



Welcome to

GAME PLAN

Winter 2007

Applications are now being accepted for membership on the Brain Injury Association of New Jersey's Concussion in Sports Committee.

To maintain a diverse group of representatives committed to youth safety in the planning and implementation of a concussion in sports campaign applications are now being accepted for membership on the Brain Injury Association of New Jersey's Concussion in Sports Committee.

As a member of the committee you would be asked to attend quarterly meetings which are held at the New Jersey Hospital Association in Princeton on a Monday from 9:30 AM – 11:30 AM, participate on the Concussion in Sports Speaker's Bureau and take on an active role in the strategic development and implementation of the campaign.

Individuals who are interested in applying may e-mail their resume along with a brief description of why they would be interested in becoming an active member of the committee to Jill Schulman at jschulman@bianj.org or fax to (732) 738-1132.

FREE CD Resource for Professionals

A sports summit that was held on February 24, 2006 provided information on the identification and management of concussions and brought together over 150 representatives from 65 state organizations committed to youth safety. At the Concussion in Sports Summit state and national experts presented the following topics:

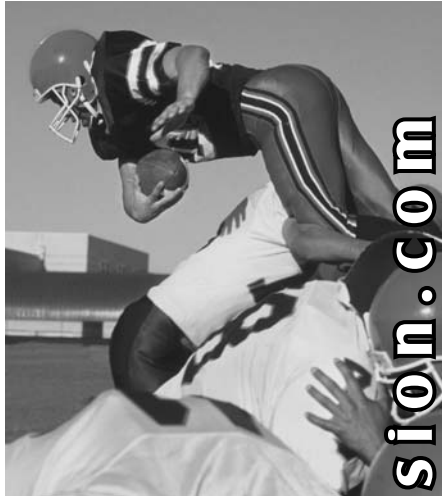
- Epidemiology: Defining the Problem
- Evolution of Understanding Concussions
- What Really Happens When You are Concussed; Pathophysiology
- What Really Happens When You are Concussed: Sideline Assessment of Concussion
- The Impact of Concussion on Learning; Out of Sight, Not Out of Mind
- Prevention: Outlining the Solutions

The presentations along with the accompanying slides were captured on video, which can be viewed online or on CD Rom. This is an excellent resource that can be used to promote awareness and education of concussions, mild brain injury, among your constituents.

View the summit presentations at <http://bianjblueskybroadcast.com> or to receive a FREE copy contact Joanna Boyd at (732-738-1002) or at jboyd@bianj.org

SPEAKERS BUREAU

If your organization or group has an upcoming conference and are looking for presenters and or exhibitors on the topic of Concussion in Sports please contact Joanna Boyd at jboyd@bianj.org.



www.sportscollision.com

Concussed Athletes in the Classroom

By: Phil Hossler, ATC

Student-athletes have many and various adults that affect their daily activities. When a student is also an athlete with a concussion, it is important that both athletic and academic personnel make coordinated decisions in order to obtain the best results for the student-athlete. When the athlete returns to the role of student, close scrutiny, care and management do not always accompany them. Academic accommodations need to become part of the overall management plan for student-athletes in order to ensure their health as well as to promote educational growth.

Concussion is the most common brain injury in sports. A concussion may be defined as a mild traumatic brain injury induced by mechanical forces that immediately disrupt the normal functioning of the brain. The Center for Disease Control and Prevention estimates each year there are over 1.5 to 3 million concussions in the United States.

