

To: Members of the Youth Sports Concussion and Head Injury Return to Play Guidelines Committee
Fr: Thomas Hospel, MD, MBA
Da: November 7, 2014
Re: Youth Head Injuries and Return to Play

Thank you for the opportunity to be here today. My name is Thomas Hospel. I am a board-certified family medicine and sports medicine physician. I currently serve as the medical director for Dublin Jerome High School athletics; prior to that, I served as a team physician for The Ohio State University Department of Athletics, Ohio Wesleyan University, Dublin Scioto High School, Worthington Kilbourne High School and Independence High School.

My testimony will be brief and focus on the issue of returning youth athletes to play after they have suffered a head injury. I have an extensive history in managing these situations as being a sports medicine physician. I am also passionate about this issue since I have three child that participate in youth sports.

In my estimation, House Bill 143 put into place – for the first time – thoughtful return to play protocols. I say that not as a commentary on the political processes that have brought us into this room today, but as a physician trained and experienced in diagnosing head injuries in youth athletes. HB 143's provision requires a youth athlete be removed from competition after sustaining a concussion and not returned until cleared by a physician provides protection for our youth sports participants.

An important component HB 143, of course, is that a provider – a physical therapist, an athletic trainer, a chiropractor, etc. – must work upon referral, in collaboration, or in consultation with a physician when making the final return to play decision. It is my opinion that this important provision remain a cornerstone of the law. The physician is the most qualified professional to manage this complex condition. I respect the education, training, professionalism, and service that other health care professionals provide. However, it is my estimation that the physician is the best health care provider to offer guidance on this serious and growing medical problem. The years of schooling, internships, clinical residencies, and overall level of training required to become a physician ensures, beyond others, that we are uniquely qualified to manage this condition. By no means does this diminish the ability of other providers to make a return to play decision; it just adds what seems to me to be a logical layer of oversight.

One might suggest that certain physicians are not qualified to offer an opinion on the management of concussions. This is true. Even though I have been a part of a heart surgery during my training, I would not say that I am ready to perform this life saving procedure as part of my practice. A physician is trained to recognize clinical limitations and understands when it is time to make a referral. This is part of the network of physicians that becomes part of providing service to our patients. We are able to collaborate with our colleagues when the medical problem is beyond our scope.

The management of head injuries is a complex medical condition. To make a determination of whether the athlete has suffered a concussion is not always simple. The differential diagnosis of why someone may have a headache, blurry vision, nausea, difficulties with concentration, and etc. is not limited to a

concussion. There are a list of possibilities that must be considered before moving on with a possible diagnosis of concussion. The physician is uniquely qualified and the only person that should be managing these determinations.

Returning a youth athlete who has suffered a head injury to play is not a turf battle for physicians, and it is certainly not a responsibility we have pinned for – it is a serious matter that focuses us solely on the health and safety of the patient.

I understand that this committee is also charged with contemplating possible education requirements for healthcare providers who want to make return to play decisions. On the surface, ongoing education seems to be a logical solution. On this point, I would respectfully suggest that you all be conscious of possible unintended consequences. For example, as a sports medicine physician, I think tying the return to play decision of a youth athlete to completion of mandatory one-size-fits-all coursework may not be the answer. Every athlete and every circumstance is unique. It is not possible to appropriately educate and train providers for the entirety of this complex condition.

I would add one more potential unintended consequence of mandating standardized education requirements for providers who want to make return to play decisions: it may result in limiting access to physicians. It may potentially exclude physicians who are otherwise qualified and capable of providing this service because they have not completed the appropriate coursework.

Thank you again for the opportunity to speak to you today. I'm happy to answer any questions.