

## ***DOES RECOVERY ON CLINICAL TESTS REPRESENT TRUE RECOVERY OF THE BRAIN?***

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The diagnosis of concussion and the return-to-play (RTP) decision should be completed on a case-by-case basis, with the clinical examination serving as the gold standard for both injury phases. Because management of the injury in both phases is a subjective process, considerable research efforts have been devoted to developing and validating tools that provide objective information to the clinician. A number of sports medicine groups support the use of objective tools, with measures of athlete-reported symptoms, postural control, and neurocognitive function being the most common.<sup>1</sup>

When a baseline evaluation of the athlete is available, tests for each of these domains (ie, symptoms, balance, and neurocognitive function) are approximately 60% sensitive to acute deficits following injury but when combined offer sensitivity greater than 90%. In most concussion cases, the athlete's reports of symptoms are monitored on a daily basis, and balance and neurocognitive assessments are readministered once the athlete no longer reports concussion-related symptoms. If the athlete demonstrates a return to preinjury/baseline levels of postural control and