

Good Afternoon Representative Urban, distinguished members of the Children's Committee. For the record, I am Dorothy Bedford, from Valley Forge, PA. I am recently retired after six years on the Board of Education of the Princeton Public Schools in NJ, which is one of the most concussion-forward public school districts in the nation. I have been active in concussion advocacy regarding safety, education and issues of "Return to Learn" since my daughter sustained a concussion in 2010 while playing ice hockey as a student at The Loomis Chaffee School in Windsor. Her concussion needed fourteen months to resolve and endangered her academic career. I am here to testify in support of HB 5113, **AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS**, and the effort to bring Connecticut up to date in concussion safety. I assure you that this bill will NOT kill school sports, but rather save them.

(A) So what makes any one school district "concussion forward"? In Princeton, in order of importance we have 1) A full time trainer, 2) "sit it out" rules when a blow to the head is suspected, 3) Free biennial neurocognitive testing for all athletes and coaches, 4) Return to learn protocols, 5) Return to play protocols, 6) Unilaterally introduced contact limits for our high school football team when the Ivy League did. We also 7) monitor the effectiveness of the sports officials we hire for safety compliance, 8) deliver in-service training to teachers about classroom adjustments for brain injuries, and 8) we are piloting mandatory soft headgear for our soccer and field hockey teams. We continue to monitor developments in this area. Most of these policies and procedures do not cost hard dollars, and are well worth the time invested.

(B) I would like to speak specifically about the need for the bill to address Return to Learn protocols.

R-T-L protocols provide support for cognitive recovery from concussion or other brain injury. School and youth sports are wonderful co-curricular activities, but our students are in school to be learners, not athletes. Brain injuries such as concussion have much greater potential to affect the long-term academic prospects and appropriate workplace skills of many more students than any possible athletic career of a single student, no matter how devoted you might be to the Huskies' athletics programs.

In 2014 we now know that injured brains need *cognitive rest as soon as possible, and as long as necessary* to recover. That is why it makes sense to require that your Connecticut athletes should complete their Return to Learn before they can commence Return to Play protocols.

In New Jersey, State Board of Education regulations adopted in 2011 required all local Boards of Ed to pass standard concussion policies, including academic accommodations. (By the way, the term Academic "Adjustments" is coming into use, to distinguish short term recovery needs from long-term accommodations as described in Federal 504 plans.) Short term needs are addressed by simple elements such as:

1. Taking rest breaks as needed.
2. Spending fewer hours at school.
3. Being given more time to take tests or complete assignments. (All courses should be considered)
4. Receiving help with schoolwork.
5. Reducing time spent on the computer, reading, and writing.
6. Granting early dismissal at passing time to avoid crowded hallways.

In Princeton, we have added other items such as *reduced assignments* (such as reducing the number of problems in a math assignment) and *assessment accommodations*. The latter addresses the matter of significant lost class time or constraints on assignments while on cognitive rest. Thus, an assessment adjustment might be a “custom” test whose scope is limited to material for which she/he can reasonably be held responsible. In practice, the concussed student might simply be excused from certain questions or essays. Or perhaps an oral test might be appropriate if reading and writing remain difficult. My own daughter was granted assessment adjustments at Loomis Chaffee after her return from extended medical leave.

Now, if New Jersey used regulations to promote model policy on Return to Learn, why should Connecticut *legislate* Return to Learn? Because the sad state of affairs is that, in fact, many of New Jersey's school districts never did pass the model policy, and their students remain unprotected by concussion education, return to play protocols, or return to learn adjustments. Connecticut has the chance to do better.

In closing I'd like to make two more points.

First, it is becoming clear that the social-emotional consequences of concussions need to be recognized and addressed by schools. When the American Academy of Pediatrics issued its Return to Learn Clinical report last October, the omission of discussion concerning social-emotional consequences was a great disservice to doctors and the families they serve (link to my blog post below). Slowly coming into focus is the fact that many more students are at risk of concussion-related suicide than face Sudden Impact Syndrome. In eastern Pennsylvania, we have had two suicides suspected of being

concussion related in the last few months, one was a hockey player, one a lacrosse player. Yesterday, a high school senior who played football, but has been out of school since a pre-season injury, was involuntarily committed after brandishing a knife at home with intent to hurt himself. You will not find any of these in press reports or the obituaries, but I am now personally acquainted with all three families. I assure you that eastern PA did not have three Sudden Impact deaths this year.

Last, I want to include a brief mention that, with the Core Curriculum Content Standards and high-stakes testing sweeping the nation, little or no attention has been paid anywhere to the problem of concussed students faced with fixed tests of extended duration. A single make-up date the following week just may not be manageable for a brain-injured student. This has ramifications for everyone involved in the enterprise of learning and for whom the testing holds great meaning: the student, the teachers, and the administrators. The Department of Education should be prepared to attend to this matter, which eventually will involve other big national standardized tests such as the PSAT, the ACT PLAN test, and certain SAT II (subject) tests offered on limited dates. In retrospect, my daughter's recovery was stalled from the get-go because she was required to take a four hour standardized test the morning following her concussion, before the injury could be diagnosed properly. The demands of such cognitive exertion came at a time when her brain was in a metabolic crisis. The test actually exacerbated her injury by making such demands, and the recovery was much longer as a result.

Please make every effort to protect your learners, they are the future of the Nutmeg state. Thank you. (Attachments)

Attachments to testimony of Dorothy Bedford, Valley Forge, PA. Feb 27, 2014

- New Jersey model policy, here:

<http://www.nj.gov/education/aps/cccs/chpe/concussions/policy.pdf>

- American Academy of Pediatrics "Return to Learn" report, here:

<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full.pdf+html>

This report was said to be modeled on Rocky Mountain Children's Hospital R-T-L protocols, but ignored their material on social-emotional aspect of concussion symptoms.

- My blog post commenting on AAP report, here:

<http://theconcussionblog.com/2013/11/04/what-about-return-to-learn/>

- The story of our family's journey through Post Concussion Syndrome, here:

<http://www.momsteam.com/health-safety/unmarked-detour-one-familys-journey-through-post-concussion-syndrome>

