



Ohio Youth Sports Concussion & Head Injury Return-to-Play Guidelines Committee

Final Guidelines Report

March 2015



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FOREWORD

March 15, 2015

Dear Governor Kasich,

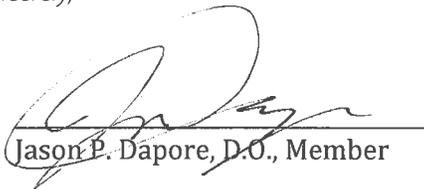
On behalf of the Ohio Youth Sports Concussion and Head Injury Return-to-Play Guidelines Committee (the Committee), we are pleased to submit for your consideration these recommended guidelines to help protect our vulnerable youth who participate in interscholastic and other organized sports activities.

HB 487, of the 130th General Assembly, charged the Committee with developing guidelines related to youth sports concussions. The law specified that those guidelines must outline the diagnosis and treatment of concussions; the conditions under which an athlete may be granted clearance to return to practice or competition; and 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.

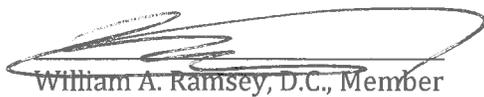
The guidelines submitted in this report were thoughtfully debated with the intent of protecting our youth from the harmful effects associated with head injuries sustained during athletic competition.

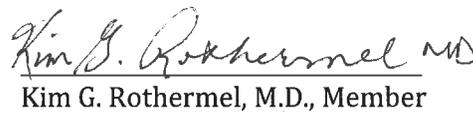
The Committee members would personally like to thank the members of the Ohio General Assembly and the Kasich Administration for giving us the opportunity to address this very important issue. We look forward to working with the executive and legislative branches in the future as we continue to explore ways to protect youth and adults from the harmful long-term effects of concussions.

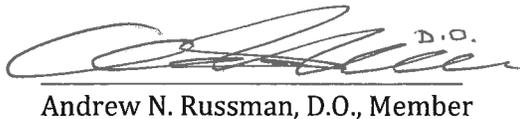
Sincerely,


Jason P. Dapore, D.O., Member


Eric D. Griffin, D.C., Member


William A. Ramsey, D.C., Member


Kim G. Rothermel, M.D., Member


Andrew N. Russman, D.O., Member


Brian S. Wilson, D.C., Member


Richard Hodges, Director of Health
Chair

History of Ohio's Current Youth Sports Return-to-Play Laws

HB 143: Physicians and licensed health care professionals acting in consultation with a physician can make return-to-play decisions.

(Stinziano, O'Brien, 129th GA) – Governor Kasich signed legislation in December 2012 establishing requirements related to youth sports concussions. The Ohio Department of Health (ODH) was required to develop a concussion information sheet and post links to concussion training for coaches and referees on its website. Under the law, youth may only return to play with written clearance from a physician or a licensed health care professional acting in consultation with a physician.

HB 487: Language establishing a concussion committee is signed into law and final authority is given to licensing boards.

(Brenner, 130th GA) - The Mid-Biennium Review (MBR) bill in 2014 required ODH to establish a concussion committee tasked with developing guidelines related to youth sports concussions. The new law was signed in June 2014 and specifies that individual licensing boards will determine whether their licensees may assess and clear youth athletes for return to play. If the boards make such a determination, the boards shall adopt rules equal to or more stringent than the Committee's guidelines.

The new law specifies that not later than one hundred eighty days after its effective date, the Committee shall develop and publish guidelines addressing issues with regard to athletes exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while participating in an interscholastic athletic event or an athletic activity organized by a youth sports organization.

The Committee's guidelines must specifically outline the diagnosis and treatment of concussions; the conditions under which an athlete may be granted clearance to return to practice or competition; and 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.



