

Sports Concussions and School Policy

by Dr. Neal McGrath

Earlier this year the Marlboro School Committee approved a policy for the management of sports-related concussion injuries in town schools (*Boston Sunday Globe, July 19*). What's newsworthy about this? Simply that concussion management is usually

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considered to be the domain of school athletic departments, not school committees. The Marlboro School Committee's action, which follows a policy recommendation by the Massachusetts Association of School Committees, reflects a dawning recognition that while athletic trainers, team physicians, and athletic directors remain on the front line of concussion management for our student athletes, these injuries require broader action than they have received in most schools.

Current research tells us that we can expect 5-10% of student athletes in contact sports such as football, soccer, hockey, lacrosse, wrestling, and rugby to sustain concussions each season. We see a significant number of concussions occurring as well in basketball, field hockey, softball, baseball, cheerleading, and other sports in which collisions are not supposed to be part of the action but occur anyway due to intense competition and accidental contact.

We have traditionally thought of concussions (“having your bell rung”...“getting dinged”) as injuries that will clear up on their own rather quickly and do not require much medical attention. These are, however, *brain injuries* that should be fully resolved before an athlete returns to action. Many concussed athletes are simply told to take a week off. Some never report their symptoms and keep playing, soon sustaining further brain trauma. As our children become bigger and faster the risk of these injuries rises, particularly at the high school level where the largest numbers are engaged in contact sports.

Student athletes with concussions do, in fact, tend to recover well *if* the injury is identified immediately, *if* the *athlete* does not sustain repeated blows, and *if* the *student* is supported in temporarily cutting back on cognitive demands in school to allow one's injured brain the proper rest until recovery is complete – usually in days to weeks. These basic ‘ifs’ are very manageable when athletic trainers and directors, team physicians, student athletes, school nurses, coaches, teachers, guidance counselors, and parents understand the basics of concussion management and work together. When they do not, student athletes with concussions tend to slip between the cracks. The potential consequences of failing to manage concussions properly? Recovery may take months instead of days or weeks. Some will suffer long-term symptoms (we're all familiar with the stories of Ted Johnson and other famous pro athletes forced to retire due to concussions). And in rare but tragic cases, another blow too soon can result in permanent severe disability or even death.

What should we be doing in our schools about this issue? There are four major areas to be addressed by school committee and athletic department policy:

Concussion education. Athletic trainers and school nurses are the professionals who manage these injuries day-to-day in school. We need to make sure they have up-to-date knowledge about concussion management. Student athletes and coaches must learn the basics of concussion identification and management, and appreciate the risks of returning to play too soon. And parents need to know how a concussion may affect their son or daughter both as an athlete *and* as a student.

Neurocognitive evaluation. Even at the high school level we now have access to the same computerized neurocognitive testing used by pro teams. This testing is affordable, can be done online at school, and gives invaluable information to the athletic trainer, team physician, and personal physician about a concussed student athlete's readiness to return to sports activity.

Academic support during recovery. Students may need temporary accommodations in their school work to help them keep pace as best they can while cognitive and physical symptoms make classroom participation and homework more difficult. Teachers and guidance counselors can make a tremendous difference if they understand concussions and work flexibly with these temporary learning disabilities.

Return-to-play guidelines. Athletes should not practice or exercise while still symptomatic. They should not resume contact action until they are fully symptom-free, have cognitive test results that are back to normal, and receive medical clearance by their personal physician *and* athletic department. Clear and consistent standards that are understood by athletes, coaches, and parents allow athletic trainers to do their job to make sure it is safe for an athlete to return to contact sports action after a concussion.

Sports are a major part of life for so many of our children. Concussions are a serious but manageable risk in our sporting society. Some schools in our region have taken strong steps in concussion management but many more have yet to follow.

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