

University at Buffalo The State University of New York

04/11/2018

To the Editor-in-Chief, Christopher Hughes, MBBS, MSc Clinical Journal of Sports Medicine

RE: Submission of "Derivation of a Focused, Brief Concussion Physical Examination for Adolescents with Acute Sport-Related Concussion" and "Practical Management: Brief Physical Examination for Sport-Related Concussion in the Outpatient Setting"

Dear Dr. Hughes,

We are submitting two companion articles after discussion with the section editor. Recently we submitted a version of the Practical Management paper (CJSM-17-469). The main reviewer's criticism was that there were no data supporting our approach. Although it was not rejected, we withdrew the paper to work on it. The previous reviewer's comments are attached in this submission. In response, we are also submitting an original article that presents evidence of the functionality of the brief Buffalo Concussion Physical Examination as a clinically useful and practical physical examination for concussed patients. Our data show that the exam can accurately differentiate a concussed individual from a control and a recovered individual from someone with continuing issues due to concussion, which is important for clinicians making the return to play decision.

Currently, there is no consensus of what elements should comprise a complete concussion-specific physical examination. Our physical exam combines elements of the SCAT5 and the Vestibular/Ocular Motor Screening (VOMS) test while adding an assessment of autonomic function and an examination of the cervical spine. A proper physical examination, combined with history and supplementary assessments, can help sub-classify post-concussion disorders to identify specific treatment targets. Our PE has been verified against multimodal criteria of concussion assessment including a comprehensive history with symptom checklist and cognitive questions, physician's assessment, and graded exercise tolerance testing.

The authors declare no conflict of interest.

Regards,

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