Process and Considerations: Committee Appointments

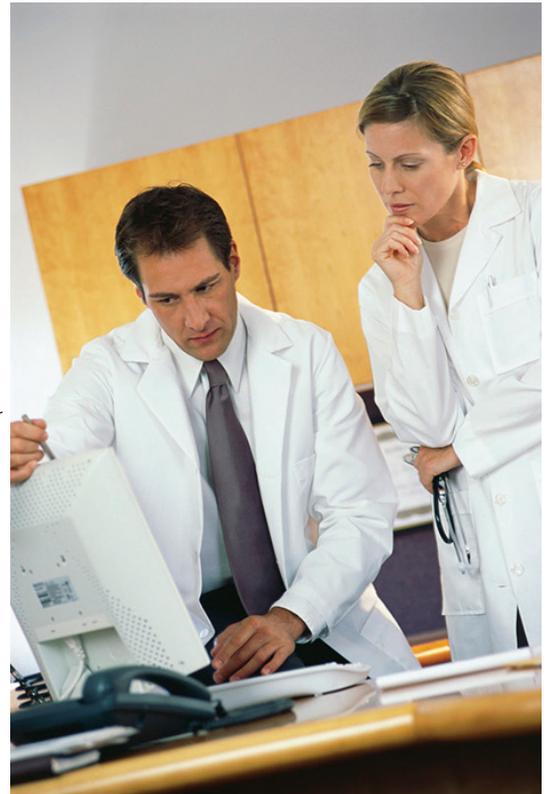
In accordance with Ohio's new youth sports concussion law, and through provisions established in Ohio Revised Code (ORC) 3707.521 (effective September 17, 2014), the Director of Health was tasked with convening a committee to address the diagnosis and management of concussions and head injuries sustained by athletes participating in interscholastic youth sports activities.

On September 26, 2014, the Director of Health made the following appointments to the Ohio Youth Sports Concussion and Head Injury Return-to-Play Guidelines Committee:

Andrew N. Russman	D.O.	A physician who practices as a neurologist
Kim G. Rothermel	M.D.	Representing the State Medical Board of Ohio
Brian S. Wilson	D.C.	Representing the State Chiropractic Board
William A. Ramsey	D.C.	A chiropractor in sports medicine
Eric D. Griffin	D.C.	A chiropractor with a background in neurology
Jason P. Dapore	D.O.	A physician who practices sports medicine

The Committee was faced with a substantial task and a tight timeline in which to complete its important work. In accordance with ORC 3707.521, the work of this Committee was required to be completed by March 16, 2015. The respective licensing boards are required to have supporting rules in place not later than September 17, 2015.

ODH Director Richard Hodges, who served as chairman of the seven-member committee, called to order the first meeting of the Ohio Youth Sports Concussion and Head Injury Return-to-Play Guidelines Committee on Friday, October 10, 2014. The chairman outlined the charge of the Committee and explained that their work would be instrumental in protecting the health and welfare of young athletes. He further noted that their charge was not an access issue, but rather a forum in which to develop evidence-based return-to-play guidelines. The Committee held subsequent meetings on November 7, 2014, December 18, 2014, January 16, 2015 and March 3, 2015 (the February 2015 meeting was canceled due to inclement weather). All meetings were held at the ODH offices in Columbus and were open to the public.



Process and Considerations: Committee Proceedings

Sports/Recreation-Related Traumatic Brain Injuries in Ohio

At its initial meeting, the Committee heard a presentation from Mbabazi Kariisa, PhD, an injury epidemiologist at ODH, related to the burden of fatal and nonfatal sports and recreation-related traumatic brain injuries (TBI) in Ohio (see *Figure 1*). This presentation discussed the background of TBI in youth athletes, including symptoms, common causes and the epidemiology behind these injuries.

Dr. Kariisa shared data reported in Ohio between 2002 and 2011 for all types of sports and recreation-related injuries that showed 11 deaths, more than 1,000 hospitalizations and more than 41,000 emergency department (ED) visits related to TBI. The information presented indicated a troubling trend throughout the 10-year period as the number of emergency room visits from sports-related TBI increased by more than 140 percent. It also was noted that an estimated 27,000 children have experienced a TBI but have not received medical care, leaving a number of youth athletes at risk for subsequent brain injuries and potentially devastating outcomes.

Figure 1: Fatal and nonfatal sports and recreation-related traumatic brain injuries in Ohio, 2002-2011

Emergency Department Visits:

From 2002 to 2011, 41,087 sports/recreation (S/R)-related traumatic brain injuries (TBIs) were treated in EDs among those 18 years and younger in Ohio, accounting for 15 percent of all ED-treated TBIs in this age group.