Research conducted at the University of Pittsburgh Medical Center (UPMC) has demonstrated that a history of concussion can cause long-term memory loss and other problems. According to Dr. Micky Collins, “the study indicated for the first time in the high school athletic population that prior concussions may indeed lower the threshold for subsequent concussion injuries and increase symptom severity in even seemingly mild subsequent concussions”. UPMC researchers found that athletes with three or more concussions were nine times more likely to suffer more severe concussion symptoms (e.g., loss of consciousness and memory) than players with no prior history of concussion. ¹

An athlete with a concussion, whose physical activity is restricted during recovery, may suffer from frustration, denial, depression and often impact their personality, social interaction and scholastic performance. The need for a concussed athlete to have physical rest has been known for years. A necessary adjunct to the physical curtailment or alteration of intensity is that of cognitive rest. ² Student-athletes must be evaluated and monitored in their school work as well as their physical recovery. Educators are in a very advantageous position to notice changes that can lead to early intervention. Teachers are often the first to notice subtle changes in the student’s ability to concentrate, remember new information and interact with classmates.

It is important to remember that although the majority of concussions are relatively short lived and produce no lingering effects, there are some concussions that persist with long-term, even devastating, disabilities. Every concussion is a brain injury and injuries need evaluation, adaptations in routine and time to heal. This is especially true in adolescents whose brain tissue has increased vulnerability when compared to that of an adult. ²

Tests taken while the student still has symptoms of a concussion may affect academic achievement levels. For example a student who has headaches may have trouble concentrating in class. Fatigue during and after school may make it harder for the student to complete assignments or pay attention in class. Problems with short term memory can make learning new information difficult in classes such as history, science and math which require factual recall. Academic as well as physical stress may actually prolong recovery.

Creating a Guideline of Accommodations

The idea of providing school faculty with a list of accommodations that may be utilized once the student has been identified as having a concussion is perhaps the most productive and easily accomplished plan of action.

Since many teenagers do not always communicate readily with their parents and they may be unaware of the signs and symptoms of a concussion, teachers may be the first to notice a change in the student’s personality, work attitude or simply wonder what is wrong with the student.

Frequently Observed Indications of a Concussion

Everyone associated with the concussed student-athlete must be aware of signs and symptoms indicating a possible concussion. The student-athlete’s friends, parents and coaches should be familiar with the signs and symptoms. Teachers typically may be the first to notice changes in classroom behaviors such as those listed below: ⁵

- Poor attention and concentration
- Irritability and low frustration tolerance
- Differences in following directions or answering questions
- Reduced short term memory recall
- Delayed processing
- Easily distracted
- Inability to follow through with routine assignments
- Disproportionate reaction to situations
- Repeating themselves
- Sensitivity to light and/or noise

Thankfully the majority of concussions do not produce long-term effects. However, even in the short-term, this may produce anxiety for the student and parent(s) and be an event which may have social and academic consequences.

The recognition and monitoring of a concussion must become both an athletic and academic priority

Sports medicine professionals have worked toward recognizing and treating concussed athletes for many years and now must enlist their academic colleagues to join the team as well. Concussed student-athletes fall between the classified or long-term disabled students and the normal, non-affected group. Their short-term, yet nevertheless, disabling condition needs to be monitored by caregivers and schools. Involvement by physicians and neuropsychologists cannot be overemphasized; especially if they are skilled in neurocognitive testing and interpreting

Sample Accommodations to Assist Concussed Student Athletes

The following are sample accommodations that a school might utilize to assist concussed student-athletes. Different schools as well as different classes within the same school will alter this list to best suit the school's overall administration philosophy and specific class needs.

Teachers are prepared to assist the student.....

- Pay attention and concentrate
- Plan ahead and work to achieve good organization
- Verbalize, repeat, recall recent information
- Manage time effectively

Teaching Strategies to Consider.....

