



Subject: FW: An example of a great team effort for handling concussion

To all:

I want to share this great story from Dr. Gioia, and to alert you to materials available about concussions.

Dr. Gioia has been doing research for many years in ways of evaluating and treating concussions.

The CDC (Center for Disease Control in Atlanta) is an agency that promotes the programs that Dr. Gioia was referring to.

You can get these programs by going to the CDC website and ordering them AT NO COST!

There are two basic programs.

www.cdc.gov/concussioninyouthsports/

www.cdc.gov/ncipc/tbi

You can also learn a lot about the psychometric programs for evaluating head trauma at www.impacttest.com

Contact me if you have any problems with these websites.

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Folks,

Yesterday in clinic, I saw a patient with a concussion, whom I think represents a nice example of how a well-coordinated concussion management system can work well to help a child and family to address the needs of their injured student-athlete. Please allow me to tell the story. You might want to print it out and read it.

The student-athlete is a 12-year old 7th grader who attends a Howard County MS who had a concussion 8 days prior in hockey practice. Although his injury was not recognized on the ice, the next day his mother realized something was amiss when she and the school nurse discussed his unusual request for headache medicine. The mother had recently attended an educational program at their High School with her daughter (part of our new program that is underway in the high schools), and began to suspect a concussion. The presentation was conducted by the school athletic trainer via Power point presentation, featuring the CDC High School Concussion toolkit Parent Fact Sheets. She took the boy to the local Emergency Room that day who ruled out a serious problem (negative CT) (although they did tell the family he could return to the ice in 72 hours). The mom followed up with her pediatrician, who examined the boy using the Acute Concussion Evaluation (ACE), a tool we developed for medical practitioners as part of the CDC Physician's Concussion Toolkit. The pediatrician had also attended our Pediatric Grand Rounds the week before to learn about sports concussion management in the high schools –and nicely applied the ACE assessment to this young man, quickly identifying the presence of 17 symptoms. Appropriately, she would not allow his return to ice hockey – and referred him to our SCORE program for further evaluation. At school, the mother reported that the teaching team was alerted to the injury by the school nurse, including the possible issues that the student might experience, possible exertional effects, with suggestions for managing his schoolwork and use of the health room should his symptoms worsen, such as fatigue or headaches. The school nurse had attended a half-day training workshop I did last spring, and used the mTBI/ concussion information available to guide the teachers regarding the student's possible needs.

The boy was evaluated in our clinic yesterday and determined to be experiencing continuing neurocognitive problems (concentration, memory, speed of processing), and post-concussive symptoms including exacerbation with cognitive exertion (i.e., when he concentrated heavily). He was also struggling with schoolwork, and attending in the classroom. Further individualized guidance and recommendations were made for home, school, and physical activities - as articulated in the ACE Care Plan. Copies of the Care Plan were made for the family, physician, and school team to guide their management of the student over the next week. He will return to the clinic next week for ongoing evaluation of his recovery and updated recommendations.

This is a good example of how the family, medical and educational systems can work together to meet the needs of a student with a mild TBI/ concussion. The parents, pediatrician and school were nicely prepared. We have identified some continuing system needs, but overall the key people responsible for this student-athlete did a great job.

A few side notes – the recreational hockey league is now interested in what more they can do and learn to address this injury, as is the figure skating group at the rink. The CDC Youth Concussion Toolkit materials were provided to each organization with further educational sessions of parents and coaches to be conducted. We hope that next time the youth coach will recognize the signs and symptoms, and/or the player will report them to the coach, and the parent can be alerted. As a positive step, when the coaches learned of the player's concussion, they sat the team down last night to discuss the seriousness of the injury, and the need to tell the coaches if they experience any relevant symptoms after a hit. Second, we are working to organize an educational meeting with the hospital Emergency Dept group to review their assessment and recommendation processes for mild TBI/ concussions. They had recommended the student's return to hockey after 72 hours with no other appropriate assessment.

This story is nice evidence that we can better manage this injury as a coordinated team. We simply need the right knowledge, preparation and tools in place.