HeadsUp NY: Referrals and Educational Resources

Commissioner’s Medical Grand Rounds
Albany Medical Center November 15, 2017
Andrew M. Hess PhD Co-Chair BIANYS Concussion Initiative
30 Second Instant Replay

- Familiar now with concepts of RTL and RTP within Berlin Consensus Guidelines

- Concussion Management in todays:
  - Medical-Educational-Legal Context
  - Emphasis on Individualized Management

- Changes in safety in amateur sports often follow tragedy: E.g. Death of Harold Ransom Moore, a Union College football player who died on 11/25/1905 in game vs. NYU at Columbia Univ.

- So too today: Lystedt Law passed in Washington State in 2009 tragic injury to Zackery after returning to football game after sustaining an apparent concussion during the first half
By 2014 all 50 States and D.C. each had their version of Concussion Management based on Lystedt Act


3 Key Aspects:

- Education on prevention & management of concussion.
- Immediate removal from play if concussion is suspected.
- Return to play after 24 hours symptom free & MD clearance.
NYS Medical Context

- NYS “powerhouse” TBI Model Centers (NYU), Model Systems (Mt.Sinai) & research (UBuffalo)

- MDs have a critical & pivotal role in providing educational information AND managing concussions for school aged children & student/athletes.

- Whether ED, PCP, or district Medical Director

- Law has flaws: applies only to public schools not private schools & youth sports, weak MD & school physician training, and lack of knowledge in both the prior RTL and RTP protocols & changes with Berlin!
Where to find the Standards?

CDC & Professional Societies


Free Concussion Resources for Health Care Providers

www.cdc.gov/HEADSUP
General Resources: Managing the Recovering Student in RTL & RTP

- Berlin Guidelines: British Journal of Sports Medicine
- BIAUSA Concussion Information Center
- Upstate University Hospital Concussion Management Program. Concussion in the Classroom. [www.upstate.edu/concussion](http://www.upstate.edu/concussion)
- University of Pittsburgh Sports Concussion Management Program: Resources for computerized testing (i.e. ImPACT) [www.upmc.com](http://www.upmc.com)
Complex Cases and/or “Slow to Recover” Patients

- Recovery can be predictably slow in complex etiology (e.g. MVA), prior history of concussion(s), migraine, affective disorders, or LD/ADHD.

- Children & teens: estimates for recovery 2-4 weeks (O’Neill, 2017). Patients not progressing or predictably slow, need to consider referring to specialist or interdisciplinary concussion center @ 3 weeks: Sports Med. Centers, Pediatric Neurology Centers or Rehabilitation Hospitals w/ Concussion Clinics.

- Parent Ed: CHOP Concussion Care for Kids: Minds Matter
  [www.chop.edu/centers-programs/concussion-care-minds-matter](http://www.chop.edu/centers-programs/concussion-care-minds-matter)

Secondary Prevention

• All comfortable about primary prevention talks (e.g. bike & ski helmets, safe sports equipment, “Feet first, first time”)

• After the second concussion or other injuries, is there an honest discussion of why the student/athlete has now had 2+ concussions???

• Are we discussing risk factors such as style of play? over scheduling? playing on multiple travel teams? “playing up”? or other risk factors?

• Are you calling school MD/NP asking about districts“sports culture” & need for emphasis on safety & rule enforcement.
Additional Educational Resources for Parents & Students

- BIANYS Concussion Initiative & Youth Advisory Group  www.bianys.org


- CDC: Resources and trainings for school professionals, youth sport coaches, students/families, and HCP  www.cdc.gov/headsup

- NYSPHSAA (See the Handbook):  www.nysphsaa.org

- Mom’s Team: Youth Sport Concussion Safety Center (Wealth of Resources for Parents, Coaches & Professionals)  www.momsteam.com

- Additional Resources in Appendix/Handout
Don’t be like Dr. Harry