

House Energy and Commerce Committee
Subcommittee on Health
Field Hearing on
“Protecting School-age Athletes From Sports-related Concussion
Injury”

Wednesday, September 8, 2010, 1:00 P.M.

Prudential Center
165 Mulberry Street
Newark, NJ

Submitted by: Michael Prybicien, MA, ATC, CSCS
Head Athletic Trainer
Passaic High School

Chairman Pallone, Representative Pascrell, I am Mike Prybicien, head athletic trainer at Passaic High School in Clifton, New Jersey and President of the Athletic Trainer Society of New Jersey. As a father, and health care professional practicing athletic training for the past 17 years, I am passionate about safety in youth sports.

Thank you for allowing me the opportunity to speak on behalf of the National Athletic Trainers' Association (NATA) about the athletic trainer's role in concussion management.

As you may know, ATs are health care professionals who collaborate with physicians to optimize activity and participation of patients. Athletic training encompasses prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions leading to impairment, functional limitations, and disabilities.

All ATs have at least a bachelor's degree in athletic training from an accredited college or university, and 70% of our membership has a master's degree or higher. Certified ATs must pass a national certification exam. In most of the 47 states where they are licensed or otherwise regulated, the national certification is required for licensure. ATs maintain this certification with required continuing medical education. They work under a medical scope of practice and under the direction of physicians and adhere to a national code of ethics.

Although the issue of concussions in sports has received a great deal of attention in the media in recent months, it is not a new problem. Athletic trainers have been caring for concussed athletes and warning of the dangers posed by this unique injury for years.

The NATA represents over 35,000 athletic trainers (ATs). As athletic trainers and health care professionals specializing in team sports, we are the first line of defense in the prevention, diagnosis and emergency treatment of head traumas and other athletic injuries.

NATA has a long history of working with research experts to explore the prevention and proper treatment of head injuries. In July 2009, NATA released a study in the *Journal of Athletic Training* entitled *Head Impacts During High School Football: A Biomechanical Assessment*. The study revealed that high school football players sustain greater head accelerations after impact than do college-level football players, which can lead to concussions and serious cervical spine injuries. Further, the study urged high school coaches to teach proper tackling techniques in order to reduce the risk of head and neck injuries among athletes.

While much focus has been given to players in the National Football League (NFL), it is important to remember that high school athletes represent the single largest segment of football players in the country and account for the majority of sport-related concussions. In a given year, between four and six percent of high school football athletes sustain concussions, corresponding to an estimated 43,200 to 67,200 injuries annually. In fact, there are five times as many catastrophic football injuries among high school athletes as college athletes. Estimates indicate, however, the true incidence of injury is likely much higher. Some research suggests that more than half of high school athletes who get concussions do not report their injuries to medical personnel. Even when faced with

these disturbing trends and the fact that 7 million students participate in high school sports in America, the NATA estimates that only 42 percent of public high schools in America have access to an athletic trainer. In fact, NATA estimates that across the country, the ratio of students to athletic trainers is 2,678 to 1.

According to a *New York Times* article, (Sports Imperative: Protecting Young Brains, August 24, 2009) “at least four American high school students died last year from football head injuries. Most suffered from what is called second-impact syndrome, a rare but catastrophic dysregulation of brain activity that can occur when a young player sustains another hit before the brain has recovered from an earlier concussion. In nearly all cases, such tragedies can be prevented if the symptoms of concussion are recognized and heeded, giving the injured brain time to fully heal.”

