November 2016

**Sports Concussion**

Dear Colleagues

In order to bring the recognition and diagnosis of concussion in racing into line with that recommended by the Concussion in Sport Group (CISG), there will be some changes to the BHA Assessment of Concussion (BHAAC) from August 1st 2016 which will apply to the 2016/17 Point to Point season.

For those of you who work in other sports, you will be familiar with the Sports Concussion Assessment Tool (SCAT) currently in its third version which, whilst it was developed for team sports, mirrors much of the current BHAAC designed by Michael Turner. The key difference is the use of the ‘Turner questions’ instead of ‘Maddocks questions’.

The new BHAAC will incorporate in their entirety both the pocket CISG Concussion Recognition Tool (CRT) and SCAT3 and a flow chart is attached which outlines their use. Due to copyright restrictions, the CRT and SCAT3 cannot be altered in any way to make them racing specific so the racing amendments will be supplied separately. These amendments are the updated ‘Turner questions’ and the addition of a tandem stance test as part of the initial screen. It is increasingly recognised that disturbance of balance is an important marker of concussion, which the athlete may not detect and report and the tandem stance is a rapid screening test requiring no equipment which can help in its detection.

The other changes you will see relate to how the tests are administered and the key points are highlighted below:

* All fallers should be considered for screening with the default position being to screen all
* If a jockey passes the first screen but the mechanism suggests a high likelihood of concussion they should be rescreened 30-60 minutes later. They can be allowed to ride in-between screening as they have not (yet) been diagnosed with concussion
* A positive screen should be followed up by a full SCAT3 (except Maddocks) unless other injuries preclude this
* In polytrauma, concussion is, quite rightly, not a priority but a comment entered on RIMANI whether the treating RMO feels the event was a concussive one, would be helpful even without formal testing
* Completed SCAT 3s should be emailed or faxed to the BHA Medical Department

[medical@britishhorseracing.com](mailto:medical@britishhorseracing.com) fax number 020 7152 0136 where they will be uploaded on the jockeys medical records on RIMANI

* All jockeys should be given head injury instructions (new pocket ones are being designed) and reminded of the concussion helmet bounty scheme.
* The Concussion Helmet Bounty Scheme is now a joint initiative between the BHA and BETA and provides an £80.00 voucher to be redeemed against a new helmet following a concussion diagnosed on course. Courses will be provided with a pad of forms and a pre-paid envelope so that helmets can be surrendered on the day and posted back to BETA for later analysis. If the helmet needs to accompany the rider to hospital then this should take priority but the helmet should be posted as soon as possible.

This scheme is not mandatory but the rules specifically state a helmet that has been involved in a concussive fall is no longer serviceable and should be discarded.

*SKULL CAPS (REG. 115 (ii)) 7.6 The only approved pattern of skull caps for riding in races is one which: - meets (BS) EN 1384: 2012\* or PAS 015: 2011. - carries a CE marking; - is in serviceable condition. \*(BS) EN 1384: 2012 will be removed as an acceptable standard on and after 1 January 2017. As the helmet is designed to absorb the energy of any impact by partial destruction, any skull cap which has been subjected to a severe impact or has been worn by a rider suffering concussion will not be regarded as being in serviceable condition and should be discarded. The skull cap must be of the correct fitting for the individual rider, the harness must be correctly adjusted and the chin-strap fastened at all times when mounted on a horse. The chin strap must pass under the jaw and be attached to the harness by a quick release buckle. Metal hooks are expressly forbidden. Skull caps must not have a chin cup, cradle or draw lace.*

* If a rider attends for an annual baseline COGSPORT screening (which is not mandatory for Point to Point), they will also complete a baseline SCAT3 for later comparison.

There are a variety of websites to assist with familiarisation of the topic:

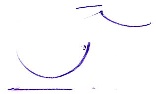
<http://physicians.cattonline.com/>

<http://sportconcussion.com.au/>

The required resources will be distributed by the PPA

Sports concussion is a developing field and the changes outlined above will remain under review particularly as the next version of SCAT is scheduled to be published at the end of the year.

Yours sincerely



Dr Jerry Hill

Encs/ Concussion flowchart

CRT – aide-mémoire ; SCAT 3

Turner/tandem stance – aide-mémoire