

AAP National Conference: Sports medicine doctors to review tools for diagnosing concussions

October 25, 2016

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Article type: [AAP National Conference & Exhibition](#)

Topics: [Concussion](#), [Neurology](#), [Sports Medicine/Physical Fitness](#)

When the concussion clinic opened at the University of Iowa about seven years ago, everyone who came in wanted a CT scan or MRI, said Andrew Peterson, M.D., M.S.P.H., FAAP, director of primary care sports medicine at the university.

Thankfully, things have changed since then.

“The word has kind of gotten out that concussion is really a functional injury to the brain and not a structural injury to the brain,” Dr. Peterson said.

Still, making a diagnosis is not cut and dried.

“There’s no real blood test. There’s no real scan. There’s no diagnostic test that can confirm one way or the other,” Dr. Peterson said. “If people have a concussion, it’s still a clinical diagnosis.”

But there are a variety of tools that can guide physicians, and Dr. Peterson will review many of them during an Interactive Group Forum titled “Office Concussion Evaluation: Understanding the ‘Tools’ in the Concussion ‘Tool Box’ (I4077).” The session will be from 2-3:30 p.m. Tuesday in Room 120 of Moscone North.

Joining Dr. Peterson will be Kevin Walter, M.D., FAAP, a member of the AAP Council on Sports Medicine and Fitness and program director at Children’s Hospital of Wisconsin Primary Care Sports Medicine.

Among the tools Drs. Peterson and Walter will discuss are the Sport Concussion Assessment Tool, 3rd Edition (SCAT3), Balance Error Scoring System (BESS) and vestibular-ocular assessments.

Many pediatricians are aware of the SCAT3, which is the main concussion test used on the sidelines. Many also use the tool in the office, although there are not a lot of data on its usefulness in the clinic setting, said Dr. Peterson, a member of the AAP Council on Sports Medicine and Fitness Executive Committee.

They also may talk about the King-Devick Test and C3 Logix, which Dr. Peterson called “hot topics in concussion management.”

“The big take-home point is that these are really tools,” he said. “It’s not that there’s a good gold standard diagnostic test for concussions, and nothing really replaces your clinical judgment, but there are certain tools that can help you hedge your bet a little bit, help you make a better decision.”

Attendees then will have a chance to do some of the tests on each other.

“We really want the meat of this to be how to assess someone who you think might have a concussion or to assess if someone is fully recovered from their concussion and might be ready for return to play,” Dr. Peterson said.

Although injured athletes typically are assessed during a game, pediatricians still can expect to see many of them.

“Most athletic trainers and other people that are covering events aren’t sending people to the emergency room for concussion anymore, which has been a real improvement in concussion care, so pediatricians are very likely to run into these patients in their clinic,” Dr. Peterson said. In addition, all states have laws requiring a medical provider to provide written clearance before a concussed athlete is allowed to return to play.

The biggest challenge pediatricians face in diagnosing concussions or determining if an athlete is ready to return to play is unfamiliarity, he said. If you see a lot of concussions, it’s very easy.

“Sometimes you’ll have situations where the families or the coaches or the athletic trainers legitimately know more about the disease than you do because they’ve had more experience with it,” Dr. Peterson said. “So giving pediatricians tools they can use so they can work through an examination in a stepwise manner, I think can improve their confidence.”

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