

Written evidence submitted by Professor Nick Webborn OBE

I write in response to the recent select committee hearing on concussion in sport.

Firstly, alongside this submission, I have sent several additional documents for you to consider that highlight both the challenges we face as practitioners to bring the issue of safety in sport to the fore. This includes a report titled "Sport in the UK - Improving Safety and Medical Provision"[1], commissioned by DCMS and reported in 2002 but was shelved without any implementation of the recommendations. This working group, of which I was a member and co-author while Medical Adviser to the National Sports Medicine Institute, set forward a pathway to "to assess, monitor and advise on the improvement of standards of safety and medical provision within organised sport" but government failed to act to bring this about.

The article titled, "Lifetime injury prevention: the sport profile model"[2] outlines the challenges for sports governing bodies to understand the risks associated with participation in their sport, particularly when the participant is an employee. Please particularly note, in the summary, the reference to the lack of action of DCMS on the 2002 report and furthermore the prediction that litigation would force this situation if action was not taken despite the recommendations by the medical fraternity. *"It is likely that we will see an increasing number of litigation cases seeking compensation for long-term health problems from sports injury. The full extent of the impact on health may not necessarily have been evident at the time of leaving the sport. Will professional athletes who develop long-term health consequences from participation in their sport, without prior warning of the risks, become the industrial disease claimants of the future? Will it be litigation that pushes forward sports injury surveillance or should we be proactive in adopting new models that produce greater clarity of the issues and guidance on how to resolve them?"*

The third article on concussion in Para sports[3] raises the subject of Paralympic athletes who are also subject to concussion in some of the sports where the current validated means of assessment of concussion are not directly applicable. It is only down to the goodwill of volunteer medical colleagues that we make any progress in areas where funding is scarce. A recently published article is the 1st Position Statement of the Concussion in Para Sport (CIPS) Group[4] outlines current guidance based on expert opinion but this is entirely unfunded work.

Watching your committee in action gave a clear demonstration that they failed to appreciate the challenges that physicians have in addressing sports injury prevention and the devotion of time and energy under difficult circumstances. Injury prevention is under appreciated, takes time and expense and is not seen as an immediate priority by sports governing bodies because it does not lead to immediate benefits on the field of play. The internationally recognised model for injury prevention by van Mechelen requires a 4-staged approach:

Step 1) To quantify the incidence and severity of the problem

Step 2) To establish the aetiology and mechanism of injury

Step 3) To introduce a preventive measure

Step 4) To review and assess the effectiveness of your intervention

The attached paper on Para alpine skiing[5] demonstrates this approach in practice but the point is that it requires a cohesive planned effort between sports federations, technical and medical staff to identify and address these problems. The lack of implementation of the 2002 paper has had direct consequences on safety in sport in the UK. I am not sure if the committee has had sight of the DCMS report that was not implemented but it is important that the committee is aware of it and questions why this did not occur.

I would also express dismay at the way that colleagues were both addressed and treated during the hearing. I have known Dr Cowie as a colleague since 1992 and know her to be a talented, hard working, caring and honest person with the best of intentions for improving the health and welfare of all within her sport but we each work within the limitations of our working environments. With specific regard to the issue of heading in football one can be led by emotive testimony of former players with whom I have every sympathy. However, from a scientific perspective the committee seems to be falsely assuming that it is repeated contact with the ball that is the issue rather the impact collision of the head by various parts (head/elbow etc) of the opponent which causes more trauma to the brain. It may be the element of heading within in the game is, of itself a risk, but not the impact of the ball, but this is as yet unknown. So for committee members to castigate Dr Cowie on allowing children to head a football as being dangerous to them is unfounded and inappropriate. With dementia overtaking heart disease and stroke as the UK's biggest cause of death in 2015 it is not surprising that we see this condition in people of all walks of life including former footballers but the science must lead the debate and actions and not the emotion.

No sports governing body or medical team will resolve this issue alone and a co-ordinated approach is required which is why the recommendations of the 2002 DCMS report should be revisited.

- 1 DCMS Sport in the UK Improving Safety and Medical Provision.pdf.
- 2 Webborn N. Lifetime injury prevention: the sport profile model. *BJSM* 2012;**46**:117–21. doi:10.7196/SAJSM.356
- 3 Webborn N, Blauwet CA, Derman W, *et al.* Heads up on concussion in para sport. *Br J Sports Med* Published Online First: 2017. doi:10.1136/bjsports-2016-097236
- 4 Weiler R, Blauwet C, Clarke D, *et al.* Concussion in para sport: the first position statement of the Concussion in Para Sport (CIPS) Group. *Br J Sports Med* 2021;:bjsports-2020-103696. doi:10.1136/bjsports-2020-103696
- 5 Blauwet C, Webborn N, Kissick J, *et al.* When van Mechelen's sequence of injury prevention model requires a pragmatic and accelerated action: the case of para alpine skiing in Pyeong Chang 2018. *Br J Sports Med* 2019;**0**:bjsports-2018-099997. doi:10.1136/bjsports-2018-099997

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