

Return to Play

Recent deaths and long-term disabilities that have resulted from concussions have prompted new guidelines to protect student athletes.

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In July 2011, a new law regarding treatment of student-athlete concussions will go into effect in Virginia. Students suspected of having a concussion will be required to leave the playing field and not return to play without being evaluated by a licensed health professional and receiving written permission to resume play. The law will also require schools to inform student athletes and their parents and guardians about the short- and long-term effects of concussions. Several other states—including Connecticut, New Mexico, Oklahoma, Oregon, and Washington—have similar legislation.

Why all the fuss? The number of recent deaths and serious injuries from concussions suffered by young student athletes has garnered attention from medical organizations and policymakers and has resulted in legal cases that hold schools responsible for letting student athletes return to play too soon. The American Academy of Pediatrics (AAP) has released new recommendations that “children or adolescents who sustain a concussion be evaluated by a physician and receive medical clearance before returning to play” (AAP, 2010) and published a clinical report that explains that concussion can “cause symptoms that can interfere with [among other things] school activities...and relationships” (Halstead, Walter, & The Council on Sports Medicine and Fitness, 2010).

As a principal, you should be able to recognize the symptoms of a concussion and know the related guidelines and laws so that you can help educate staff members, students, and parents about the dangers of concussion.

Shaking It Off

In 2006, a then-13-year-old student athlete in Washington State took a

hit during a school football game and 15 minutes later, after shaking off the injury, he returned to play and collapsed on the field. The student spent 30 days in a coma and was unable to speak or move his legs when he woke. The student’s family lobbied for the “Zackery Lystedt Law,” which requires that a student who shows any signs of a concussion have approval from a medical professional before returning to play (Hughes, 2009).

Tragically, not all students survive concussion. In 2008, a linebacker at a New Jersey high school suffered a blow to the head during a game. Three weeks later in another game, he suffered another blow (a “second impact concussion”) that caused bleeding on the brain. After two days, he was removed from life support. His parents filed suit against the school and their son’s doctor a year later, alleging that both inappropriately cleared their son to return to play following the initial concussion (Epstein & Armstrong, 2009).

These two incidents are unfortunately not rare. According to the Connecticut Athletic Trainers’ Association (CATA, 2010), 400,000 concussions occurred in high school athletics during the 2008–09 season and 50% of second impact concussions result in death.

Notably, male athletes are not the only ones shaking off serious brain injury to return to play. CATA (2010) pointed out that “female high school soccer players sustain nearly 40% more concussions than male soccer players (29,000 annually), and female high school basketball players sustain 240% more concussions than male basketball players (13,000 annually)” (p. 1). At a recent congressional hearing on student athlete concussions, a

17-year-old female basketball player recounted her experience with the cumulative effects of concussions (Friedman, 2010). After each of seven concussions she had, she was eventually allowed to return to the game. She began to suffer from headaches, sensitivity to light, tingling in her hands, and difficulty concentrating. Now she is unable to participate in sports at all. She also cannot drive or even go into the ocean (Washburn, 2010).

Cheerleaders are also suffering concussions at alarming rates (Rinde, 2010). Some school districts classify cheerleading as an “activity,” however, not a sport. This classification means that despite the highly physical nature of cheerleading stunts, injuries from cheerleading are sometimes not viewed in the same light as injuries stemming from other physical activities.

New Laws

These incidences and others all across the country put names and faces to the fact that “that 40% of high school student athletes return to play too soon following concussions” (Helderman, 2010). In response to similar statistics and stories, Virginia passed legislation similar to Washington State’s Lystedt law. The Virginia law requires the Virginia Board of Education to develop and distribute guidelines for dealing with concussions in student athletes. Each local school division is also required to develop specific policies and procedures for identifying and handling suspected concussions in student athletes (Helderman, 2010).

