

Are usual concussion tools universally applicable ?

Challenges in concussion management in West African football - a qualitative study



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Introduction

Sport-related concussion is a major health concern in football, with increasing evidence linking repetitive head impacts to both short-term cognitive impairment and long-term neurodegenerative outcomes. Although international bodies have developed assessment tools and return-to-play guidelines, their implementation remains inconsistent, particularly in resource-limited settings. Little is known about how concussions are recognised and managed in West African football or about the applicability of these international tools in local contexts.

Methods

Objectives: To explore how sport-related concussions are recognised and managed in elite football settings in West Africa, and to assess the relevance and applicability of international concussion tools within these contexts.

Approach: This study used the grounded theory approach. Semi-structured interviews were conducted with eight physicians (mean age=37.7±12.4 years old; 9.5 years of experience on average) working with elite clubs and national football teams in Senegal, Mali and Gambia. Interviews were audio-recorded, transcribed verbatim, and analysed using iterative open, axial, and selective coding to identify categories, with the support of *Atlas.ti* software.

Results

Six overarching categories emerged from analysis : perceived burden of concussion (1), protocols and tool use (2), organisational and resource constraints (3), clinical decision-making on the field (4), knowledge and training gaps (5), cultural norms and pressures (6). Firstly, the true burden of concussion remains poorly understood due to under-recognition and under-reporting, with risks often overshadowed by conditions perceived as more immediately life-threatening, such as cardiac events. Secondly, established protocols and tools, including the SCAT, are rarely implemented in practice. Thirdly, organisational constraints and limited resources restrict optimal care delivery. Fourthly, clinical decision-making is frequently influenced by external pressures and the absence of structured federation support. Fifthly, concussion education is limited and largely theoretical. Finally, sociocultural factors (including norms surrounding toughness, gender dynamics, spiritual beliefs, and crowd expectations) substantially shape clinical practice.

“In football here, concussions are rarely reported because there is no doctor present at most matches. And it’s even worse in amateurs.”
“I’ve heard about SCAT but never really used it in practice.”
“Sometimes the crowd or the coach will not accept that a player leaves the pitch for just a knock on the head. The supporters can become very aggressive.”

Discussion/Conclusion

Concussion management in West African football is characterised by limited recognition, structural challenges, and strong sociocultural influences, which collectively reduce the practical relevance of existing international guidelines. Expanding access to context-sensitive education, strengthening federation-level governance (e.g., designated concussion leads), and developing culturally adapted strategies appear essential to improving concussion recognition and management in this setting.

References

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