just when the silly season was starting to get on top of us, some welcome relief in the form of good solid science arrived on my desk. A study published in the BMJ looked at the therapeutic effect of wearing magnetic bracelets for pain control in osteoarthritis.1

I must admit my personal bias here. When I was the team doctor for one of our professional football clubs, we used to be inundated with salesmen pushing their magnetic wares. Magnetic bandages, pillows, shoe inserts, wrist bands, knee bands, and who knows what else. It seems the only limitation in their product range was their own imagination. Their strategy of leaving piles of their magnetic wares. Magnetic bandages, pillows, shoe inserts, wrist bands, knee bands, and who knows what else. It seems the only limitation in their product range was their own imagination. Their strategy of leaving piles of their products around the football club was in the hope that they could then claim endorsement by some gullible celebrity athlete who would pick up a free sample. Not surprisingly, the footballers loved them. The combination of a free sample and some hocus science was an absolute winner. In fact, the more magnetic things they had attached to their bodies the better. It is like the image of a footballer would pick up a free sample. Not surprisingly, the foot...
setting of raised intracranial pressure after head injury but to date such a phenomenon has not been reported with concussive injury. As a result one would have to speculate that Tintin was in fact suffering from primary hypothalamic dysfunction and his clumsiness and repeated head trauma was incidental. The occurrence of repeated concussive injuries in athletes has been documented previously and thought to reflect the individuals risk taking behaviour rather than an intrinsic potential for injury. In Tintin's case, annual neuropsychological screening may be advisable to detect and hopefully prevent any long term cognitive deterioration.

It has been suggested by some authors that repeated concussive injuries may be a risk factor for "second impact syndrome"; however, this has been questioned due to the limited evidence for its existence. In Tintin's case, fear of this putative complication seems to have not been a management concern in his return to normal activity.

Some anecdotal return to play guidelines would recommend immediate retirement or termination of the current adventure given that Tintin often experiences more than three concussive episodes in a short space of time. However, the Vienna guidelines recommend no mandatory exclusion period but individualised assessment of recovery—a strategy that Tintin appears to have followed in preference. If these guidelines were strictly adhered to, however, then he would have to terminate the adventure following the initial injury and Snowy the dog or Captain Haddock may have to play a more central role in the story outcome.

I can only suggest that Tintin play close attention to the forthcoming Prague guidelines in view of his propensity of concussive injury in order to avoid long term problems.

REFERENCES


6 Cantu RC. Guidelines for return to contact sports after cerebral concussion. Phys Sportsmed 1986;14:75-83.


"Tomber dans les pommes" – can head injury cause brain damage?

P McCrory


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