Whereas, In 1928, a pathologist by the name of Harrison Stanford Martland first introduced the concept of chronic traumatic encephalopathy (CTE), as a collection of symptoms of tremors, slowed movements, and confusion typical of prize boxers who experienced repeated sublethal blows to the head; and

Whereas, CTE was brought to national attention with the paper, “Chronic Traumatic Encephalopathy in a National Football League (NFL) Player”, detailing the potential long-term neurodegeneration in retired NFL players with a history of repetitive head trauma; and

Whereas, CTE is now being recognized as a distinct entity requiring dedicated centers for care, such as the Boston University CTE center, which uses the definition of a progressive degenerative disease of the brain found in athletes (and others) with a history of repetitive brain trauma, in those with both symptomatic concussions and those with asymptomatic sub-concussive hits to the head; and

Whereas, There is a high burden of risk of CTE in the United States, with an estimated 1.6 to 3.8 million concussions occurring per year, especially in those who participate in high impact sports such as football, soccer and basketball, with an estimated 250,000 children (<19 years) treated in U.S. emergency departments for sports and recreation-related injuries causing concussions; and

Whereas, Since the Global War on Terrorism began, nearly 2 million American military service men and women have been deployed to war zones, with an estimated 5% to 35% having sustained a concussion during their deployment, most of which are secondary to blast exposures; and

Whereas, The symptoms of CTE are insidious, occurring over 8-10 years of the inciting event or events. Initial symptoms are usually nonspecific and include worsening attention, concentration, and memory, but can progress to include poor judgment, dementia, and Parkinsonism; and

Whereas, The most effective way to prevent CTE is to reduce the frequency and extent of concussions, or mild traumatic brain injuries, and to ensure there is timely recognition and ample time to rest and recover when concussions do occur; and

3 http://www.bu.edu/cte/about/what-is-cte/
Whereas, AMA policies H-470.954 and H-470.959 support efforts to prevent and treat concussions but do not currently contain language regarding physician or public education about detecting and treating CTE; and

Whereas, There is no legislation or regulation of the development of CTE in major sports leagues; therefore be it

RESOLVED, That our American Medical Association amend part one of H-470.954 by addition and deletion to read as follows:

Reduction of Sports-Related Injury and Concussion H-470.954:
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.; and (c) promote education for physicians and the public on the detection, treatment and prognosis of chronic traumatic encephalopathy (CTE). (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA work with interested agencies and organizations to advocate for further research into the causes of and treatments for chronic traumatic encephalopathy (CTE). (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 09/12/16

RELEVANT AMA POLICY

Reduction of Sports-Related Injury and Concussion H-470.954
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. (CSAPH Rep. 3, A-15)
Reducing the 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; and (c) promote 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. (Res. 910, I-10; Reaffirmed: BOT Rep. 9, A-14; Modified: CSAPH Rep. 3, A-15)