More than half (57 percent) of S/R TBIs treated in EDs resulted from sports activities.

On average, nearly 4,000 youths were treated in EDs for S/R-related TBIs each year, with a significant rise over the course of the study period: from 2,859 in 2002 to 4,813 in 2011.

Rapid increases in the number of ED-treated S/R-related TBIs were found primarily for sports activities from 2002 to 2011.

S/R-related TBIs resulting from sports activities accumulated the most ED treatment charges during the study period (\$33.6 million).

Hospitalizations:

1,188 or about 11 percent of TBI hospitalizations among those 18 years and younger resulted from S/R-related activities between 2002 and 2009, with an average of 148 hospitalizations per year.

While more than half (55 percent) of S/R-related hospitalizations resulted from pedal cycle (traffic and non-traffic) activities, one-quarter resulted from non-wheeled sports.

Fatalities:

From 2002-2011, 11 young Ohioans 18 years and younger died from TBIs associated with S/R activities. All of the fatalities were caused by traffic-related pedal cycle TBIs.

Process and Considerations: Committee Proceedings

The National Picture

At the second meeting of the Committee on November 7, 2104, Andrew Wapner, D.O., MPH, a physician administrator at ODH, discussed the state of the nation regarding return to-play-laws. Dr. Wapner noted that while every state has a law addressing concussions in youth athletes, there is wide variety in the context and requirements of the laws. Examples were shown from Massachusetts, Pennsylvania and New Jersey, to demonstrate some of this variability.



Dr. Wapner gave a brief overview of the Centers for Disease Control and Prevention’s **“HEADS UP to Clinicians: Addressing Concussion in Sports among Kids and Teens,”** training. This course is designed to give providers basic background on the causes, symptoms, management and prevention of concussion in youth athletes; and is available for free and for continuing education. Dr. Wapner’s presentation showed that most sport concussion laws include three action steps:

- **Educate Coaches, Parents, and Athletes:** It is important to inform and educate coaches, athletes, and their parents and guardians about concussion through training.
- **Remove Athletes from Play:** An athlete who is believed to have a concussion is to be removed from play right away.
- **Obtain Permission to Return to Play:** An athlete can only return to play or practice after at least 24 hours *and* with permission from a health care professional.

Process and Considerations: Committee Proceedings

In developing guidelines, the Committee considered nationally recognized standards for the treatment and care of concussions and head injuries. The Committee further reviewed the scope of practice of licensed health care professionals as it relates to qualifications to assess and clear an athlete for return to practice or competition under section 3313.539 or 3707.511 of the Ohio Revised Code.

In accordance with the requirements of the law, the Committee heard testimony and received input from all of the following:

- A physician certified by the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine who actively practices emergency medicine and is actively involved in emergency medical services;
- A physician certified in pediatric emergency medicine by the American Board of Pediatrics, American Osteopathic Board of Pediatrics, or American Board of Emergency Medicine who actively practices pediatric emergency medicine and is actively involved in emergency medical services;
- A physician certified by the American Board of Neurological Surgery or American Osteopathic Board of Surgery who actively practices neurosurgery;
- A physician who actively practices in the field of sports medicine;
- An athletic trainer licensed under Chapter 4755. of the Revised Code;
- A physical therapist licensed under Chapter 4755. of the Revised Code;
- A chiropractor;
- A registered nurse licensed under Chapter 4723. of the Revised Code who actively practices emergency nursing and is actively involved in emergency medical services;
- A representative of a youth sports organization;
- A representative of a school district board of education or governing authority of a chartered or non-chartered nonpublic school;
- Any other individual selected by the Committee who has interests that the committee considers relevant to its duties.

Note: See Appendix B for a complete listing of those who provided oral and written testimony.



