

DR. THOMAS WATERS

Members of the Youth Sports Concussion and Head Injury Guidelines Committee, thank you for the opportunity to provide testimony on guidelines regarding concussions and head injuries sustained by youth participating in interscholastic athletic events.

I will briefly explain why youth concussions and the return to learn and play decisions surrounding them are so delicate and why Cleveland Clinic supports physicians playing the leading role in return to play decisions.

My name is Thomas Waters, and I am a physician in Cleveland Clinic's Emergency Department.

Specifically, I am a Board Certified Emergency Medicine physician who joined the Cleveland Clinic in 1997 after completing my residency in Emergency Medicine at Metrohealth Medical Center, a level one trauma center in Cleveland, Ohio and medical school at The Ohio State University. My interests include sports medicine, event medicine, wilderness medicine and environmental emergencies.

I also serve as a team physician for the Cleveland Indians and previously served as team physician for the Cleveland Browns. In both of those roles I was responsible for assessing concussions in professional athletes, which has given me extensive experience in both diagnosing concussions and returning athletes to play.

Concussions are complicated. Even in my assessment of professional athletes I learned that no two concussions are the same, even in the same athlete. I saw concussions that at first appeared minor, but actually ended up being severe. If these more complicated concussions can appear mild initially in grown men, you can only imagine how easy it might be to mistake a severe concussion for a mild one in a child, who still has a learning, growing brain.

The still developing young brain is why assessing concussions in young athletes is even more delicate. When concussions are seen in youth athletes, it's essential to remind ourselves that the brain of a young athlete is very different from that of an adult, is more sensitive and various neuropsychological complications may arise. Therefore, much caution needs to be exercised with young athletes to protect them as their brains continue to mature.

These neuropsychological complications are a vital part of concussion management and assessment. In my role as Indians team physician, I follow Major League Baseball (MLB)'s policy in using the Sideline Concussion Assessment Tool (SCAT)3 guidelines which includes, among other modalities, a symptom checklist of 22 symptoms that are essential to assess when a possible concussion presents. ¼ of these 22 symptoms are of a psychological and/or emotional nature.

Current law specifies that any athlete removed from play due to a suspected head trauma must be cleared by either a physician or a licensed health care provider working in consultation with a physician before returning to competition. It is imperative we retain this high standard of care for Ohio's children.

Much is at stake here. Returning a student-athlete to the athletic field or the classroom too soon can lead to prolonged emotional, cognitive and physical suffering, poor attendance and academic performance, not to mention missed time from their sport. Allowing any "licensed health care



professional" to approve such important decisions dilutes the effectiveness of current law and adds unnecessary risk into the process.

By allowing licensed healthcare professionals to work in consultation with a physician, current law addresses a real concern about access throughout rural and urban areas across Ohio. It ensures that a safety net of qualified health care professionals is available to make critical clinical decisions in conjunction with a physician and provide state-of-the art care to assure the student-athlete is returned to competition safely. The physician is the quarterback of this team to provide an added protection to ensure that our children are returned to learn and play only when they are absolutely mentally and physically ready to do so.

This is crucial, because –the developing brain of a young athlete is just that,-still developing and thus different from that of an adult. This is why caution needs to be exercised with our young athletes to protect them.

I strongly believe that the decision for safe return to participation should rest in the hands of those providers whose training and scope of practice encompasses the diagnosis and management of brain injuries. And at the helm of this team of qualified health care providers should be a physician, ensuring that the child is both ready to return to the classroom and the field.

Ohio's children deserve nothing less than the highest standard of care.