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Dear Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines  
Committee:

I write to express my support for the Committee's task of developing of guidelines related to youth sports concussion management in Ohio. Specifically, I write to voice my support of neuropsychology in concussion management and request that, should any non-physician group be identified as having the minimum education requirements necessary to assess and clear an athlete for return to play, neuropsychologists should be at the top of the list.

I have served as team physician for athletes at all levels of sport: United States Olympic Committee Volunteer physician working with Olympians and Paralympians, Team USA Physician for 2010 Vancouver and 2014 Sochi Paralympic Games, US Figure Skating Team Physician for International Events and member of the Sports Sciences Committee, Team Physician for Team USA athletes competing at the World University Games (Shenzhen 2011 and Kazan 2013), Professional athletes including Orthopedic consultant for the Cleveland Gladiators Arena Football Team (AFL), Collegiate athletes (all sports) for Lake Erie College (division II) and Case Western Reserve University (division III), and High school athletes locally.

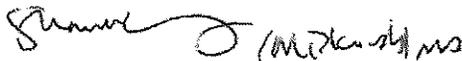
As the team physician for Case Western Reserve University Spartans and the Lake Erie College Storm, management of concussion is an extremely important part of my responsibilities. As such, I felt it to be especially important to establish a comprehensive concussion management protocol for all athletes under my care. Given that my training is as an orthopaedic surgeon, it was important to me to identify healthcare professionals with specific sports concussion expertise. I turned to Dr. Christopher Bailey and Dr. Philip Fastenau (both neuropsychologists) to fill that role. Dr. Bailey and Dr. Fastenau have worked with me to establish a sophisticated method of concussion evaluation and management for return to play at both Case Western Reserve University and Lake Erie College. The identification and acute management of all injuries (including concussions) falls under the responsibilities of my sports medicine staff, including athletic trainers, fellows, and myself as team physician who are present at all sporting events. Return to play following concussion relies on symptom monitoring, concussion testing, and exercise tolerance which is under the direct supervision of my neuropsychologist team.

As a part of the established protocol for return to play, all athletes undergo baseline computerized testing prior to their sports season and if they have a concussion, they repeat testing which is compared back to the baseline in order to identify cognitive decline. Whether an athlete has returned to baseline on computerized concussion testing is determined by Dr. Bailey or Dr. Fastenau after our athletic trainers upload computerized testing to an encrypted server. Based on results of their performance on computerized testing, Dr. Bailey and Dr. Fastenau direct the athletic trainers at each university on whether to proceed on a progressive exercise protocol or whether additional rest is needed. Once it has been determined that the athlete has returned to baseline levels on computerized testing, the athlete meets with Dr. Bailey or Dr. Fastenau for a face-to-face evaluation to both confirm that the athletes are ready to return to play and to establish a more comprehensive baseline for future reference. This mix of computerized and paper-pencil testing is the gold standard used by many professional leagues and is a standard of care that I feel is essential for my athletes. Once cleared by Dr. Bailey or Dr. Fastenau, the athlete completes a progressive exertion protocol with their athletic trainers and is returned to full contact participation if no symptom exacerbation occurs. In some cases, a more complicated recovery occurs at which time my neuropsychologist team provides a comprehensive evaluation for identifying what factors are likely leading to the complications in recovery and triaging the athlete to necessary specialists/treatments if necessary (e.g. neurologists for headache management, physical therapists for balance/vestibular therapy, psychologists for depression/anxiety, etc.). They also provide return to school evaluation and academic accommodation as needed for my athletes in their college coursework.

Without the expertise of my neuropsychologist colleagues, my athletes would not be able to obtain the concussion management services that I feel are necessary to ensure their safety in return to play and to facilitate recovery following concussion. This is particularly true for the Lake Erie College athletes given that they are Division II university with less than 1200 enrolled students in Painesville, Ohio (a small town where accessible clinicians with concussion management expertise are hard to find).

It is with this in mind that I fully support the role of neuropsychologists in concussion management and have full confidence in their ability to independently make return to play decisions in athletes.

Sincerely,



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