Process and Considerations: Committee Proceedings

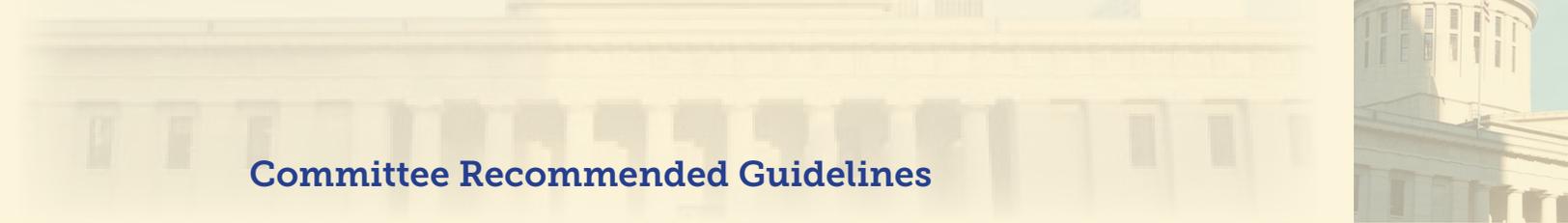
The Committee debated a number of issues in their effort to make the best recommendations for the protection and well-being of Ohio's youth who participate in interscholastic and other organized athletic activities. The following highlights some of the themes of those discussions.

Highlighted Committee Discussion on its Task and Scope of the Problem in Ohio

- The safety of the young athletes is the No. 1 priority.
- Concern with rural areas as many rural areas do not have team doctors.
- How will this affect their learning? A priority should be return to school first vs. return to play.
- HB143 is a great piece of legislation and we need to act in the best interest of our athletes.
- This is a serious matter and children need to be returned to play appropriately.
- We see repeated concussions and these school-age children are at risk.
- The proper diagnosis and treatment of concussions is very important for this committee

Highlighted Committee Discussion on the Development of Guidelines

- Allow for independence when we discuss who is qualified to make return-to-play decisions.
- Look at the guidelines through the lens of existing guidelines and consensus statements.
- The Zurich guidelines seem to be more detailed guidelines. They are the foundation.
- What is considered a national consensus?
- Guidelines should provide a structure with a clearance and return-to-play assessment.
- HB 143 is a strong foundation and we need to build on it.
- Chiropractic Diplomates have an additional amount of training and education and should be allowed to make return to play decisions independently.
- There should be a focus on long-and-short-term recovery.
- We need to keep up to date on best practices.
- Much of the data in the Zurich guidelines speaks to on-going education.
- Leave the determination of ongoing education to the appropriate licensing boards.
- There is a strong need for continuing knowledge building.



Committee Recommended Guidelines

After hours of thoughtfully listening to testimony, critically reviewing source materials and debating the issues, the Committee reached consensus. The Committee was careful to create guidelines that would remain consistent with the latest research and nationally accepted standards, and that could change and adapt as information and technologies evolve. The Committee therefore offers the following guidelines for managing concussions in Ohio's youth athletes:

Diagnosis and Treatment

The Committee debated and reviewed the best practices for the diagnosis and treatment of concussion in athletes with the intent of establishing a best practice guideline for return-to-play clearance for use in organized youth athletic activities in Ohio.

RECOMMENDED GUIDELINE: Providers will diagnose and treat concussion in athletes participating in youth sports in accordance with the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport, held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement. These "Standards of Care" will also determine the best practice for return-to-play clearance protocol.

Granting Clearance

The law required the Committee to determine which licensed health care professionals (LHCPs) meet the standards of care for independently—or in consultation—granting clearance for youth athletes to return to practice or competition.

RECOMMENDED GUIDELINE: Based on the experience and knowledge gained through their residency and other educational requirements, Physicians (M.D. or D.O.), Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and those Certified Chiropractic Sports Physicians who are listed on the American Chiropractic Board of Sports Physicians National Concussion Registry will be considered able to meet the recommended standards of care and able to independently clear youth athletes to return to play. All other licensed health care professionals must work in coordination or consultation with a physician (M.D. or D.O.) as written in HB 143. The Committee also recommends that all LHCPs use the model form developed by the Committee to document written clearance as required by Ohio law (See Appendix G).

Committee Recommended Guidelines

Minimum Education Requirements

The Committee additionally took up the charge to determine should all or some licensed health care professionals be required to have additional continuing education in this standard of care.