- One-on-one instruction
- Extra class time
- If necessary, consider an abbreviated day
- Extended time to complete assignments
- Extended time to take tests
- Allow time to visit school nurse for treatment of headaches as needed
- After class time to reinforce and clarify
- Classroom buddy system
- Be certain to monitor and share with nurse, guidance personnel and parents progress and difficulties
- Communicate with parents about in-school progress and/or difficulties as well the quality of homework brought into class
- Fax homework assignments to the parents
- Utilize small group instruction
- Repeat and present new information slowly
- Consider allowing use of a tape recorder
- Ensure that seating avoids outside distractions
- Take the time to show the entire class what good homework for this assignment would look like
- Rest breaks during the day as needed
- Provide written instructions for homework
- Utilize guidance personnel to share progress with all of the student's teachers

Resources:

- 1 Iverson G, Gaetz M, Collins MW, Lovell MR. Cumulative effects of concussion in amateur athletes. *Archives of Clinical Neuropsychology* 2002;17(8):770
- 2 Collins MW, Iverson GL, Lovell MR, McKeag DB, Norwig J, Maroon J. On-field predictors of neuropsychological and symptom deficit following sports-related concussion. *Clinical Journal of Sport Medicine*. In Press.
- 3 Majurske C, Minkiak J, Collins M. et al. Data under review
- 4 Tyler J, Wilkerson L. *Section 504 Plan Checklist for a student with a brain injury*. Wake Forest, NC. Lash and Associates Publishing/Training, Inc.
5. Hossler P., Savage R. (2006) *Getting A-Head of Concussions- educating the student-athlete's neighborhood*. Wake Forest, NC. Lash and Associates Publishing/Training, Inc.

For the full version of this article go to www.bianj.org

Concussion in Sports Consensus Statement Endorsements

American Academy of Pediatrics, New Jersey Chapter 1 American College of Emergency Physicians, New Jersey Chapter 1 Athletic Trainers' Society of New Jersey 1 Brain Injury Association of America 1 Brain Injury Association of New Jersey 1 Medical Society of New Jersey 1 New Jersey Academy of Family Physicians 1 New Jersey Advisory Council on Traumatic Brain Injury 1 New Jersey Association of Health, Physical Education, Recreation and Dance 1 New Jersey Education Association 1 New Jersey Emergency Medical Services for Children Advisory Council 1 New Jersey Football Coaches Association 1 New Jersey Hospital Association 1 New Jersey Principal and Supervisors Association 1 New Jersey SAFE KIDS 1 New Jersey School Counselor Association 1 New Jersey State Interscholastic Athletic Association 1 New Jersey State Safety Council 1 New Jersey State School Nurses Association 1 New Jersey Trauma Center Council

Educational and Training Opportunities

Concussion Tear-Off Pads & Posters: Important information about concussions including signs and symptoms. Excellent resources for Athletic Trainers, coaches, school nurses and parents. To order go to: http://www.bianj.org/hwch_p-s_prevention.html

Look for us at the following events:

Athletic Trainers Society of New Jersey

February 2007

Robert Wood Johnson University Hospital Concussion in Youth Sports Seminar

March 2007

New Jersey Emergency Nurses Association

March 2007

School Nurses Association

March 2007

National Association of Social Workers

April 2007

School Social Workers Spring Institute

May 2007

Services of the Brain Injury Association of New Jersey.



Brain Injury Association of New Jersey
1090 King George Post Rd., Suite 708
Edison, NJ 08837



Family Helpline: - (800) 669-4323 (Toll-free in NJ)...
Helpline Specialists provide assistance in many areas and direct callers to programs and services that address their specific needs

Information & Resources...

An extensive Resource Library of books, videos, and articles.

Family Support...

The Association can provide a specialist to coordinate care through direct assistance for individuals who sustained brain injuries before age 22.

Support Groups...

A list of affiliated and unaffiliated Support groups is kept up to date with the time, day, and contact information for the Group leader

Mentor Program...

Through this program individuals are matched with trained peers who share similar experiences with brain injury

TREK (TOGETHER IN RECREATION EXPLORATION AND KNOWLEDGE)...

The annual weeklong summer camp and respite program for individuals with brain injuries

Public Information & Prevention Education...

Association staff provide information on injury prevention, research and resources

Advocacy

The Association maintains a presence with state and local government to promote policies that prevent brain injury and enhance the care, services and support available to people with brain injuries and their families.

**No brain injury is too mild to ignore
or too severe to lose hope.**

