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Concussions in School Sports
Prevention Techniques and Management

By Elaine Horne, Southeastern Region Risk Control Representative October 8, 2013

Introduction

Concussions are not just a problem for the National Football League who recently resolved concussion-related law suits with more than 4,500 former players with a $765 million settlement that would fund medical exams, concussion-related compensation and medical research. Schools must also address the risk of injury in interscholastic athletics, extramural activities, physical education classes and recess. High school football leads the group in the number and seriousness of head injuries. At least 50 youth football players, high school and younger, have died or sustained serious head injuries on the field since 1997. There are approximately 1,100,000 teens playing high school football according to The National Federation of State High School Associations. There are another 3 million players in organized youth leagues. Although football has received the bulk of national attention, other sports such as ice hockey, soccer, baseball and even volleyball have resulted in serious head injuries.

Culture Change

Schools must create a new culture that provides education about how to prevent head injuries, how to recognize the symptoms of concussion and how to manage return to play. It is coaches, trainers, teammates and parents who have the strongest influence on players to report a concussion. Players, when reporting concussion symptoms, should never (1) be ostracized (2) challenged about their toughness or masculinity (3) have their position taken away in the starting line-up or their playing time reduced or (4) be expected to place a higher value on winning over safety. In fact, players must be encouraged to report symptoms early so they can get back on the field of play as quickly and safely as possible. Waiting to report will lead to prolonged symptoms and leave the player in a dangerous situation should another blow to the head occur causing more permanent repercussions for both playing

the sport they love and life in general. Besides the risk of death, more common concerns are amnesia (total and partial), academic deficiencies, prolonged balance and vision issues and trouble concentrating all due to the swelling of the brain from the blunt force trauma that causes concussions.

Policies and Practices

Concern for the safety of all students participating in school physical activities and programs should be paramount for school administrators. Physical education directors and athletic directors should be sure that their plans emphasize safety practices such as proper use of safety equipment, understanding the rules of play and sportsmanlike conduct.

Baseline concussion tests should be administered before the start of a sports season to measure the normal levels of brain activity in a healthy student-athlete. This is a requirement in most states. When a concussion is suspected, the athlete retakes the test, and a medical professional compares the results. Recent research suggests baseline concussion tests are critical for accurate diagnosis.

Players must be taught the importance of reporting symptoms of concussion and that they are to be removed from play immediately and observed until an evaluation can be made by a medical provider. As the number of concussions increase for a player, recovery time also increases as does the chances for more severe physical and emotional impairments.

Return to Play

The following is a recommended sample return to physical activity protocol based on the Zurich Progressive Exertion Protocol:

- **Phase 1** - low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over 24 hour period proceed to:
- **Phase 2**- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to:
- **Phase 3** - Sport specific, non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to:
- **Phase 4** - Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to:
- **Phase 5** - Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to:
- **Phase 6** - Return to full activities without restrictions.

Conclusion

Getting their bell rung can no longer be accepted by players as a badge of honor. Experience and research over the last 30-40 years have shown that even the most minor of head injuries can have devastating effects depending on the individual, age and number of prior head injuries. With proper training and awareness the upward trend of concussions can begin to reverse taking with it a better life for our young athletes.

Resources:
http://www.unc.edu/depts/nccsi/index.htm
http://www.knowconcussion.org
http://sportconcussions.com/html/Zurich%20Statement.pdf
http://www.edweek.org/ew/section/infographics/37concussion_map.html

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