



Dr. Mary L. Solomon

November 4, 2014

To The Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee,

I write to express my support for the development of guidelines regarding concussions and head injuries sustained by youth participating in interscholastic athletic events. Please accept this testimony in accordance with Ohio's new youth sports concussion law and through provisions established in O.R.C. 3707.521 (effective September 17, 2014). The recently activated legislation supports education regarding, and proper management of, concussions among youth athletes in Ohio. I applaud the Committee for its efforts to develop criteria that protect athletes who have suffered sport-related concussions.

As a pediatric sports medicine physician at University Hospitals Rainbow Babies & Children's Hospital and a physician faculty member at Case Western Reserve University, I educate students, residents, parents and community members on the importance of safe sport participation and management of injuries. I have received certification by the American Osteopathic Board of Pediatrics and Certificate of Added Qualification Sports Medicine by the American Osteopathic Association. I maintain an active presence in sports medicine by serving as a team physician for Beachwood High School, Benedictine High School, Beaumont School, Cleveland Central Catholic, and Case Western Reserve University. I also serve as a physician to players of Ohio Youth Soccer Association North (OYSAN) who represents a majority of youth soccer players in Northeast Ohio living in Cuyahoga, Lake, Geauga, and Ashtabula counties. As a member of the American Osteopathic Association: Sports Medicine Conjoint Examination Committee, I assist in the development of the certifying exams that grant physicians certification in the field of sports medicine.

As a pediatric sports medicine physician, I have great interests invested in the Committee's guidelines which will change the management of concussed athletes among the youth in our State. The actions set forth by the Committee today will have a substantial impact on my patients – who range from young children to young adults. Specifically, decisions made by the Committee, if strict, may assist those youth who experience acute symptoms post head injury, such as headache, mental foginess, sensitivity to light and noise and disturbed vision. The guidelines may potentially decrease complications that occur in 5%-20% of children with concussion, namely, second impact syndrome, prolonged academic difficulties, psychiatric co-morbidities, sleep disturbance and social regression.

First, I support the Committee's development of guidelines which outline the diagnosis and treatment of concussions. Because athletes, parents, coaches and officials cannot properly identify the common signs and symptoms of concussion, only 35%-40% of sports related concussions are identified after the initial onset of head trauma. This means the majority of head injuries are currently not afforded proper treatment and management. By better defining guidelines, the Committee will assist improve the identification of concussions, and, consequently, expedite early referral to a specialized health care provider for the treatment of concussion.

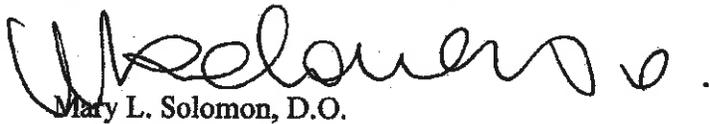
Next, I urge the Committee to specify those conditions under which an athlete may be granted clearance to return to practice or competition. I support that a concussed athlete be allowed to return to play only after consultation by a licensed physician (M.D. or D.O.) who is trained in the management of concussions. Qualifying conditions should be follow the current language of the law either through direct consultation provided in patient to physician setting or indirect consultation as specified in HB 143: health care providers who work in consultation with a physician, in pursuant to the referral of a physician, in collaboration with a physician, or under the supervision of a physician. Authorized health care providers may manage return to play and return to school as long as the individual maintains continued education credits which specifically focus on the diagnosis, management and treatment of concussions. Because the pediatric athlete has a developing brain that grows on a daily basis, management should be very conservative and protective during the vulnerable healing period. Requiring a medical evaluation by a specialized physician or licensed health care provider working directly with the supervising physician will ensure proper treatment of head injuries and potentially prevent complications and future concussions. This will allow the children of Ohio to reach their full potential in scholastic, athletic and social endeavors.

Lastly, I encourage the Committee to develop strict educational criteria that qualify a physician or licensed health care provider to assess, manage and clear concussed youth athletes. Standards must require annual Continued Medical Education with specific focus in the diagnosis, examination and complications of concussion. Health care providers who maintain current knowledge of concussion will protect those that suffer a head injury and ensure the health and safety of concussed athletes. Only those health care providers who maintain educational credits within the fields of pediatrics, sports medicine, emergency medicine, neurology, neurosurgery or psychology should be granted appropriate rights to manage concussions among our youth athletes. It is imperative that such educational events are certified by reputable organizations in order to ensure proper education of the complications of concussion. These efforts will foster health care providers who efficiently diagnose and treat concussions among our youth athletes, thereby protecting athletes from the complications of concussion.

Thank you for the opportunity to express my support for the development of specific criteria which designates the minimum education requirements necessary to qualify a physician or licensed health care professional to assess and clear an athlete for return to practice or competition. I appreciate your consideration and strongly urge you to support strict criteria with regard to concussion assessment and treatment in order to maintain

safety among the youth athletes of Ohio. My hope is that improved identification and management of concussions will prevent learning difficulties, neurologic and psychiatric problems and stress within Ohio families. I stand ready to assist you in any way possible.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Solomon". The signature is fluid and cursive, with a small circle at the end.

Mary L. Solomon, D.O.

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