Whereas, sports injuries, including concussions and musculoskeletal injuries, are associated with various sequelae, including cognitive impairment, decreased physical activity, impaired mobility, obesity, cardiovascular disease, post-traumatic arthritis, depression, and anxiety; and

Whereas, previous injury is a significant risk factor for subsequent injury, due to altered proprioception and range of motion and scar tissue; and

Whereas, women athletes experience overuse injuries more often than men athletes; and

Whereas, inconsistencies in return-to-play criteria lead to a wide range of rehabilitation programs of different timelines, including both accelerated and 9-12 month protocols; and

Whereas, for athletes with concussions, only 45% of athletes recommended to return to play after 10 to 14 days actually experienced significant recovery, but this number rose to 96% after 8 weeks post-injury, indicating that wide discrepancies in timelines affect recovery rates; and

Whereas, uniform return-to-play criteria has demonstrated efficacy for athletes with posterior cruciate ligament injury, resulting in 92% returning to baseline performance 2 years after injury and 70% continuing to perform at the same level 5 years after injury; therefore be it

RESOLVED, that our American Medical Association encourage interested parties to: (a) establish a standard, universal protocol for return-to-play recovery for collegiate and professional athletes; (b) promote additional evidence-based studies on the effectiveness of a universal protocol for evaluation and post-injury management course at the collegiate and professional level; (c) support national and state efforts to minimize the consequences of inadequate recovery windows for collegiate and professional athletes. (New HOD Policy)

Fiscal Note: Minimal – less than $1,000

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REFERENCES


RELEVANT AMA POLICY

H-470.971 Athletic Preparticipation Examinations for Adolescents
To promote the health and safety of adolescents, our AMA recommends that state medical societies work with appropriate state and local agencies to promote the following:
(2) Only licensed MDs, DOs, and licensed physician extenders practicing under the supervision of licensed MDs and DOs perform preparticipation examinations.
(3) The decision of whether or not an adolescent is healthy and physically mature enough to participate in a particular sport is made by a qualified physician.
(4) The decision of when an injured athlete resumes participation is made by a qualified physician.

H-470.954 Reduction of Sports-Related Injury and Concussion
1. Our AMA will: (a) work with appropriate agencies and organizations to promote awareness of programs to reduce concussion and other sports-related injuries across the lifespan; and (b) promote awareness that even mild cases of traumatic brain injury may have serious and prolonged consequences.
2. Our AMA supports the adoption of evidence-based, age-specific guidelines on the evaluation and management of concussion in all athletes for use by physicians, other health professionals, and athletic organizations.
3. Our AMA will work with appropriate state and specialty medical societies to enhance opportunities for continuing education regarding professional guidelines and other clinical resources to enhance the ability of physicians to prevent, diagnose, and manage concussions and other sports-related injuries.
4. Our AMA urges appropriate agencies and organizations to support research to: (a) assess the short- and long-term cognitive, emotional, behavioral, neurobiological, and neuropathological consequences of concussions and repetitive head impacts over the life span; (b) identify determinants of concussion and other sports-related injuries in pediatric and adult athletes, including how injury thresholds are modified by the number of and time interval between head impacts and concussions; (c) develop and evaluate effective risk reduction measures to prevent or reduce sports-related injuries and concussions and their sequelae across the lifespan; and (d) develop objective biomarkers to improve the identification, management, and prognosis of athletes suffering from concussion to reduce the dependence on self-reporting and inform evidence-based, age-specific guidelines for these patients.
5. Our AMA supports research into the detection, causes, and prevention of injuries along the continuum from subconcussive head impacts to conditions such as chronic traumatic encephalopathy (CTE). [CSAPH Rep. 3, A-15; Appended: Res. 905, I-16]

H-470.959 Reducing Risk of Concussion and Other Injuries in Youth Sports
1. Our American Medical Association promotes the adoption of requirements that athletes participating in school or other organized youth sports and who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion be removed immediately from the activity in which they are engaged and not return to competitive play,
practice, or other sports-related activity without the written approval of a physician (MD or DO) or a designated member of the physician-led care team who has been properly trained in the evaluation and management of concussion. When evaluating individuals for return-to-play, physicians (MD or DO) or the designated member of the physician-led care team should be mindful of the potential for other occult injuries.

2. Our AMA encourages physicians to: (a) assess the developmental readiness and medical suitability of children and adolescents to participate in organized sports and assist in matching a child's physical, social, and cognitive maturity with appropriate sports activities; (b) counsel young patients and their parents or caregivers about the risks and potential consequences of sports-related injuries, including concussion and recurrent concussions; (c) assist in state and local efforts to evaluate, implement, and promote measures to prevent or reduce the consequences of concussions, repetitive head impacts, and other injuries in youth sports; and (d) support preseason testing to collect baseline data for each individual.

3. Our AMA will work with interested agencies and organizations to: (a) identify harmful practices in the sports training of children and adolescents; (b) support the establishment of appropriate health standards for sports training of children and adolescents; (c) promote evidenced-based educational efforts to improve knowledge and understanding of concussion and other sport injuries among youth athletes, their parents, coaches, sports officials, school personnel, health professionals, and athletic trainers; and (d) encourage further research to determine the most effective educational tools for the prevention and management of pediatric/adolescent concussions.

4. Our AMA supports (a) requiring states to develop and revise as necessary, evidenced-based concussion information sheets that include the following information: (1) current best practices in the prevention of concussions, (2) the signs and symptoms of concussions, (3) the short-and long-term impact of mild, moderate, and severe head injuries, and (4) the procedures for allowing a student athlete to return to athletic activity; and (b) requiring parents/guardians and students to sign concussion information sheets on an annual basis as a condition of their participation in sports. [Res. 910, I-10; Reaffirmed: BOT Rep. 9, A-14; Modified: CSAPH Rep. 3, A-15; Modified: BOT Action in response to referred for decision: Res. 409, A-17]