RECOMMENDED GUIDELINE: Due to the rapidly changing evidence base of concussion management in youth athletes, the Committee *encourages* licensed healthcare professionals in Ohio who treat concussed athletes to maintain a level of continuing education that keeps pace with this evolving issue. The Committee further *encourages* licensing boards to recommend to their respective licensees a model level of continuing education that is consistent with the continuing education recommendations reflected in the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport, held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

Consultation and Collaboration

One issue that was debated by the Committee centered on what was meant in HB 143 of the 129th General Assembly by the term, *in consultation with*, and *in collaboration with a physician*. This issue was of particular importance in that some members felt that by having the “*consultation*” language included in HB 143, it already authorizes many qualified health care professionals the opportunity to clear a patient as long as a physician (M.D. or D.O.) was part of the concussion management team. Lance Himes, ODH’s General Counsel, clarified the language regarding the law’s use of broad terms, including: *in consultation with a physician*; *pursuant to the referral of a physician*; *in collaboration with a physician*; or *under the supervision of a physician*. Therefore the Committee has agreed to keep coordination and consultation with a physician (M.D. or D.O.) as written in HB 143.



Appendix A: Committee Decision Matrix

Questions to the Committee	Information Source	Committee Considerations
What are/should be the guidelines for <i>consultation and coordination</i> with a physician?	HB 143 (129 th General Assembly) enacted R.C. 3313.539 (schools) and 3707.511 (youth sports organizations)	Consultation is not defined in law. However, these sections of law authorize a licensed healthcare professional to assess and grant clearance in accordance with the following: <ul style="list-style-type: none"> • In consultation with a physician • Pursuant to the referral of a physician • In collaboration with a physician • Under the supervision of a physician
Is there a best practice for the diagnosis and treatment of concussion in youth athletes? Is there a best practice for return-to-play clearance that should be adopted as guidelines by the committee?	Consensus statement on concussion in sport: The 4th International Conference on Concussion In Sport, held in Zurich, November 2012 (Zurich Guidelines)	The Zurich Guidelines outline the following: <ul style="list-style-type: none"> • Definition of Concussion • Symptoms and Signs of Acute Concussion • On-field or Sideline Evaluation • Evaluation in ED or Physician Office • Investigatory Tools • Neuropsychological Assessment • Assessment Tools • Concussion Management • Graduated Return to Play Protocol
Who are the Licensed Health Care Professionals (LHCPs) (other than physicians) who can meet these standards of care?	The educational curriculum and certification requirements of the licensee; testimony and other resource materials provided to the committee by subject-matter-experts and other interested parties.	Testimony, literature and other resource materials presented to the Committee outlined the minimum education requirement necessary to qualify a physician or other licensed health care professional to assess and clear an athlete for return to practice or competition.
Should all or some licensed health care professionals have additional continuing education in this standard of care?	Zurich Guidelines	As one of the most complex injuries in sports medicine to diagnose, assess and manage, the Zurich Guidelines state that health care providers must be educated to the detection of concussion, its clinical features, assessment techniques, and to the principles of safe return to play protocols. Ohio law provides that licensing boards may adopt rules establishing continuing education requirements for its licensees who assess and clear athletes.

Appendix B: Public Testimony

Oral Testimony was presented to the Committee by the following witnesses:

Brian Hartz, Dennison University, an athletic trainer licensed under ORC Chapter 4755, provided testimony.

Dr. Thomas Waters, Cleveland Clinic, an emergency medicine physician, provided testimony.

Dr. Bradley Raetzke, Ohio American College of Emergency Physicians (ACEP), a board certified emergency physician who actively practices emergency medicine and is actively involved in emergency medical services, provided testimony.

Dr. Kelly Roush, Holzer Sports Medicine Department, Gallipolis, a certified chiropractic sports physician and athletic trainer, provided testimony.

Dr. Michael Tunning, Ohio State Chiropractic Association, a chiropractor, provided testimony.

Scott Elchert, Athletic Director and head Men's Varsity Basketball Coach at Jackson Center High School, representing a youth sports organization, provided testimony.