In May 2010, Connecticut signed into law legislation governing concussion management in schools. According to CATA (2010):

[Public Act 10-62] requires

that coaches of intramural and interscholastic sports complete a training course related to recognizing signs & symptoms of concussion, appropriate medical management of concussion, and medical risks associated with concussion.... Coaches will also be required to remove from play any athlete who exhibits signs or symptoms of concussion. The athlete will not be permitted to return until he or she has received written medical clearance from a qualified medical provider. (p. 1)

In February 2010, Massachusetts also adopted a law regarding safety regulations for school athletic programs that requires the development of an interscholastic athletic head injury safety training program for coaches, trainers, school physicians, parents, and legal guardians. Under the law, school districts must give written information to students about the symptoms of head injuries and the short- and long-term consequences of concussions. The law’s return-to-play provision applies to students who become unconscious during a practice or competition. That is, under that law, a student may not return to the practice or competition during which he or she became unconscious or participate in any cocurricular athletic activity until the student receives written approval for such participation from a physician.

These are only a handful of the states that have enacted or are considering enacting legislation governing student athlete concussions. There is also a push for federal guidelines on the subject. In September 2010, student athletes, professional ath-



letes, and physicians testified at a congressional hearing for the Concussion Treatment and Care Tools Act (ConTACT) (Washburn, 2010). Co-authored by Rep. Bill Pascrell (D-NJ) and Rep. Frank Pallone (D-NJ), “the ConTACT Act would set federal standards for when an athlete could return to play following a head injury and provide federal grants to middle and high schools to implement neurocognitive baseline testing” (Friedman, 2010).

Signs and Symptoms

Whatever the law in your state, you must have some idea of what concussion is, how to recognize it, and how it should be treated. Essentially, a concussion is a type of brain injury caused by a blow or jolt to the head or body. The blow itself that causes a concussion can be mild or severe. Although most concussions occur without loss of consciousness, all concussions should be taken seriously (U.S. Department of Health and

Human Services, 2010).

According to the Mayo Clinic, the signs and symptoms of concussion are varied, with two of the most common being confusion and amnesia. Other signs and symptoms can include “headache, dizziness, ringing in the ears, nausea or vomiting, slurred speech, and fatigue.” In addition, the symptoms might last for days, weeks, or longer and can be subtle or not immediately apparent. For example, someone suffering from a concussion might later exhibit “[sometimes chronic problems with] memory or concentration, sensitivity to light and noise, sleep disturbances, irritability, and/or depression” (Mayo Clinic, n.d.).

The U.S. Department of Health and Human Services (2010) explains that “children and adolescents are among those at greatest risk for concussion” and that proper recognition and response to concussion can help prevent further injury and aid recovery. Teachers, counselors, coaches, and other school professionals play an important role because the potential for concussions is high during school-based sports activities, physical education classes, and outdoor playtime.

In addition, because concussion symptoms may persist and in some cases cause lifelong challenges, schools may have to make reasonable accommodations for students who return to school following a concussion. For example, students may need to “take rest breaks, spend fewer hours at school, be given more time to complete tests/assignments, reduce time spent reading, writing or [using a computer], and/or receive help with schoolwork” (U.S. Department of Health and Human Services). Such accommodations may involve Section 504, a federal law that protects students who have a dis-

ability that affects their performance.

What You Can Do

If your school is in one of the states that have already enacted laws regarding management of student concussions, you should ensure that you are familiar with the law’s requirements. Some school districts may be required to implement concussion training not only for school employees but also for student athletes and their parents and guardians. Others may require changes to the way that school officials handle sport- and health-related paperwork, documentation, and equipment (Erekson, 2010).

But according to the U.S. Department of Health and Human Services (2010), the most important thing for school officials to do in the case of possible concussion is to assess the situation, watch for signs and symptoms, and contact a health care professional. Following those guidelines, heeding the mandates of laws and regulations in your state and school district, and providing reasonable accommodations for students suffering from the effects of concussions in school creates a solid, basic framework for student concussion management in your school. **PL**

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