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## St Vincent's SportsMed specialises in:

- Arthroscopy
- Sports Medicine
- Knee Ligament Reconstruction
- Shoulder Reconstruction
- Meniscal/ Cartilage repairs
- Orthopaedic Trauma

## St Vincent's SportsMed expands

St Vincent's Sportsmed continues to expand in more ways than one!

We have recently finished renovating our new consulting suites on level 4 of St Vincent's Clinic. Expanding now to 3 consulting suites will give us the ability to schedule more consulting sessions for both our orthopaedic surgeons as well as our sports physicians. This increase in consulting sessions comes about as a result of patient feedback to increase

the accessibility to appointment times at St Vincent's Sportsmed whilst also allowing us to offer extra services such as compartment pressure testing.

Our new address is **Suite 407**, St Vincent's Clinic. You can find us on level 4, just along from the Wintergarden coffee shop. Our contact number remains **8382 6969** and you can still email us at [sportsmed@stvincents.com.au](mailto:sportsmed@stvincents.com.au).

Please feel free to come and visit the new rooms designed by Sydney architect Katherine Stackpool.

## Welcome Dr Warren Kuo

The demand for orthopaedic surgeons to assess knee, shoulder and elbow injuries in both the local community and in athletes has also continued to increase. It is therefore with great pleasure that St Vincent's SportsMed is delighted to welcome to St Vincent's Clinic, orthopaedic surgeon Dr Warren KUO.

Well known to many, Dr Kuo is a most highly respected surgeon and has an exceptional reputation in the field of arthroscopic knee, shoulder and elbow surgery.

Dr Kuo M.B.B.S F.R.A.C.S. FA (Orth) A is a Fellow of the Australasian College of Surgeons. He completed 2 fellowships: Shoulder Surgery at Mt Sinai Hospital New York, USA and Shoulder/Elbow/Knee and Sports Medicine in Calgary, Canada.

He specialises in: Shoulder, Elbow, Knee and Arthroscopic Surgery.



Dr Kuo is a member of the Shoulder and Elbow society of Australia and is currently a supervisor of Advanced Surgical Education and Training for the Australian Orthopaedic Association and Royal Australasian College of Surgeons.

With so much to offer St Vincent's Clinic in terms of expertise, knowledge and interest in research, the team of St Vincent's Sportsmed is very excited about Dr Kuo's commencement.

# New Appointments

**Congratulations to Dr Angus Bathgate on his recent appointment as Team Doctor for Super 14 ACT Rugby team, The Brumbies.**

Dr Bathgate has a wealth of experience in the assessment and treatment of sporting and football injuries, having been club doctor at East's rugby for many years. He is also passionate about rugby. Combining the two will be a great asset to the Brumbies and we wish him well as he takes on this new role. He will continue to consult at St Vincent's Sportsmed in our new suites on level 4.



## Concussion in Sport Dr Angus Bathgate



**Winter in Australia generally equates to football, football, and more football. Whatever your brand of football, be that Rugby Union, League, Australian Rules or soccer, injuries affect the performance of the team. As doctors or physios covering these sporting teams, the pressure is on to appropriately manage these injured players, and facilitate a prompt and safe return to play. This necessitates a clear understanding of individual injuries.**

Concussion is one injury that still evokes controversy. We have all seen footage of the groggy player being escorted from the field of play, apparently in gaga land, only to return to play later in the game.

Concussion is a disturbance in brain function caused by direct or indirect force to the head. It is common, accounting for 5-15% of total injuries in contact sports. Concussion results in a variety of symptoms, signs, impaired brain function and abnormal behaviour. Symptoms include amnesia, dizziness, blurred vision, nausea, headache, attentional deficits and loss of consciousness. It is important to note that you do not have to have sustained loss of consciousness to have sustained a concussive injury.

The most significant signs seen are balance problems or unsteadiness. Impaired brain function may include confusion, slowed reaction times, and memory deficits. Abnormal behaviour such as irritability and aggression can be seen. At times, it can be difficult to get these concussed players off the field!

It is very difficult to grade severity of a concussive injury. Attempts have been made in the past to grade based on the presence and severity of a number of symptoms. This has not proven helpful. What makes more sense is to monitor symptoms. Any change in symptoms is far more significant than the presence or absence of any individual symptom.