Dr. Thomas Hospel, Medical Director, Dublin Jerome High School, a sports medicine physician, provided testimony.

Dr. Christopher Bailey, University Hospitals, Case Medical Center Neurological Institute, a neuropsychologist, provided testimony.

Dr. Thomas Pommering, Division Chief and Medical Director for Sports Medicine, Nationwide Children's, a physician who actively practices in the field of sports medicine, provided testimony.

Ryan Goodman, Physical Therapist for the Columbus Blue Jackets, a physical therapist licensed under Chapter 4755 of the ORC, provided testimony.

Matt Jones, Clinical Nurse Manager for Emergency Department at Grant Medical, on behalf of a registered nurse licensed under O.R.C Chapter 4723, who actively practices emergency nursing and is actively involved in emergency medical services, provided testimony.

Jeffrey Rosa, Executive Director for the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board, provided testimony.

Brian Burger, BSN, RN, CCRN, on behalf of a registered nurse licensed under O.R.C Chapter 4723, who actively practices emergency nursing and is actively involved in emergency medical services, provided testimony.

Kenneth Blood, East Muskingum Local Schools Board of Education, representing a school district board of education, provided testimony.

Appendix B: Public Testimony

Ronald Ross, Ph.D., Executive Director, Ohio Board of Psychology, provided testimony.

Dr. Mark Korchok, Diplomate of the American Chiropractic Board of Sports Physicians, provided testimony.

Tom Dilling, Ohio Board of Nursing, provided testimony.

Greg Palkowski, Ohio State Chiropractic Board, provided testimony.

Dr. Joseph Congeni, Director of the Sports Medicine Center at Akron Children's Hospital, provided testimony.

Written-only testimony was submitted by:

Mr. John DeWitt, a physical therapist licensed under ORC Chapter 4755, on behalf of the Ohio Physical Therapy Association.

Dr. Mary L. Solomon, a pediatric sports medicine physician, on behalf of University Hospitals of Cleveland.

Dr. Anastasia N. Fischer, Physician with the Division of Sports Medicine at Nationwide Children's Hospital.

Dr. Brian Wilson, Committee member, representing the State Chiropractic Board, shared a letter from Dr. Mark Christensen, National Board of Chiropractic Examiners (NBCE), Director of Testing, to Kelly Caudill, Executive Director, Ohio State Chiropractic Board.

Dr. William Ramsey, Committee member, representing the State Chiropractic Association, presented the Committee with a letter from the American Chiropractic Board of Sports Medicine.

Ruben J. Echemendia, Ph.D., director, Comprehensive Concussion Care, University Orthopedics Center, State College, PA, provided written testimony.

Ronald Ross, Ph.D., Executive Director and **Alice Randolph, Ed. D., President of the Ohio Board of Psychology** submitted letter of support.

The Inter Organizational Practice Committee (IOPC) submitted letter of support.

Shanna Miskovsky, M.D., Head Team Physician, Case Western Reserve University submitted letter of support.

NOTE: Copies of the full testimonies and other Committee materials can be found on the ODH website at: <http://www.healthy.ohio.gov/vipp/concussion.aspx>.

Appendix C: References and Sources

References:

1. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. To access a PDF version visit: <http://atsnj.org/documents/pdf/ZurichGuidelines2013.pdf>
2. ORC 3313.539: Concussions and school athletics
3. ORC 3707.511: Concussion awareness, training and procedures in youth sports organizations
4. ORC 3707.521: Guidelines for athletes sustaining concussions or head injuries
5. Centers for Disease Control and Prevention HEADS UP to Youth Sports: Online Training; available at <http://www.cdc.gov/headsup/youthsports/training/index.html>
6. Sports Related Concussions and Head Injuries, Massachusetts Health and Human Services; available at <http://www.mass.gov/sportsconcussion>
7. Youth Sports Concussion Laws in PA, NJ; The Children's Hospital of Philadelphia, April 2014; available at <http://www.chop.edu/health-resources/youth-sports-concussion-laws-pa-nj#.VPRrJkDwuHs>
8. TBI-related data obtained from Vital Statistics, Ohio Department of Health; and Ohio Hospital Association
9. Additional information on state concussion laws obtained directly from the National Conference of State Legislatures
10. IMPACT Concussion Management Model: <https://www.impacttest.com/about/Concussion-Management-Model-3>
11. Scat 3: Sports Concussion Assessment Tool 3rd Edition is available at <http://example5.com/scat-3-sports-concussion-assessment-tool-3rd-edition-l12540.htm>
12. HEADS UP to Health Care Providers: Tools for Providers is available at <http://www.cdc.gov/headsup/providers/tools.html>
13. Summary of evidence-based guideline update: Evaluation and management of concussion in sports: Report of the Guideline Development Subcommittee of the American Academy of Neurology
14. National Athletic Trainers' Association Position Statement: Management of Sport Concussion 2014

