Meeuwisse

6TH Edition

International Consensus Conference on Concussion in Sport

Amsterdam
27 - 28 October 2022

Jointly organised by:

International Olympic Committee

Merci à l'équipe!