

A SURVEY OF CHIROPRACTIC PRACTICE PATTERNS IN CONCUSSION ASSESSMENT AND MANAGEMENT

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OBJECTIVE: To identify methods used by doctors of chiropractic to assess and make return-to-play decisions in athletes who have sustained a concussion and to determine the doctors' usage of standardized methods of concussion assessment.

METHODS: A list of 399 doctors of chiropractic including general practice chiropractors and sports specialists were contacted by an e-mail that provided a link to an anonymous nine-question survey.

RESULTS: A total of forty-six (N=46) doctors responded to the survey for a response rate of 12%. More than 54% of respondents indicated they were certified as a Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP) and more than 26% of respondents indicated they were certified as a Certified Chiropractic Sports Physicians (CCSP). The most common response to employment setting was private practice at 78%. A majority (56.5%) of respondents evaluate or manage athletes who have concussion. Respondents use a variety of methods to assess and diagnose concussion. The most common methods were clinical examination (91.4%), symptom checklists (74.3%) concussion grading scales (74.3%), return to play criteria (60%) and standardized assessment of concussion (SAC) 60%. Respondents use various methods in making return to play decisions for athletes who have sustained a concussion. The most common methods were clinical examination (84.4%), return to play guidelines (81.2%), physical examination (78.1%), concussion grading scales (62.5%) and symptom checklists (62.5%). When making return to play decisions standardized tests including neuropsychiatric testing (9.4%), Balance Error Scoring System (BESS) (9.4%), and SAC (34.4%) were less frequently used. Subjects were asked about a case scenario regarding a player who had a first concussion without loss of consciousness but posttraumatic amnesia was present for approximately 1 minute. A set of possible follow up examinations of this player was provided and the respondents were asked if they would allow the player to return to the player to competition. When clinical examination revealed abnormalities but the player appeared normal using standardized methods of concussion assessment (IE SAC, BESS, neuropsychiatric testing) 97.4% of subjects responding to this question stated they would not return this player to competition. When the player reported postconcussion symptoms but appeared normal on standardized examinations 94.7% of respondents reported they would not return this player to competition. When the player reported no postconcussion symptoms and standardized assessment methods of concussion assessment revealed no abnormalities 28.9% would not return this player to competition.

CONCLUSION: This survey was designed to clarify the current trends in clinical practice chiropractors regarding the assessment and management of sport-related concussion. The responses represent the opinions and practice patterns of a small sample of chiropractors. This data suggests that chiropractors do encounter concussion in their care of athletes. Chiropractors evaluate athletes with concussion using a variety of methods. Most clinicians appear to use a multidimensional approach to concussion assessment and management, which typically incorporates clinical examination findings, concussion grading scale criteria, symptom checklist information, and return-to-play guidelines. Standardized tests were less frequently used in making return to play decisions.