Appendix D: Committee Members



Jason P. Dapore, D.O.

Dr. Jason Dapore is a fellowship trained sports medicine physician with OhioHealth Sports Medicine. He has held a special interest in youth sports concussions and offered testimony in support of House Bill 143. He has been awarded the Team Physician Award by the Ohio Athletic Trainers' Association and is a member of Columbus Business First's "Forty Under 40" Class of 2013. He serves as the physician representative on the AT section of the OT/PT/AT Board. He serves as team physician for the Columbus Blue Jackets and sees athletes of all ages at the McConnell Spine, Sport & Joint Center.

Eric D. Griffin, D.C.

Dr. Eric Griffin maintains a full-time chiropractic practice in Tiffin, OH. After attending The Ohio State University, he enrolled at Palmer College of Chiropractic in Davenport, Iowa. In 2006 he began studying Chiropractic Neurology with the Carrick Institute for Graduate Studies, completing his Diplomate in Chiropractic Neurology in 2009. He is currently studying for a fellowship in concussion and traumatic brain injury through the Carrick Institute. In addition to full-time practice, he also is involved in public health, serving as President of the Board for the Seneca County General Health District.

Richard Hodges, MPA

Richard Hodges was appointed by Ohio Governor John R. Kasich in August 2014 to serve as the Director of the Ohio Department of Health (ODH). Mr. Hodges has served in a range of management roles, including senior positions in healthcare administration. In his role as state health director, Mr. Hodges oversees an agency with more than 1,100 employees who work together to protect and improve the health of all Ohioans. Prior to joining ODH, he served as Executive Director of the Ohio Turnpike and Infrastructure Commission. Mr. Hodges also served as a state representative in the Ohio legislature from 1993 to 1999.

Appendix D: Committee Members

William A. Ramsey, D.C.

Dr. William Ramsey is licensed to practice Chiropractic medicine in the State of Ohio and is a Certified Chiropractic Sports Physician. Dr. Ramsey grew up in Southeastern Ohio and graduated from Oak Hill High School in Jackson County. He attended Mt. Vernon Nazarene University and later received his undergraduate degree in biology from Palmer College in Davenport, Iowa. While attending Palmer, he studied as a sports injury intern and in 2003 received his Doctor in Chiropractic. Dr. Ramsey practices in Athens, Ohio with Holzer Medical System-Athens and has been a team doctor for area high schools for the past ten years.

Kim G. Rothermel, M.D.

Dr. Kim Rothermel, a Summa Cum Laude graduate of Muskingum University, received her M.D. degree from Rush University in Chicago. She trained in Pediatrics and Pediatric Hematology/Oncology at Nationwide Children's Hospital and is board certified in both. Her practice, Ohio Center for Pediatrics, was a founding member of Central Ohio Primary Care Physicians Inc. Dr. Rothermel served as President of the Medical Staff at Nationwide Children's Hospital and Chairs the Credentials Committee of the Medical Staff. She is on the Board of Muskingum University and served on the Board of the Columbus Medical Association. She currently serves as a member of the State Medical Board of Ohio.

Andrew N. Russman, D.O.

