

Youth Sports Concussion and Head Injuries Guidelines Committee

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Director Hodges and members of the Committee. Thank you for this opportunity to testify before you today. My name is Ken Blood. I am currently completing my 19th year as a member of the East Muskingum Local Schools Board of Education. During my tenure I have served in a variety of roles at the local, regional and state levels. Those rolls include being appointed by the Senate President and later Governor Strickland as a member of the Advisory Committee to the School Employees Healthcare Board. I have had the privilege of testifying before the Education Committee of the Ohio Senate. And I have presented at state and national meetings of school board members.

My "day job" is serving as the Director of Athletic Training and Assistant Professor of Athletic Training at Muskingum University in New Concord. In that role I oversee the medical staff that provides clinical care to over 500 student athletes. I also direct the education program that is helping produce the next generation of athletic trainers. I have served as a consultant to two different hospital systems in Muskingum and Guernsey counties.

I have been an athletic trainer for almost 34 years. I have provided care to athletes of all ages suffering a variety of injuries including those who have suffered injuries to the brain. I began my professional career before Impact testing, SCAT, BESS and other functional testing was part of our vernacular. But today I find myself utilizing in clinical practice and teaching in the classroom what have now become the new standards of care for traumatic brain injury (TBI) and chronic traumatic encephalopathy (CTE) athletes.

So while my testimony today is representing school districts from all over Ohio I do so from the perspective of a healthcare provider.

I commend this committee for the important work you are charged to complete. The care of student-athletes suffering TBI and CTE is an important and timely topic. My testimony today will focus primarily on two areas. I would first like to address the expertise of the professionals who will be making decisions regarding the management of concussions and head injuries. Secondly I would like to discuss the responsibility school districts have in being sure that those providing for the care of student-athletes do so in a way that minimizes the potential for litigation against school districts.

It can be said without argument that there is a greater understanding about head injuries today than there was even a few years ago. Due to the constant change in that pool of knowledge it is therefore important that the medical professionals who manage the concussions involving young men and women are utilizing current best practices.

While many medical professionals will likely be involved in the care of head injuries I believe the licensed Athletic Trainer is an important and vital part of that team. The Athletic Trainer is not only uniquely qualified in the care of athletes, but they are also positioned at the "front lines" seeing their athletes sometimes on a daily basis. I appreciate the testimony given by my friend and colleague Dr. Brian Hertz. I would refer you to Dr. Hertz' testimony with regard to the education and continuing education required of all Athletic Trainers licensed by the state of Ohio.

East Muskingum Schools has employed or contracted for athletic training services for a number of years. Our current Athletic Trainer has been an important professional in helping ensure all injured athletes are cared for.

With regard to concussions and head injuries, under the supervision of our Athletic Trainer, our athletes receive baseline neurocognitive assessment to help provide the benchmark all our athletes need to reach in order to begin the safe return to competitive athletics. Our Athletic Trainer is aware of the medical history of each of our athletes, including the portion of the history that pertains to prior head injuries. Our athletic trainer also provides emergency management of head injuries, makes the appropriate referrals, serves as a resource for parents and coaches, and facilitates the care and gradual asymptomatic return to participation. There is no other person that our district employs or contracts for who can provide such services for the cost incurred.

Many school districts in Ohio enjoy the services of an Athletic Trainer. These services are obtained through many possible arrangements. Some are employed directly by the district in either a full or part-time basis. Others are contracted for through healthcare entities such as hospitals or private practice clinics. Some other districts have athletic trainers who reside in their community and volunteer their services. I can personally think of no better investment in resources with regard to the care of student-athletes in general or specifically concussion management than the placement of an Athletic Trainer in every school district in Ohio.

It is also important to remember that Athletic Trainers do not function in a vacuum. They work alongside a team of medical professionals. Many athletic trainers have the advantage of serving with a team physician. Others serve with a supervising physician. And then all athletic trainers have on hand a variety of medical specialists that help provide for the care of the injured athlete. But unique to the scholastic Athletic Trainer is the intimate involvement of the family physician. In reality the high school Athletic Trainer works directly with many of the physicians in a community. Because of this it is that much more important to have an Athletic Trainer coordinate the flow of information and injury status of all athletes. Given the current state law regarding concussion management the Athletic Trainer can also serve as an important resource to the individual physicians who may not be as familiar with the law.

A little discussed aspect of concussion management is the impact the injury has on the student-athlete when in the classroom. A greater understanding of concussion management and a student's ability to be academically successful needs to be shared by teachers, administrators, parents and medical professionals. Many districts are developing guidelines on absences due to TBI and options for alternate instruction. Current literature has taught us that student-athletes may perform poorly in the classroom and at times will have their concussion symptoms be worsened or prolonged by the continued demands of being a student.

As medical professionals and school districts we are also just learning the long-term implications of head injuries including chronic traumatic encephalopathy (CTE). Many of the CTE episodes may go unreported. Yet research is beginning to see the long-term effects on the CTE episodes on the young and immature brain.

School districts are the sponsors of the athletic teams these young men and ladies participate on. It is important that policies and procedures with regard to concussion management ensure that appropriate care is followed through on. While the value of the individual student is paramount it is also of concern that redress in the absence of appropriate care usually comes in the form of litigation. We see on regular basis law suits being brought against institutions years after athletes have matriculated. While most of the litigation reported by the media occurs at the professional and large university levels there is litigation occurring at the small college and scholastic levels as well.

School districts are at the mercy of assuming that capable physicians are making the accurate diagnosis and return to play decisions. So any guidelines that are established should ensure that only capable, well-trained physicians are given the authority to make these decisions. It cannot be a school district's responsibility to vet the qualifications of every medical practitioner who has the authority to sign a release to participate. So I welcome the charge to this committee that requires you to determine the minimal education requirements necessary to make such decisions.

I would like to address one other issue before concluding my remarks. I live on the edge of the Appalachian section of southeastern Ohio. Southeastern Ohio has a rich history and has produced many outstanding young men and women who have made their mark all over this nation. But it is also a section of Ohio that is underserved in many areas. That includes healthcare. Many school districts in southeastern Ohio are financially unable to provide athletic training services to their athletes. Many do not have the services of a team physician to provide quality care for competing athletes. The small-town family practice is becoming a thing

of the past. And many of the injured athletes must now travel a great distance to be seen by primary care or medical specialists that are in much greater abundance in metropolitan areas. I realize this issue and any recommendation of possible solutions is not under the charge of this committee. But you need to be aware of the difficulties realized by these underserved areas.

Thank you again for the opportunity to share with you. I will be happy to answer any of your questions.