

Welfare & Safety of the Racehorse Summit VII



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Developing a Return to Ride Protocol for Horse Racing

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- Outline a Concussion Model Protocol for Jockeys
- Present a Return to Ride Protocol







What is a concussion?

 A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of nonspecific signs and / or symptoms and most often does not involve loss of consciousness.







What are Standard Protocols

- Professional Sports
- Collegiate Sports
- High Schools
- Middle Schools







- All jockeys must maintain an active account in the Jockey Health Information System (JHIS).
- A Jockeys' Guild representative or member of The Jockey Club's InCompass staff will assist the jockeys in creating and updating an account.





 It is the jockey's responsibility to maintain his/her personal information and update injuries including race and non-race related incidents.







If injured-

The track shall identify a member of staff who has access to the JHIS system who can be on call during the meet to forward (in the case of an injury) information with the injured jockey to the medical facility, and to assist with uploading of injury and/or concussion assessment information into the JHIS.





The track shall identify a medical professional trained in concussion testing to perform baseline concussion testing of all jockeys and train the onsite medical team in return to ride protocols.





The track will insure that staff and officials are trained in the identification of a potential concussion and should insure access to written or electronic protocols (pocket SCAT3 guide) is available.





- All jockeys must be available to the medical advisor prior to riding at the meet to have a baseline concussion assessment administered.
- Baseline concussion assessments must be completed every 12 months baring a head injury within that time.





If the baseline assessment has not been performed at the current track or entered in the JHIS following completion at another track within one year, the medical advisor will require a baseline assessment prior to riding.





 The baseline assessment shall consist of a symptoms checklist and the <u>Sport Concussion Assessment Tool -</u> <u>3rd Edition (SCAT3) Standardized Cognitive and</u> <u>Balance Assessment</u>.







 Baseline assessments shall be uploaded into the Jockey Health Information System (JHIS) for comparison and assessment after an incident.







 After any incident where a jockey sustains a fall or exhibits signs, symptoms, or behaviors consistent with a concussion, stewards shall require the jockey to undergo an evaluation prior to returning to ride.







- The clerk of scales shall notify the stewards of any jockey with signs, symptoms, or behaviors consistent with a concussion in the jocks room.
- The stewards will require the medical advisor or a health care professional who has been trained in the evaluation and management of concussion to assess the jockey.





- Concussion protocols shall include but not limited to:
 - The concussion evaluation:
 - Symptom assessment
 - Physical and neurological exam
 - Cognitive assessment
 - Balance exam
 - Clinical/physical assessment for cervical spine trauma, skull fracture, and intracranial bleed.





- The SCAT3 assessment shall be utilized and the results shall be reported to the stewards.
 - If a jockey has any indication or sign/symptom of concussion as per the SCAT3 assessment and general evaluation, the medical advisor shall make a recommendation to the stewards to require the jockey to sit out the next race for further evaluation.







The <u>SCAT3</u> is a standardized tool for evaluating injured athletes for concussion







- Any loss of consciousness?
- Balance or motor incoordination
- Disorientation or confusion (inability to respond appropriately to questions)?
- Loss of memory:
- Blank or vacant look:
- Visible facial injury in combination with any of the above:





 The SCAT3 assessment and general evaluation shall be uploaded into the JHIS as soon as possible







If a jockey is removed from all mounts for the remainder of the day, medical clearance must be given to the stewards prior to being allowed to return to ride.





All jockeys shall require clearance by the medical advisor or a healthcare provider trained in the management of concussion prior to being allowed to return to ride.





- A standardized "Return to Ride Authorization Form" will be made available to all tracks
- Clearance to ride can be obtained from any track medial advisor or trained healthcare professional.





Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR





Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
3. Sport- specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load





Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
5. Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	





Return to Ride

Rehabilitation Stage	Rider's Exercise at This Stage	Objective of Each Stage	Examples
No Activity	None until symptoms have resolved	Recovery Any person sustaining a head injury must be without any symptoms for at least 72 hours prior to starting RTP protocol.	
Light Aerobic	 Light cardio training with no resistance training 1. 30 minute continuous jog or stationary bike ride. 	Increase HR During the RTP protocol, patient must remain without symptoms during phase and during the 24 hours between phases.	Grooming, feeding

Return to Ride

Rehabilitation Stage	Rider's Exercise at This Stage	Objective of Each Stage	Examples
Equine Specific Exercises	Exercise with no potential head impact 1. 30 minute simulated ride.	Add movement, strength, and balance	Ground work, barn work, cleaning stalls,
Light Riding	More complex riding and resistance training 1. 30 minute mounted individual trot.	Exercise, coordination, balance, and cognition	Riding for short periods of time at the walk while wearing a helmet and on a safe horse

Return to Ride

Rehabilitation Stage	Rider's Exercise at This Stage	Objective of Each Stage	Examples
Return to Full Riding – No Competition	All exercises in a careful, controlled manner Individual Gallop/simulated Race speed.	Restore confidence and assess functional skills	Riding with a helmet in all gaits on a reliable horse, in a familiar environment with familiar equipment
Return to Competition	Normal Return to racing.		Release to full sport with a helmet on all horses in all venues





REFERENCES

Saddle UP Safely

http://ukhealthcare.uky.edu/community/programs/SUS/publicat ions/

- Dr. Kelly Ryan MEDSTAR. MedStar Physicians- who are a part of the Horsemen's Health System at Laurel Park, Pimlico and Timonium
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. Paul McCrory et al. Br J Sports Med 2013;47:5 250-258 doi:10.1136/bjsports-2013-092313





Conclusion

- Baseline Testing and Standardized Concussion Protocols are needed to diagnosis acute concussion. They should include the assessment of a range of domains including clinical symptoms, physical signs, cognitive impairment, neurobehavioral features and sleep disturbance.
- Return to Ride Protocols are necessary, based on recommendations of graded exercise, and need to be further validated with future research.







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