

Testimony 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, my name is Charlie Wund, I am the president and founder of the Agency for Student Health Research based in San Diego, CA. I am a former classroom teacher and athletic director and I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS as I truly believe:

1. Communication must be improved between coaches, school nurses, athletic trainers, parents and medical providers.
2. Data must be gathered on all student-athlete injuries to evaluate the effects of the current law, any changes to the law, and for research to direct future policy.
3. All changes in policy, rules and training should be mindful of the administrative burden placed on educators.

I represent an organization acting to effect positive change. Following the recommendations of the National Athletic Trainers Association and the National Academies of Science Institute Of Medicine, we work to increase the medical oversight at the youth sports level and establish a national database of youth sports injuries for the purpose of intervention development. Over the past three years, my company has developed a web-based injury reporting platform designed to relieve the administrative burden when documenting injuries and improve the communication for all caregivers of student athletes.

The adoption of our platform by high schools, youth sports teams, research organizations, health systems and government agencies has propelled our capacity for understanding the individual rates of injuries within athletic populations. For example, the Australian Centre for Research into Injury in Sport & it's Prevention (ACRISP), one of the four International Olympic Committee Research Centers in the world, has customized our platform to monitor and record injuries within a population of professional rugby players. In California, the Schools Excess Liability Fund (SELF), the largest statewide school insurance pool, has vested our platform and actively promotes it's use to members as a "loss control tool". Lastly, youth football leagues in Ontario, Canada, are establishing a systematic approach to player development and using our platform to monitor the effect rule changes have on the rates of injury of their players.

Though the centralization of data, we are able to coordinate best practices throughout the different populations. One example comes from a high school football team in San Diego where during the first three weeks of the season, eight concussions were reported using our mobile application. This number was shockingly high, but further investigation uncovered all eight occurrences involved the same type of helmet which was different than the school issued helmet.

The timing of these concussions followed the suicide of Jr Seau and the parents of these students had purchased the "top of the line" helmets for fear the school issued equipment was sub-par.

These best intentions resulted in the fitting of the equipment by a store clerk and not an athletic trainer. We sent an email alert to the parents of over 150 student athletes on the football team to have their helmet fitted by the school athletic trainer and during the following 12 weeks of the season, only two concussions were reported.

In addition to the real-time monitoring of injury trends, longitudinal studies are currently being conducted as we are able to connect research organizations, medical providers and government agencies to regional populations. Within a HIPAA and FERPA compliant structure, we are able to coordinate regional oversight as well as provide schools a secure method of compliance.

To support the progress being proposed, I would like to offer the use of our injury reporting platform, InjureFREE to every high school and youth sport team in the state of Connecticut at no cost for a two year pilot program. A registry of state-wide youth sport injuries, including concussions, will result and access to the de-identified data can be assigned to a task force as directed by this committee. It is essential a report on the current status of athletic injuries be developed to better assist the decision on policy implementation.

We have received support from local health systems and medical providers to provide funding for the initial pilot program and continue beyond the two year period, if deemed appropriate.

This would allow for coordination between the task force and the CAIC and become a yearly practice to ensure current trends are reflected when appropriating resources. The statewide adoption of a centralized injury reporting platform would set an example to other states looking for a way to implement feasible youth sport injury interventions, and position Connecticut as a leader towards the creation of a national registry.

Be Healthy,

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