

Thanks, Britta.

But I want to – BRIEFLY – go, what, back to taws on the concussion conversation, the concussion...controversy. The former journalist deep down inside where I live keeps needing to ask...WHY NOW? Because I think it's safe to say that the FIRST concussion was sustained long BEFORE David clocked Goliath, long BEFORE Cain cleaned Abel's clock, BEFORE the first man to fall over, BEFORE the fall of man, his fall from...grace, that concussions have been....forever, since humans have formed fists or held clubs. Or held...disagreements.

And to my untrained mind, nothing about the CHALLENGES to the diagnosis and ACUTE management of concussion could have changed all that much in recent times; for instance, the macho-competitive warrior culture of sport still positively discourages disclosure. What HAS changed – and this is hardly a newsflash for any of you – is the white-hot conversation around some of the potential CHRONIC consequences of MULTIPLE concussions, particularly when poorly...managed. I think it's a not only an uncontroversial, but a fair and an accurate thing to say that that...conversation - indeed your conference WOULDN'T have dedicated an hour-and-a-half session to this subject - were it not for 4 AND A HALF THOUSAND retired gridiron players who sued the National Football League in the United States, and settled for around a billion dollars.

The nub of their case was that the League was QUOTE "aware of the evidence and the risks associated with repetitive traumatic brain injuries virtually at the inception, BUT DELIBERATELY IGNORED AND ACTIVELY CONCEALED THE INFORMATION". The "risks [the retired players] associated with repetitive traumatic brain injuries" included QUOTE "early onset of Alzheimer's Disease, dementia, depression,

deficits in cognitive functioning, reduced processing speed, attention, and reasoning, loss of memory, sleeplessness, moods swings, personality changes, and the debilitating and latent disease known as Chronic Traumatic Encephalopathy (or “CTE”).” UNQUOTE.

To state the bleeding obvious, sport is big business and where big MONEY's at stake, big FEAR is bound to follow. Make no mistake, Australia's so-called “collision” sports have enough to fear from class action litigation – a case, perhaps, of both when rather than if AND whether it's “successful” or not. But if our sports MARKETEERS are truly playing the LONG game, surely the sum of all fears is some of our deep, more sweeping social changes – smaller family size, more risk-averse parenting styles (when you've got fewer children to...spare), an increasingly competitive ACADEMIC environment for children, and at ever-younger ages, baby boomer parents living in morbid fear of dementia, and so on.

It's the legions of would-be “soccer mums” pouring over the horizon - voting with their children's feet and their family's wallets – that our major sports administrators really have to worry about. (And in using that expression, I don't mean to imply for a moment that soccer – FOOTBALL - is either concussion-safe, let alone concussion-free.)

As both a reformed helicopter parent of would-be free-range children and as a disability advocate...in an era of creeping inactivity...I feel obliged to counter the trend to “cottonwoolling” children; to drive home, what, both a RESPONSIBLE and a REALIST message; that concussion – whether inside or outside of sport – is one of the...ordinary hazards of the life of the physical, and that 80 to 90 per cent result in an uneventful recovery within 10-14 days of injury. The 10 to 20 per cent of EVENT-ful

recoveries...notwithstanding, the former journalist deep down inside where I live also tells me that PERCEPTION IS EVERYTHING. And today's typical parent WILL BE swiftly unforgiving of any sport as soon as she – or HE – SUSPECTS it's playing chicken with their child's brain.

You might think this means I've been embedded with the concussion guidelines of the competing sports, and could point out the most subtle of differences between them. Well, no. Whether a parent, a coach, a weekend warrior or a sports physician, navigating the shoals of the myriad concussion protocols must be a dizzying affair. Just one example, the recently released joint Australian Institute of Sport/ Australian Medical Association Position Statement recommends children and adolescents aged 18 and under QUOTE "not return to contact training, sport or play less than 14 days from the resolution of all symptoms".

(You'd hope the Statement's authors were aware of the evidence from research for the chilling effect of mandatory exclusion periods on players' disclosure of concussion – that adults, OR CHILDREN, if they know that a concussion will rule them out of play for fixed period, are less likely to disclose symptoms.)

So, does that mean that a Position Statement prepared by two such august health and sporting bodies trumps those prepared by the individual sports themselves? Perhaps. Perhaps not.

Brain Injury Australia's interests lie elsewhere. Elite, professional sport is slowly, but surely, getting its act together – with missteps along the way – in concussion assessment and management. (And I hope that it's driven more by the carrot of player health and safety than the stick of financial

penalty or threat of litigation.) Regardless, for as long as parts or pockets of the toughen-up-princess-get-back-in-the-game warrior culture abide, Brain Injury Australia will persist with grassroots education – built around its "Five Rs" of concussion: “Recognise the injury; Removal from play; Referral to a doctor; Rest and then Return to play”.

And I trust that this session will inject some cooling commonsense into what’s become a hot, AND CROWDED, space. So, like welcoming a cool breeze through a window, I’d like to introduce Professor Gary Browne. Gary is both an Emergency Physician and Senior Physician in Sports and Exercise Medicine at the Children’s Hospital Westmead, where he has been Director of the Sports Concussion Service since 2006. He is author and editor of over 100 peer-reviewed papers and 20 textbooks on paediatric emergency and sports and exercise medicine. The Sports Concussion Service has a strong research focus, with current National Health and Medical Research Council-funded research projects evaluating concussion biomarkers, research into the use of provocative exercise testing, to determine injury severity and recovery and evaluating active rehabilitation programs as early intervention for concussed children and adolescents. Gary is going to present to you until about 12:30, to allow plenty of time for questions...Please welcome Gary: