In this issue of CJNS you will read with interest and perhaps even a little startled by the article by Wennberg and Tator1 exploring trends in concussion injury rates in the National Hockey League (NHL). Not just the data but the means of retrieval of that data is engaging.

While acknowledging limitations of data collection from a media source, make no mistake, The Hockey News is the hockey trade paper and widely read in the industry. Of more value, however, is to appreciate that it is such publications (and the media in a broader way) that have given a “voice” to concussion injury and taken important educational information to the public, community and amateur athletes, i.e., where most concussions are occurring. So when making the statement as the authors do that “there is increased recognition and reporting of concussion” media contribution to that main conclusion should not be underestimated.

So let us primarily focus on this main suggestion, that within the NHL there is increased recognition and reporting of concussion. This is a compelling statement with major implications and mirrors my experience in looking after professional athletes with this injury.

The statement reflects increasing education about concussion at multiple tiers within the NHL medical and administrative structure.

Increasingly, team doctors devote educational time to this injury at academic venues at regular intervals. Take, for example, the recent NHL Injury Summit, Canadian Academy of Sport Medicine, American College of Sport Medicine, and the recent First International Symposium in Concussion. These groups are all devoting large blocks of academic time, if not the entire meeting, to theoretical and practical issues in concussion. The NHL, NHL Players Association and the hockey world are well-represented as those attending and participating, and select meetings are even sponsored and endorsed by such groups as International Ice Hockey Federation, Fédération Internationale de Football Association and the International Olympic Committee. As a result, the level of alertness to this injury is high and the threshold to seek expertise consultation low.

Players are increasingly communicative with teammates, medical staff and others reflecting their growing concern and knowledge base. Channels to further concussion evaluation are systematically opening including efforts promoted by the NHL Players’ Association.

Owners, management and coaches are motivated to incorporate new information and approaches into their complex mandates and, as a result, more often seek relevant concussion information.

Most important, athletic therapists and physiotherapists, i.e. the front line people who have direct access and responsibility for the well-being of their players, increasingly have formal training in dealing with concussion injury and are an integral part of the concussion management strategy. They are certainly our direct deliverers of concussion care.

In addition to the people power, the ongoing NHL Concussion Study forces reconsideration of each injury and demands action. The NHL Injury Analysis Panel promotes its mandate to learn more about each injury and explore directions for injury prevention.

Ultimately, it has been interaction with these groups that has allowed for development of a comprehensive approach to concussion diagnosis, investigation and management.2 Significant advancements have been made in identifying key issues in clinical history, neuropsychological testing, imaging, functional studies and determination of important features of the injury pattern itself. Current efforts focus on concussion rehabilitation, in particular endeavours to incorporate hockey specific drills and manoeuvers into rehabilitation plans. Education, equipment and prevention efforts have moved forward, not just in the NHL but through other venues such as the fine efforts of Think First. Input from specialists in sport neurological injury, both from a clinical and research perspective, revisit the importance of subspecialty collaborative efforts. As such, the senior author, Dr Charles Tator, has paved the way as a groundbreaker in this arena.

Challenges remain but if the last few years are any indication, we are moving forward at a rapid pace and the authors of the paper obviously agree.

So just like a silent tree falling in the forest, the reason we now hear these big guys dropping is because we have finally blazed a trail into the woods.

Karen M. Johnston, Montreal, QC

REFERENCE