Immediate on field management of the concussed player follows basic principles of first aid. The mnemonic DR ABC is useful to ensure all appropriate steps are followed. D – Danger; alert the referee, stop play. R – Response; is the player conscious? A – Airway; ensure clear, unobstructed airway. Remove mouthguard. B – Breathing; ensure adequate breathing. C – Circulation / Cervical Spine; check pulses, an unconscious player must



be assumed to have a neck injury until proven otherwise. Once the concussed player has been stabilised, further management should take place in the quiet of the medical room. A full neurological examination should be completed. Standard questions of orientation, such as what day, what date, what year is it, have been shown to be unreliable following concussive injury. The Maddocks questions are more sensitive in discriminating between the concussed and the non concussed player. These are - What ground are we at? Which team are we playing today? Which half are we in? How far into the half is it? Which side scored the last try? Which team did we play last week? Did we win last week?

The concussed player should then be regularly monitored until full recovery occurs. The player should be left in the care of a responsible adult. Both the player and the adult should be given a "Head Injury Card". This states that the player should be taken to hospital if they develop any deterioration of symptoms. For the rest of the day, the player should rest quietly, consume no alcohol or drugs, and do not drive.

When is it safe to return to play? This remains the most contentious area of debate. The traditional approach has been to advocate a mandatory arbitrary exclusion period, such as 3 weeks out. This however lacks scientific validity. The majority of injuries recover spontaneously over several days. A more sensible approach is to serially assess players following a concussive injury. The decision should be predominantly symptom based. If the player has any symptoms at rest, then he should not train at all, and should be excluded from difficult mental tasks. Once the player is symptom free at rest, then training should be graduated. Light aerobic exercise, onto sport

specific exercises, to non contact training drills, to full contact training, and finally to return to play. Generally each step should take 24 hours. If there is any recurrence of symptoms, then the player should drop back to the previous asymptomatic level and try to progress again after a further 24 hours of rest has passed.

Ideally, to ensure complete recovery, neuropsychological testing and postural stability testing should also be completed. This requires baseline testing preseason when asymptomatic, and then repeated after a concussive injury. Recovery is said to have occurred when both return to baseline levels.

Are there any measures that may prevent concussion? Helmets have been proposed as a means of protecting the head. Unfortunately, there is no evidence that headgear in the rugby codes is effective in reducing concussion rate. In fact, there is some evidence that the concussion risk is increased, as the player wearing headgear has a false sense of security, and engages in higher risk behaviour.

Rule changes have had a beneficial effect in reducing concussion rate. Padding goal posts, banning head high tackles and spear tackles, have all helped.

Correctly fitted mouthguards (by dentists) have been shown to reduce the risk of concussion arising from blows to the chin.

Neck muscle conditioning may theoretically increase the forces required to produce concussion, and so reduce concussion rate.

And finally, adequate coaching to teach proper tackling technique must aid in minimising frequency and severity of concussive episodes.

# News around the office

## **Dr Simon Tan: Orthopaedic Surgeon**

Dr Tan recently met with Professor J.P.Laboureau, the creator of the LARS ligament. A very successful meeting, with plans in place to continue LARS research locally in Australia.

## **Natasha O'Kane**

We welcome Natasha to our reception staff. Natasha also adds to our office sporting interests playing in local Gaelic football and Camogie (hurling) teams.

## **Dr Warren Kuo: Orthopaedic Surgeon**

Congratulations to Dr Kuo who recently became engaged. We wish he and Ming all the best in their busy time ahead.



## **Go to [www.stvincentsportsmed.com.au](http://www.stvincentsportsmed.com.au)**

Sports Physicians can see all patients at St Vincent's SportsMed at any sporting or exercise level, without a referral.



## **St Vincent's SportsMed is located in St Vincent's Clinic in Darlinghurst, Sydney**

The aim of St Vincent's SportsMed is to maintain the highest degree of both professional and ethical standards in the service we provide to our patients. By continuing to uphold the principles of evidence based medicine and by being involved in ongoing research we will provide a secure foundation for surgical excellence. In addition, our strong commitment to customer service will always provide a caring and supportive environment to those in need.

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