Furthermore, studies also show that fifty percent of second impact syndrome incidents result in death. Other startling statistics include:

- Female high school soccer athletes suffer almost 40% more concussions than males (29,000 annually). *Journal of Athletic Training, July – September 2003*
- Female high school basketball athletes suffer 240% more concussions than males (13,000 annually). *Journal of Athletic Training, July – September 2003*
- 400,000 brain injuries (concussions) occurred in high school athletics during the 2008-09 school year. *Compliance with return to play guidelines following concussion in US high school athletes, 2005-2008*
- Concussion symptoms such as headache and disorientation may disappear in fifteen minutes, but 75% of those tested 36 hours later still had problems with memory and cognition. *Journal of Athletic Training, July – September 2003*
- 15.8% of football players who sustain a concussion severe enough to cause loss of consciousness return to play the same day. *Center for Injury Research and Policy, The Research Institute at Nationwide Children’s Hospital, Dr. Dawn Comstock*

NATA’s Position on ConTACT Act

The NATA has endorsed Representative Bill Pascrell’s Concussion Treatment and Care Tools (ConTACT) Act (H.R. 1347) and Senator Robert Menendez’s companion bill in the Senate (S. 2840). The Association applauds the creation of national guidelines to address the prevention, identification, treatment, and management of concussions in school-aged children, including return to play decisions included in the bill.

The NATA stands ready to assist in the development of the national guidelines and offers its assistance to the Secretary and any advisory team. Ideally, the NATA would like to see the Secretary include state athletic training associations, in conjunction with high school sports associations and local brain injury chapters, in the dissemination and implementation of the guidelines.

The ConTACT Act should be praised for recognizing the need for baseline testing of student athletes in addition to post-injury testing. Furthermore, we applaud authorization of appropriations to ensure the proper implementation.

Addressing the Issue in New Jersey

All of the New Jersey professional sports teams and the New Jersey National Collegiate Athletic Association (NCAA) member colleges and universities and 86% of New Jersey State Interscholastic Athletic Association schools employ the services of an athletic trainer.

The Athletic Trainers' Society of New Jersey (ATSNJ), a professional society consisting of more than 1,000 members, has prided itself at being at the forefront of concussion education for its patients, as well as the medical community. On August 2, 2010 the ATSNJ held a Concussion Summit, which consisted of a panel of nationally recognized speakers, as a means to educate physicians and health care providers who play a role in the management of sports related concussions. More than 200 health care providers attended this event.

The ATSNJ applauds the efforts of the our state legislators, in particularly Assemblyman Patrick Diegnan, Senator Richard Codey and Senator Paul Sarlo who have introduced legislation with regards to either concussions and/or student-athlete safety. The ATSNJ is thankful that the New Jersey legislature has included and values the input of the ATSNJ and its members in the development of such important legislation.

NATA's Recommendations on Addressing Head Injuries in Football

The NATA has developed recommendations on addressing head injuries in football. Those recommendations include using the "Graded Symptom Checklist," which is distributed within NATA's position statement "Management of Sport-Related Concussion." This treatment tool can help determine whether a concussion has occurred, the severity of the injury, and whether a player is fit to return to play. Athletic trainers or physicians who suspect that an athlete has suffered a concussion can use the checklist to evaluate a player both at rest and during physical exertion.

In response to the national youth sports safety crisis in America, the NATA has spearheaded the *Youth Sports Safety Alliance*, an initiative to raise awareness, advance legislation, and improve medical care for young athletes. This call to action includes the following:

- Ensuring that youth athletes have access to health care professionals who are qualified to make assessments and return to play decisions;
- Ensuring pre-participation physicals before play begins; and
- Recognizing the difference in pain and injury and working toward the elimination of the culture of "playing through pain" without assessment.

In addition to these items, the NATA strongly supports the recognition of athletic trainers as health care providers under the Medicare and Medicaid programs. This would encourage private insurance companies to reimburse athletic trainers for the physical medicine and rehabilitation services they provide. This legislative action would assist in making more athletic trainers available in high schools and local medical facilities to treat those individuals suffering from head trauma or other sports related injuries where they occur.

I greatly appreciate the opportunity to participate in this hearing and offer myself and the National Athletic Trainers' Association as a resource to you and other members of the Subcommittee as you work to address this important issue facing the youth in our nation. Thank you.