

Norwalk Lacrosse Association

Johnson Couch, Jr., President
6 Rowan Street
Unit #4
Norwalk, Connecticut 06855-1936

Telephone (203) 838-0232
Mobile (203) 952-4661
e-mail laxdad@aol.com

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Committee on Children
Room 011, Capitol Building
Hartford, Connecticut 06106

Subject: AN ACT CONCERNING YOUTH ATHLETES AND CONCUSSIONS

Distinguished Members of the Committee on Children;

I am writing in support of HB 5113-Concussions as the president of a community-based youth lacrosse program in Norwalk, as Secretary of the Connecticut-New York Youth Lacrosse Association (CONNY), and as youth representative on the US Lacrosse Men's Game Rules Subcommittee.

Throughout my nearly sixty years around the game, lacrosse has always been a "contact sport," rather than a "collision sport." This is born out by NCAA data* that shows the concussion injury rates for men's and women's lacrosse are significantly below those for football, ice hockey (especially women's), and women's soccer and on a par with men's soccer and women's basketball. However, with our rapid growth over recent decades (lacrosse is the nation's fastest growing team sport), violent collision has crept into the game. There are several causes for this, perhaps the most prominent of which is the influx into lacrosse of players and coaches from sports that either depend upon or tolerate such collisions.

US Lacrosse is committed to further reducing the sport's relatively low concussion rates and has funded extensive research to identify the mechanism of concussions in lacrosse. This research revealed that concussions in the men's game result mostly from blows to the head in violent collisions or from the head hitting the ground as a result of violent collisions. (In the women's game, which prohibits body checks, concussions most often result from stick to head contact.) Thus, men's lacrosse rules writers at all levels have sought to reduce the incidence of violent collisions with more severe penalties, including ejection, for blows to the head and neck and violent collision with a defenseless player. Furthermore, because research shows that (1) children are more susceptible to concussion, (2) injuries are more likely to result from unanticipated collisions than from anticipated hits, and (3) many children don't develop full peripheral vision before about age 15, rules further restrict body checks for players aged 12 to 15, and allow no body checking below age 12. Extensive training of coaches and officials seeks to assure that violent collision is neither taught nor condoned. We also train coaches and officials to recognize and take responsibility for concussion symptoms, and CONNY as a league adheres to the

National Federation of State High School Associations (NFHS) concussion management guidelines.

Thus, it is easy for me to support HB 5113-Concussions.

However, I want to introduce one caveat, and request. We must not so restrict and complicate the provision of youth sports opportunities that participation declines, especially among disadvantaged kids. Too much regulation and excessive requirements can discourage volunteers, which leads to either restricting participation or compensating coaches to take on the increased burden, which drives up costs.

In a Wall Street Journal article late last month William W. Dexter, president of the American College of Sports Medicine, was quoted as saying, "It is much more likely that someone who is active in their childhood is going to remain active into their adulthood." In recent decades many traditional forms of outdoor play—climbing trees, jumping rope, playing tag, bike riding, the informal sandlot sports many of us grew up with—have faded. Also, around 30 years ago, middle school interscholastic sports were discontinued across the country for budgetary reasons.

Perhaps not coincidentally, the federal Centers for Disease Control and Prevention has noted a sharp increase in youth obesity since the 1980s. Despite recent encouraging child obesity data, high rates of disease-inducing inactivity among America's youth remain a problem, especially among those who are disadvantaged. Over the decades, organized sports have grown dramatically, taking up some of the slack in youth activity.

But recently that has begun to change. According to the same Journal article, combined participation in the four most-popular U.S. team sports—basketball, soccer, baseball and football—fell among boys and girls aged 6 through 17 by roughly 4% from 2008 to 2012.

Some of that activity has moved to other sports; according to a survey conducted by the Physical Activity Council and the Sports & Fitness Industry Association reported in the same Journal article, from 2008 through 2012 youth participation was up 64% in ice-hockey and 158% in lacrosse ... which I totally understand. However, those sports are relatively small: with 549,000 and 770,000 youth playing organized hockey and lacrosse, respectively, compared with about 7.0 million in basketball and 6.6 million in soccer. Overall participation, then, is still down.

This shift in youth participation worries public-health officials who see organized sports as an antidote to growing problems like youth obesity. That Journal story quotes Dr. Michael Bergeron, Executive Director of the National Youth Sports Health & Safety Institute, saying, "Youth sports can become the choice solution to the public-health problem based around inactivity."

However, as an administrator of a youth program and member of the US Lacrosse Men's Game Youth & Interscholastic Subcommittee, I am troubled by the increasing difficulty youth sports organizations are having in attracting and retaining volunteer coaches. The more time consuming hurdles and conditions we place on volunteers, the harder it is to recruit them.

As we move to make sure children participating in youth sports are better protected from concussion (through rules and coaches/officials training) and concussions when they occur are managed optimally, let us make sure we don't impose requirements on volunteers that are so onerous we deprive children of the opportunity to play. An inevitable result will be the substitution of private enterprises for community-based programs, at much higher fees. The victims of such a trend will be the least advantaged children.

So, by all means approve HB 5113-Concussions, but be very careful in drawing up the specific requirements of the measure.

Sincerely,

Johnson Couch, Jr.
 President, Norwalk Lacrosse Association
 Secretary, CONNY Lacrosse
 US Lacrosse Men's Game Rules Subcommittee

* NCAA Summary ISS 1988-1989 through 2003-2004

Frequency, Distribution, and Rates of Select Injuries (Ankle Ligament Sprains, Anterior Cruciate Ligament Injuries, and Concussions) for Games and Practices for 15 Sports

<u>Concussion Incidence by Selected Sports</u>	<u>Injury Rate*</u>	<u>% of All Injuries</u>
Men's Spring Football	0.54	5.6%
Men's Football	0.37	6.0%
Men's Ice Hockey	0.41	7.9%
Women's Ice Hockey **	0.91	18.3%
Men's Soccer	0.28	3.9%
Women's Soccer	0.41	5.3%
Men's Lacrosse	0.26	5.6%
Women's Lacrosse	0.25	6.3%
Men's Wrestling	0.25	3.3%
Men's Basketball	0.16	3.2%
Women's Basketball	0.22	4.7%
Total Concussions	0.25	5.0%

* Injury Rate per 1000 Athletic-Exposures

** Data collection for women's ice hockey began in 2000-2001