



March 7, 2012

Testimony to the Public Health Committee, of the Connecticut Athletic Trainers' Association, in Support of Raised Bill 185, "AAC Notice to Parents of Student-Athletes about Concussions and Head Injuries"

Provided by Vicky Graham, ATC; President, Connecticut Athletic Trainers' Association

Good morning Senator Gerratana, Representative Ritter, and members of the Public Health Committee. On behalf of the Connecticut Athletic Trainers' Association (CATA), I am here today to testify in support of Raised Bill 185, "AAC Notice to Parents of Student-Athletes about Concussions and Head Injuries."

This bill would require parents of student-athletes to receive information about head injuries and concussions, and provide written informed consent for participation in sports prior to the student-athlete beginning participation. It designates the coach as the individual responsible for providing and collecting such information.

The CATA was involved in working on the bill that is now Public Act 10-62, which this bill would amend. Connecticut's law was one of the first in the country to be passed, and has frequently been identified as having model language. We can still improve upon it by passing this bill and requiring informed consent from parents, which 24 of the 37 states with laws specific to student-athletes and concussion require. The requirement for informed consent of parents of student-athletes is not the only missing piece in the current law. The second missing piece is a requirement for student-athletes to be provided information about concussion.

While it is extremely important for coaches and parents to be able to recognize signs and symptoms of concussion, it is equally important for the student-athlete to have the same understanding. Physicians and athletic trainers will tell you they frequently treat patients who have been experiencing symptoms of concussion the patient does not recognize as being related to concussion. The risks of continuing to participate while experiencing the signs and symptoms of concussion are well-documented. While the worst-case scenario, second impact syndrome, will result in death 50% of the time, and in some degree of permanent brain damage the other 50% of the time, the more likely scenario is that the individual will sustain



another concussion that results in prolonged post-concussive symptoms, leading to weeks or months of debilitating symptoms and missed school.

Prevention starts with the student-athlete. Signs and symptoms of concussion are not always immediately apparent. Numerous studies indicate adolescents take longer to recover and have more symptoms than any other age group. There is rapid growth and development of the brain during adolescence, causing the brain to be more susceptible to trauma. The student-athlete is the only one who can feel a headache, hear the ringing in his ears; know that she can't concentrate in class; know that he keeps waking up at night; or know that she "doesn't feel right." Problems like feeling "foggy," not being able to remember, or being overly sensitive to noise or light are not always obvious to others. Student-athletes must be educated about the signs and symptoms of concussion so that when they experience them, they can seek assistance. It is equally dangerous for the athlete who is experiencing the symptoms listed above to participate in activity as it is for the athlete who stands up and wobbles off the field to the wrong sideline.

Knowledge about the signs and symptoms of concussion will also help students identify possible concussion-related problems among their teammates and friends. There is a case in New Jersey of a junior varsity football player who had sustained a concussion, been held out of activity, properly managed and returned to play. After returning from the injury, he made a tackle in a game, collapsed on the field, and subsequently died. After his death, his friends and teammates reported that he had been complaining of headaches all week long, but didn't want to tell anyone because he wanted to play. If just one of those friends had the basic knowledge about concussion and the risks associated with playing while symptomatic, perhaps that young man would be in college today, rather than a tragic cautionary tale of a preventable death.

We support this bill but have the following suggestions:

1) The informed consent for parents should include basic information on the same topics about which coaches receive training:

(i) the recognition of the symptoms of a concussion or head injury, (ii) the means of obtaining proper medical treatment for a person suspected of having a concussion or head injury, and (iii) the nature and



risk of concussions and head injuries, including the danger of continuing to play after sustaining a concussion or head injury and the proper method of allowing a student athlete who has sustained a concussion or head injury to return to athletic activity.

(2) The State Board of Education and Commissioner of Public Health should consult with the same groups designated in the law: *“(A) the governing authority for intramural and interscholastic athletics, (B) an appropriate organization representing licensed athletic trainers, and (C) an organization representing county medical associations”* in developing the language in the informed consent document for parents. This will better insure consistency in the information being delivered to coaches and parents.

3) **At a minimum**, student athletes should be required to receive and review the same information as their parents. We recommend that the parent and student-athlete both be required to review the informed consent document and sign the form. We recognize that the minor student cannot legally consent; however, the form will reflect that the parent and student-athlete have reviewed the information together.

4) We would like to see an additional requirement for student-athletes to receive education regarding concussion. This could be accomplished by requiring them to provide proof of completion of a designated online education course; several are already in existence. The State Board of Education and Commissioner of Public Health, in consultation with *“(A) the governing authority for intramural and interscholastic athletics, (B) an appropriate organization representing licensed athletic trainers, and (C) an organization representing county medical associations”* could approve designated courses for the purposes of athlete education.

5) The burden for collecting the informed consent document should be placed on the school's athletic director and/or medical staff (athletic trainer and/or school nurse) rather than the coach. There are medical and other requirements for beginning athletic participation. While the coach should not allow an athlete who has not submitted all required documentation to participate, the burden for that determination should lie elsewhere, and the information be provided the coach.

In conclusion, the Connecticut Athletic Trainers' Association supports Raised Bill 185 and urges the Public Health Committee to support the bill, taking into consideration the suggested changes.