The Medical and Legal Landscape of Athletic Concussions
Today’s Speakers

- **Michael Buckner, JD**: Managing shareholder, Buckner Sports Law, Florida
- **Darryl Conway, MA, ATC, EMT-T**: Associate Athletic Director of Student-Athlete Health and Welfare, University of Michigan
- **Mike Williams, CMAA**: Athletic Director, Gettysburg Area (PA) School District
Today’s Program

- Part I: Before the Season
- Part II: During the Season
- Part III: After the Injury

No reference materials? Email risk@ue.org
Part I: Before the Season
Sources of Best Practices

- National Federation of State High School Associations
- National Interscholastic Athletic Administrators Association
- Centers for Disease Control and Prevention
- State laws
- State athletic associations
Sources of Best Practices

- National College Athletic Association
  - Sports Medicine Handbook
  - Concussion Guidelines
- Athletic conferences
- National Athletic Trainers Association
- American Academy of Neurology
Creating a Written Concussion Management Plan

- Draft with the assistance of legal counsel and medical professionals
- Three components in a good concussion management plan:
  - Education of key stakeholders
  - Removal of athletes with possible concussions
  - Medical response
Hypothetical, Part 1

- Jill is a freshman soccer player.
- During a drill, she repeatedly uses her head to direct the ball toward the goal.
- Jill feels fine during practice, but when she gets back to the residence hall, she feels nauseous and dizzy.
Signs and Symptoms of a Potential Concussion

Signs and symptoms of a concussion generally fall into four categories:

- Physical
- Cognitive
- Emotional
- Sleep
## Signs and Symptoms of a Potential Concussion

### Common signs
- Behavior or personality changes
- Blank stare, dazed look
- Changes to balance, coordination, reaction time
- Delayed or slowed responses
- Disorientation
- Memory loss

### Common symptoms
- Blurry vision or double vision
- Confusion
- Dizziness
- Nausea
- Feeling hazy, foggy, or drowsy
- Sensitivity to light or sound
Education and Training

- Conduct annual education and training of student athletes, coaches, medical staff, administrators, and educators
Education and Training

Topics:
- Definition of concussion
- Potential seriousness
- Signs and symptoms
- Importance of reporting symptoms
- Role of active rehabilitation

Possible formats:
- In-person sessions
- Online courses or videos
- Written information
Risk Transfer Tools

- Athletes (and parents of athletes under the age of 18) should annually sign a release or an assumption of risk form
- See page 21 of the resource packet
Risk Transfer Tools

- Include in the release or assumption of risk form:
  - A concussion is a potentially serious head injury that can result in brain trauma or death
  - Participation in the sport may result in a head injury or a concussion
  - Helmets, face shields, mouth guards, and other protective equipment do not eliminate the risk of concussion
  - Purposeful head contact in any sport is not permitted
  - Athletes have a duty to immediately report their own symptoms and those of teammates
  - A repeat concussion is more likely when an athlete returns to play before symptoms resolve
Risk Transfer Tools

- Anyone who gets education and training should sign an acknowledgement that they received the same.
- The release or assumption of risk form is an appropriate place to acknowledge the receipt of education and training.
Emergency Action Plans

- Create an emergency action plan for each sport and venue
- Develop the plan with assistance from legal counsel, health care providers, administrators, and coaches
Question and Answer Session
Part II: During the Season
Hypothetical, Part 2

- The next day at practice, Jill mentions her nausea and dizziness to an athletic trainer.
- Jill and her teammates underwent computerized neuropsychological testing before the season began, but no other baseline testing.
- The trainer tells Jill they will conduct another computerized test after practice to see if she’s ready to play in the big game tomorrow.
Baseline Testing

- Administered by a trained health professional
- Compared to a similar exam conducted during the season if an athlete suffers a suspected concussion
Baseline Testing

- Baseline assessments include:
  - Review of prior concussions
  - Symptoms checklist
  - Standardized balance and cognitive assessments
  - Computerized (neuropsychological) testing
Limitations of Equipment

- No piece of protective equipment eliminates the risk of concussion
- Athletes should be educated on the limitations of helmets, mouth guards, and other equipment
- Proper technique is just as important in reducing injuries
Limitations of Equipment

- **Impact sensors**
  - Claim to measure G-forces absorbed by an athlete’s head while practicing or playing
  - No medical consensus regarding a G-force threshold above which a concussion occurs
- **Playing surfaces**
  - Evidence is inconclusive as to whether concussion risks are higher on synthetic rather than natural turf
Culture of Resistance

- The “culture of resistance” means playing hurt
- Coaches and medical staff can set the tone and demonstrate to athletes that these are serious injuries
Immediate Removal

- When an athlete displays any signs and symptoms of a concussion, he or she should be immediately removed from play.
- The lack of a reliable and objective test for diagnosing a concussion makes an evaluation by an experienced health care provider invaluable.
Independent Medical Authority

- Avoid conflicts of interest by prohibiting coaches from serving as the direct supervisor for athletics care providers
- Do not give coaches sole hiring or firing authority over doctors and trainers
Question and Answer Session
Part III: After the Injury
Return to Activity

- Any athlete diagnosed with a concussion should be withheld from activity for a minimum of 24 hours.
- Athletes who sustain a concussion need active rehabilitation for recovery – this includes management of physical and cognitive activities.
- See pages 11 and 18 of the resource packet.
Return to Activity

- Physical recovery: stepwise return-to-play plan, with slow resumption of normal activity
- Cognitive recovery: an individualized return-to-learn plan created by a management team
Document the Treatment

- Get written clearance from a medical professional when an athlete is cleared to resume normal activity
- As part of the treatment process, each step in the concussion management process should be documented
- Consult with legal counsel to determine the length of time to retain records
Retiring Athletes

Reserve the right to permanently retire athletes if the institution believes an athlete’s continued participation is putting him or her in danger of serious injury.
Retiring Athletes

- Retirement may be appropriate if:
  - The athlete has a history of concussions
  - Smaller forces may cause a concussion
  - Post-concussion symptoms last longer than three months
Retiring Athletes

- The decision should be made upon recommendation of:
  - A physician
  - Legal counsel
  - The athlete
  - Athlete’s parents (if a minor)
Question and Answer Session