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Youth Sports Concussion and Head Injury Return to Play Guidelines Committee

January 16, 2015

Good morning Director Hodges and members of the Youth Sports Concussion and Head Injury Return to Play Guidelines Committee. Thank you all for the opportunity to speak today on this important topic. My name is Joe Congeni and I am the director of the Sports Medicine Center at Akron Children's Hospital. In my professional life I have devoted significant energy to advancing the field in a number of ways, including the creation of the Primary Care Pediatric Sports Medicine Fellowship at Akron Children's Hospital the first of its kind nationwide. Another primary interest over my career is the subject of appropriate and safe concussion management for young athletes in the state of Ohio.

At the Sports Medicine center we see many young athletes and also cover sporting events at area high schools and colleges. During our busiest time of year in the fall we see an average of 20 concussion cases a week in our clinic. As a practitioner, I work closely with sports chiropractors in the college and the community setting. In my experience, these chiropractors are a great source of knowledge in musculoskeletal health and care of cervical injuries on the field. These chiropractors often have additional clinical education and field experience, so they do a good job in initial recognition of concussions and also managing the return to play timeline. By clinical education, I am referring to those chiropractors who are either certified Chiropractic Neurologists or who have attained diplomate status with the American Chiropractic Board of Sports Physicians.

Thankfully, the majority of concussed athletes return to play with little or no complications. According to most studies and scholarly literature, about 80% of concussions are short term and transient concussions. As you know, simple concussions allow the athlete to be quickly cleared and return to play in a short period of time, in many cases a matter of days. In my clinical practice, I see a lot of cases that fall into the other 20% of concussions. Many of these kids have significant ongoing symptoms and are at significant risk for second impact syndrome or other injuries if allowed to return to play too early.

These cases are complex for two reasons: the brain has so many different functions that can be impacted, and complex concussions are very hard to fully assess. I am happy to report that, over the last few years, we have gained valuable information and insight into complex concussions. There are objective tests that help us evaluate concussion type and to determine when the brain recovers completely to discuss return to play.

In these difficult cases we use and work together with the expertise of athletic trainers (who are the key 'dirty hands people' on the field in most situations) physical therapists, nurse practitioners, neuropsychologists, ophthalmologist, neurologists and chiropractic practitioners. In these difficult conditions where we know the stakes are high relating to long term complications for young athletes, having the ability to fully assess the brain of these young athletes is critical. I believe having a working relationship in collaboration and consultation is the best team approach in evaluating these young athletes.

In 2012 I was heavily involved in the drafting and passage of House Bill 143. Based on my nearly 30 years of experience at Akron Children's Hospital, I firmly believe that HB 143 was good legislation and that it has led to much better care for concussed athletes. The educational component has led to a significant improvement in awareness amongst coaches, parents and athletes regarding the signs of concussion. The requirement for a return to play timeline, known to many of us as the 'buffer zone', has helped many athletes clear completely on their way to safe play. Unfortunately, there continues to be disagreement over who can clear an athlete to return to play.

The most important feature of return to play provisions within HB 143 is the flexibility and opportunity for collaboration between healthcare providers. And, in closing, that is the message that I want to leave with you. At times this issue has become a turf battle between physicians and non-physicians, despite the fact that we all share the same goal. That is, we all want to take better care of youth athletes and ensure they return to play once it's safe to do so. The best standard of care we can provide our kids is one based on teamwork and collaboration. While many concussions are routine, there are more several and complicated concussions that often require treatment beyond the scope of one provider.

We should all strive to work together, and I hope the committee will encourage collaboration as part of its work. Thank you for your time and consideration, and I would be happy to answer any questions you may have.