

HB 6722 Concussion Bill testimony

March 8, 2015

This letter is sent in support of concussion management guidelines for non-public school athletes in organized sports. I am the mother of a student athlete who suffered a concussion in 7th grade while participating in soccer with her premiere league soccer club. I am also an occupational therapist currently working with pediatric clients age 3y- 21y who have suffered a concussion in a variety of activities including while attending birthday parties, daily play and organized sports. In addition, as an occupational therapist, my 30 years of experience across the age span includes assessment and treatment intervention of persons with mild to severe brain injury in the intensive care unit, through a follow up mild brain injury clinic at St Francis Hospital in Hartford and short term rehabilitation of clients with brain injury at Gaylord Hospital in Wallingford, CT.

My experience with concussion management and education is extensive, however, there continues to be a broad lack of knowledge of assessment and intervention in organized sports as well as for student athletes not involved in public school sports and the management of return to learn.

My personal experience involved my daughter- who was a goalie and a soccer coach-who did not understand concussion. He made multiple

attempts to return my daughter to play before she was medically ready. Intervention for my daughter's concussion was initiated by my husband and I, based on our concerns. Since she was not injured at school, and she had not yet reached high school (where mandatory baseline testing of student athletes occurs) there were no guidelines or education, in addition, the school nurse and school staff had little to no training in concussion management and return to learn.

My daughter completed her 7th grade year under a 504 plan that was established at my insistence. In addition, the effects of her concussion, (which were managed through ELITE sports at Connecticut Children's Medical Center in Hartford) required that she attend school on a half-day schedule for the remaining 4 months of the school year. While her concussion appeared minor, it in fact impacted her everyday activities. It also had social ramifications, as it is a somewhat silent deficit. Unlike a broken leg, concussion symptoms are less objective; there is no cast, or bruise, resulting in societal ignorance. Students, teachers and friends would often minimize the concussion and ask if she was faking it. In addition, without the 504, she would have been required to make up work, further taxing her cognitive abilities and process.

Concussion symptoms can often have debilitating effects on school, social and everyday life. I assess, educate and provide intervention for students and parents in my pediatric therapy clinic in Avon CT every day. I attend school meetings with clients and listen to educators who continue to misunderstand concussion. In addition, I work with clients

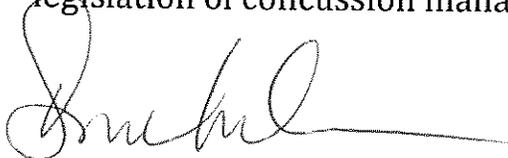
and families who have children playing organized sports, which suffer concussion and have not been educated or referred for assessment, as it is not part of the training of the staff running such programs.

The research supports that there are more children than ever before playing organized sports in America. Organized sports that are not regulated and coaches who have no training or education requirements related to, managing medical emergencies, other than CPR training. However, the data reflects that in 2006, 75% of boys and 69% of girls age 8-17 took part in organized sports playing on at least one team. The numbers have only grown since this study, which was conducted by Don Sabo, a sports researcher from D'Youville College. Sabo's research went on to reflect that many of the players, especially boys played on multiple teams.

According to the Centers for Disease Control and Prevention, approximately 2.7 million kids under 20 were treated for sports related injuries between 2001-2009. In addition, for that same time period, ER visits for traumatic brain injuries among children under 19 rose 62%. The brain injuries reported were largely from sports such as ice skating, hockey, baseball, and horseback riding. There were less reports of injury from football players; however, this may be due to the fact that helmets, while they do not prevent head injury, may reduce the severity. In contrast, it may be due to the lack of knowledge and education as well as the culture of such programs, that athletes need to play through the pain.

Overall, based on my personal experience and the research available, I urge you to support additional concussion management legislation to address non-public school sports and organized sports teams. This includes but is not limited to, AAU basketball, premiere soccer clubs, town recreational leagues, and various youth teams and organizations. It is important to establish guidelines for all children, not just student athletes in high school and college sports, but also children in school and organized sports at the elementary and middle school ages. The research reflects that athletic involvement drops off as students begin to reach high school. Thus, reiterating the importance of addressing athletes of all ages to manage concussion.

Thank you for your time and consideration of my support for further legislation of concussion management

A handwritten signature in black ink, appearing to read "Deanne Anderson", with a long horizontal flourish extending to the right.

Deanne Anderson

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