Dr. Andrew Russman is the Co-Medical Director for the Concussion Center at the Cleveland Clinic, in Cleveland, Ohio. He has joint appointments in the Departments of Neurology and Orthopedic Surgery. Dr. Russman is board-certified in Neurology, and subspecialty board-certified in Brain Injury Medicine and Vascular Neurology by the American Board of Psychiatry and Neurology. Following completion of his neurology residency and fellowship training at the Cleveland Clinic, he was a senior staff physician at Henry Ford Hospital in Detroit, Michigan. During his tenure at Henry Ford Hospital, he served as the Director of the Sports Neurology Program, and the primary neurological consultant to the Detroit Lions of the National Football League, and the Detroit Tigers of Major League Baseball. He cares for athletes at every competitive level, and serves a primary role in managing return to play after concussion.

Brian S. Wilson, D.C.

Dr. Brian Wilson has been in practice for over 16 years. He is graduated from the Palmer College of Chiropractic in Davenport, Iowa. In 2012, Dr. Wilson was appointed by Gov. John Kasich to the Ohio State Chiropractic Board. In addition to his practice as a chiropractor, Dr. Wilson is actively involved in many community organizations such as Rotary Club (former President), Township Trustee, and member of the Board of Elections in his county.

Appendix E: Committee Vote

On Tuesday March, 3, 2015, the Committee took a vote on acceptance of the recommended guidelines:

Jason P. Dapore, D.O. Member YES

Eric D. Griffin, D.C. Member YES

William A. Ramsey, D.C. Member NO

Kim G. Rothermel, M.D. Member YES

Andrew N. Russman, D.O. Member YES

Brian S. Wilson, D.C. Member YES

Richard Hodges, Director of Health Chair YES

Note: The members voted unanimously (7-0) to accept the final report of the Committee.

Appendix F: Acknowledgments

The Ohio Youth Sports Concussion & Head Injury Return to Play Guidelines Committee would like to give special recognition to the following individuals for their assistance in supporting the work of the group.

Melissa Bacon, ODH, Chief Policy Advisor

Carol Brock, ODH, Office of Government Affairs and Committee Secretary

Jolene DeFiore-Hyrmer, ODH, Program Administrator, Violence and Injury Prevention Program

Dr. Mary DiOrio, ODH, Medical Director

Lance Himes, ODH, General Counsel

Robert Jennings, ODH, Office of Government Affairs

Mbabazi Kariisa, ODH, Injury Epidemiologist

Sara Morman, ODH, Violence and Injury Prevention Program Manager

Elsie Stiger, ODH, Electronic Design Specialist

Dr. Andrew Wapner, ODH, Physician Administrator

The Committee would also like to thank the many interested stakeholders who took the time to attend the meetings and to provide important testimony and resources.



Appendix G: Model Clearance Form



MEDICAL CLEARANCE TO RETURN TO PLAY AFTER SUSPECTED CONCUSSION

The State of Ohio requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until he or she has been evaluated by a licensed health care professional (LHCP) and receives written clearance from that LHCP authorizing the youth athlete's return to physical participation in the athletic activity. **This form is to be used after an athlete has been removed from an athletic activity due to a suspected concussion.**

Youth Athlete Name: _____ DOB: ____ / ____ / ____.

School/Organization: _____ Date of Injury: ____ / ____ / ____.

For the concussed athlete, medical clearance will only be provided with completion of a graduated return to play plan. The youth athlete must be completely symptom free and meet criteria for returning to play as defined in the approved guidelines.¹

Date youth athlete completed graduated return to play without recurrent symptoms: ____ / ____ / ____.

I HEREBY AUTHORIZE THE ABOVE NAMED YOUTH ATHLETE FOR RETURN TO PLAY TO YOUTH SPORTS ACTIVITY

Licensed Health Care Professional signature: _____ . Date: ____ / ____ / ____.

Print Name: _____.

Check one MD/DO DACNB/DACBSP/CCSP* Other: _____.

Address: _____.

Name of MD/DO providing consultation/coordination/supervision/referral (if not person completing this form; please print): _____.

¹Guidelines refer to the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

*Physicians (M.D. or D.O.) and Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and Certified Chiropractic Sports Physicians who are listed in the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry meet the recommended standards of care and are able to independently clear youth athletes to return to play.

This form may be reproduced and can be found on the Ohio Department of Health's website at:
<http://www.healthy.ohio.gov/vipp/concussion.aspx>



Notes





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