Walk the Talk: Should FIFA Re-Examine Its Own Protocol?

Christoph Kramer, a German midfielder at the 2014 World Cup, asked the referee, "Ref, is this the final?" (Singer, 2014, para. 3). That was after Kramer sustained an impact to the head via another player's shoulder (Singer, 2014, para. 1). If a player has to ask if he is playing at the World Cup, it is probably an indication that something is wrong. The world professional football (soccer) player's union, Fifpro, has accused the Fédération Internationale de Football Assocation (FIFA) of complacency and lack of protocol regarding concussions in the sport (Jackson, 2014).

Is Fédération Internationale de Football Assocation Medical Assessment and Research Centre (FIFA, F-MARC) walking the talk?

FIFA was one of the founding members of the international Concussion in Sport Group (CISG) which was formed to address concussions and concussion protocol especially related to impact sports as a world concern (Chung, 2014). The work of CISG brought about the Sport Concussion Assessment Tool (SCAT) which is now in its third revision, SCAT3 (Chung, 2014). SCAT3 derivatives are the Center for Disease Control's Acute Concussion Evaluation and "Heads Up" program as well as the National Football League's Sideline Concussion Assessment (Chung, 2014). The CISG (with FIFA being a member) has been instrumental in breaking ground in international concussion management.

The Fédération Internationale de Football Assocation Medical Assessment and Research Centre was organized in 1994 to specifically research the risks and impact of football (soccer) on players' health (Fuller, Junge, & Dvorak, 2012). The F-MARC risk management framework was studied by Fuller et al. (2012) to encourage other sports governing bodies to integrate a similar approach in their own systems. F-MARC also developed a standardized field medical emergency bag (FMEB) and on-field response protocol for sudden cardiac death (SCD) or arrest (Dvorak et al., 2013). The FMEB was distributed to member associations' medical departments and the "FIFA 11 Steps to prevent SCD" (Dvorak et al., 2013) was promoted to raise awareness of SCDs. It is disturbing that FIFA may not have adequate on-field protocol or that FIFA may not use SCAT3 as its concussion assessment tool.

FIFA has been maintaining surveillance and documentation on players' injuries in all World Cup games since 1998 and in four Olympic games (Junge & Dvorak, 2013). The injury-reporting system consists of injury definition and data collection procedures (Junge & Dvorak, 2013). Before a tournament, the physicians of all the teams undergo an orientation for correct surveillance and reporting procedures including how to fill out forms. Information recorded included (but not limited to) time injury occurred, the body part that was injured, circumstance of injury (contact, non-contact, foul play), consequences of injury (referee's sanction, treatment, time-loss in training or match) (Junge & Dvorak, 2013).

Junge and Dvorak (2013) noted that most injuries (1998-2012) involved the lower extremities with head and neck injuries following closely behind. Most diagnoses were contusions and strains/muscle fiber ruptures to the lower extremities and respectively concussions to the head (Junge & Dvorak, 2013). Most injuries resulted from contact (Junge & Dvorak, 2013). Junge and Dvorak (2013) noted a decreasing rate of injury incidences for male players between 1998 to 2012, and the opposite trend for female players between 1999-2007. Junge and Dvorak (2013) also noted that injury rates may be influenced by playing style, refereeing, and game rules.

The study by Ryynänen et al. (2013) found that injury incidences were high 5 minutes after a potentially game-disruptive incident (PGDI) which includes a yellow card, red card, injuries (injury to fellow player), and goals. The majority of injury incidences, 63-86%, involved contact between players. Ryynänen et al. (2013) theorized that the PGDIs may affect the players' attitude, mood and aggression levels sometimes provoking anger responses and increasing arousal. Although the study by Ryynänen et al. (2013) is limited, it may caution referees and coaches to be attentive and facilitate "cooling off" and refocusing on the game strategy.

Certainly it is disturbing when mass media calls attention to incidences that contradict FIFAs longstanding involvement and proactivity in international football health and wellness issues. One can only hope that FIFA heeds its own protocols and awakes and steps up from the complacency portrayed by mass media around the world. Perhaps this is the wake-up call.

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