

Concussion in Sports: A Clinico-Legal Perspective



Reading time:
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Last Modified on 30/04/2024 1:51 pm AEST

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As part of the RACGP GP15 Scientific Program, MIPS made two presentations. Both these sessions were well received and attended with over 200 delegates in this education program.

This 20 minute presentation explored the clinico-legal issues associated with diagnosing and managing concussion injury arising out of sport in the general practice setting. The session was presented by David Maddocks, LL.B. (Hons 1996), PhD of Perry Maddocks Trollope Lawyers. David completed his Honours Thesis in Law on serious injury claims in Victoria and prior to practice in law, his PhD at the University of Melbourne investigated the cognitive effects of concussion. He is a member of the AFL's Concussion Working Group.



Key findings of the presentation

Diagnosis, treatment and management of concussion type injury in sport is challenging for GPs with considerable debate about when patients should return to the field or other activities such as employment or study. Case studies and litigation from overseas are causing concern.

Awareness of the signs and symptoms are important as well as the implementation of a management plan, including careful monitoring. Reference was made to the Sport Concussion Assessment Tool (British Journal of Sports Medicine) to assist members. Concern was expressed about the USA NFL litigation where former players alleged significant long term medical problems as a result of concussive injuries. In Australia, the usual legal concepts would apply in such litigation including medical law principles such as state of knowledge at the relevant time, causation, voluntary assumption of risk and the requisite standard of proof. What would be critical for the doctor and the athlete is what was known and when.

There is significant concern that repeated concussions or sub-concussive impacts may cause chronic traumatic encephalopathy. The most recent Consensus Statement on Concussion in Sport (BJSM, 2013, 47, 250-258), suggests that issues of causation need to be clarified through further research. The extent to which age-related changes, psychiatric or mental health issues, alcohol/drug use, or co-existing medical or dementing illnesses contribute is largely unaccounted for in the published literature.

Advice for GPs

- Sport related concussion hospitalisation is increasing (Vic 61% 2002-2011).
- Appropriately assess and refer, where necessary, suspected cases.
- Be aware of the signs/symptoms and danger signs such as vomiting, slurred speech etc.
- Special consideration for children is required with appropriate advice to parents.
- Consider graded return to employment, study and athletic activity.
- Keep good records.



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