

WRITTEN TESTIMONY OF  
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OHIO YOUTH SPORTS CONCUSSION AND HEAD INJURY RETURN TO PLAY  
GUIDELINES COMMITTEE

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I would like to thank Director Hodges and the Committee for allowing me to address you today on the critically important issue of protecting the health of youth athletes who experience sports-related concussion, and the role that neuropsychologists can and do play in providing evaluation, treatment, and management of these injuries. I am particularly pleased to be back in Ohio as I have many fond memories of this state after **having obtained my masters and doctoral degrees in Clinical Psychology from Bowling Green State University.** After completing my degree requirements at BGSU, I went on to my internship training at SUNY-Upstate Medical Center in Syracuse, NY where I was recruited by Penn State University to become a member of the Clinical Psychology faculty, a position I held for 18 years, 15 years of which were as Director of the Psychological Clinic. I left Penn State in 2002 to pursue a full-time clinical practice.

My testimony today will underscore the role that neuropsychologists have played in advancing our understanding and treatment of concussion, and consequently will clearly convey **my strong support for the inclusion of Neuropsychologists as providers who can independently make return-to-play and return-to-learn decisions in Ohio.**

This committee has already heard testimony from Dr. Christopher Bailey on the very specific role that he and other neuropsychologists play in concussion management in Ohio. **The leadership and prominence that neuropsychologists have held in both research and clinical practice is unquestioned.** Neuropsychologists have played key roles in myriad ways including, conducting basic research into the pathophysiology of concussion, to understanding the role of neuroimaging, to the development of assessment instruments, to the clinical evaluation of cognitive and psychological disturbances, to developing and managing interventions, to interfacing with schools, and to developing return to play guidelines, to name just a few. My goal today is to build on his testimony by using my experiences to provide a national and international backdrop for the role that neuropsychologists play in the

management of concussion at multiple levels of athletic competition. I will trace these experiences from the professional level down to my current practice with youth athletes in central Pennsylvania, which much like Ohio, is predominated by rural counties where resources are both limited and remote.

By way of introduction, let me begin by stating that I am currently the President of the Sports Neuropsychology Society, Fellow and Past President of the National Academy of Neuropsychology, and Fellow of the American Psychological Association in the Division of Neuropsychology. I currently serve as co-chair of the National Hockey League/National Hockey League Player's Association's Concussion Subcommittee, Director of the NHL's neuropsychological testing program, Chair of Major League Soccer's Concussion Committee, and Consulting Neuropsychologist to the US Soccer Federation, its National Teams, and Development Academies. I sit on the US Lacrosse Sports/Science Committee, the NCAA Concussion Committee, and the Advisory Council of the National Council on Youth Sports Safety. **I was a member of the 2012 Scientific Organizing Committee of the Concussion in Sport Group's Zurich consensus conference and I am one of the authors of what is referred to as the Zurich consensus statement** that has become the current international guideline for the evaluation and management of concussion. I am a member of the current organizing committee that is planning the 2016 meeting.

In addition to my roles in the international and national arenas, I am proud to have helped develop and write the current "Concussion" law in Pennsylvania that mandates education, removal from play, and proper evaluation of youth athletes before they return to play. A key component of this law is that it enumerates **neuropsychologists as one of two professional disciplines having the authority to provide independent clearance for return to play** following a concussive event.

At present, I am the Clinical Director of a Concussion Clinic in central Pennsylvania that is housed within a large Orthopedic practice. The physicians in this group asked me to start the Concussion Clinic specifically because of my background and the unique experience that I bring to them as a neuropsychologist in managing concussion, primarily among youth athletes. Although my young patients find it "cool" that I work with the pros and that I helped cover all NHL athletes at the 2014 Olympic games in Sochi, what is more important is that we can bring quality, state of the art care to youth athletes in rural counties of Pennsylvania. My colleagues in Primary Care often tell me that they feel overwhelmed by their patient load and often find themselves ill-equipped to provide appropriate concussion care due to lack of concussion-specific training or lack of sufficient time with patients to appropriately manage return to play and return to learn, or both. For example, we spend a great deal of time developing strong connections to the schools in order to allow for

appropriate management of the academic accommodations and re-entry process that is often necessary for young students with concussions. It is not unusual for me to spend time talking with teachers, administrators, school nurses, and coaches in connection with the cases that I see. Through our education programs with teachers we have taught them to identify students in their classrooms who may have had concussions that have gone undetected.

In our area, some practices prefer that youth athletes who are suspected of having a concussion come directly to us rather than first being seen by their physicians. Parents also have the choice of where to have their children evaluated. They can go directly to the concussion specialists or be referred by way of their physicians; the choice is theirs to make. My colleagues know and understand that I will not hesitate to refer to my medical colleagues if I suspect that there are additional medical factors that require their expertise.

In the rural counties that surround Penn State it is not unusual for patients to be forced to travel long distances to receive appropriate care. This is not only inconvenient but it places economic burdens on parents due to travel costs and work time lost. Because of this we have been developing telemedicine approaches that allow us to use developing technologies to evaluate and manage patients in remote locations. This serves not only to provide quality care to those who may not otherwise receive it but also serves as a multiplier effect where neuropsychological care can be obtained even in areas where no neuropsychologists exist. Although novel to some, this approach is not new as I use it routinely to help manage the return to play of athletes from far flung places, as I did in managing the return to play of a concussed US Olympic Women's Team soccer player who was playing for the gold in the 2008 Olympics in China.

In short, by allowing neuropsychologists the authority to provide independent clearance for return to play, a significant burden is removed from already overwhelmed PCPs, the healthcare process is streamlined and made more cost-effective, and parents are not required to make unnecessary appointments, which furthers continuity of care with fewer athletes lost to follow-up due to multiple appointments. All of these objectives can be met while simultaneously enhancing the quality of care.

**Therefore, I respectfully urge you to include Neuropsychologists as one of the providers that can independently clear youth athletes for return to learn and return to play.**

Thank you for your time and attention.