EDITORIAL

SCAT in the Wilderness

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Bob Norris is correct, some surfing is an indoor sport¹ and a pretty low risk for trauma, except maybe for carpal tunnel overuse injuries! However, in that same recent issue of our journal² we also open to page 75 to have illustrated for us a perfect example of two main issues in sport concussion. First, and no surprise to Wilderness Medical Society practitioners or participants, we learn that head injuries certainly do occur in the sport medicine “subspecialty” of wilderness medicine in, but not limited to, activities such as surfing,^{2–5} glacial sports,^{6,7} off-road biking,^{8,9} high-altitude events,¹⁰ hiking, rafting, swimming, and back-country activities,¹¹ to name a few. Second, this article highlights thinking that mirrors the main driving force for the recent International Concussion meeting held in Prague in November 2004. That is, athletes and health care providers do not necessarily know when a concussion is sustained and an important component of protection and education is included in the most-effective management.

Two goals that were achieved were unprecedented before the First International Concussion Symposium in Vienna in 2001, brought together by the Federation Internationale de Football, the International Olympic Committee Medical Commission, and the International Ice Hockey Federation. Consensus by experts on concussion topics was developed for the first time, culminating in the development of the Concussion in Sport Group, and the document from that meeting was simultaneously published in 3 separate journals (copyright to the authors!—the point being that dissemination of the material free of charge would improve the health care of the concussed athlete).^{12–14} The success of that endeavor was acclaimed to the extent that, 3 years later, the update meeting in Prague, in November, 2004, was a monumental success. The resulting papers were published recently, again in multiple journals,^{15–18} and are available

for download from websites of the publishing journals and other nonprofit injury-prevention groups, such as www.thinkfirst.ca, all free of charge. The publication reviews and updates the current definition of concussion; the classification—introducing the simple vs complex concussion injury; outlines important clinical issues, including the preparticipation exam, signs and symptoms, cognitive testing, management strategies, rehabilitation and return to play approaches, and research issues. In addition, the new SCAT (Sport Concussion Assessment Tool, named as a token effort to remind us that we are still in the wilderness), is a standardized tool for assessment and patient education, and is also downloadable from www.wemjournal.org.

Thus, although postinjury extrication may vary whether you are sacked as a quarterback or fall off your llama, the principles of management of the concussion are identical. I encourage interest in this user-friendly downloadable document and tool and persuade you that it was not only inspired by professional or Olympic sport but by the many recreational sporting activities that potentially could get any of us injured, in back or front country, at altitude or depth.

Acknowledgments

The Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004¹⁸ and the Sport Concussion Assessment Tool (SCAT) are reprinted at www.wemjournal.org with permission. Copyright © 2005 by the Concussion in Sport Group.

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