



“FOOTBALL IS MINNESOTA’S GAME”

## “Concussions: Age Old Problem, New Sense of Urgency”

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It is not difficult at all to pick up a sports magazine or the sports page of the newspaper and find a new article on the lingering effects of concussions on current and former professional and amateur athletes. Whether the problem is growing or awareness is heightening is hard to decipher. Many schools are fortunate to have an Athletic Trainer or other advanced medical staff at athletic events, but for many schools, it falls upon the coaches to deal with this issue.

The word ‘concussion’ is really only a description of what is happening to the brain during a traumatic event. The injury is actually a mild or moderate brain injury. The difficulty in the medical profession is that the injury rarely shows up on any radiological scans (x-ray, MRI, CAT SCAN) as a clearly identifiable condition. Yet there are signs and symptoms that need to be recognized.

What you as a coach observe and what the athlete reports following a head injury is very important. We all know that most athletes will under-report their symptoms in order to continue to play. They may not tell you they have a headache, are nauseated, or are feeling sluggish. You, then, need to recognize other signs such as confusion, clumsy movements, or behavior changes. The Center for Disease Control has excellent resources for coaches and parents related to concussions, including a list of signs and symptoms on their website at [www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)

Return to play decisions can be very difficult. An athletic trainer, team physician, or family physician are the best resources for these decisions, as most are trained in this area. Care should be taken, as not all medical professionals on the sidelines have been trained specifically in return to play criteria. Emergency Medical Technicians (EMT), most

RN’s, and even some MD’s have had little training to help make these decisions. The Minnesota State High School League has published a guide for help in this area, “Concussion Management Recommendations for MSHSL Athletes” Find the complete document at [www.mshsl.org/mshsl/publications.asp](http://www.mshsl.org/mshsl/publications.asp), in the list of Medical/Physical forms.

The more that is learned about these types of mild brain injuries, the more we see the importance of prevention. While football helmet manufacturers will never create a “concussion proof” design, recent research has shown that some of the newer helmets do have an effect in limiting the number of concussions. Interestingly, the severity of concussions was not seen to decrease. (Journal of Neurosurgery, February 2006, Micheal Collins et al.)

Another area of interest is baseline pre-season testing. Basically, this is testing an athlete’s ability to perform memory and reaction-time skills in an uninjured condition. The data is saved and can be used to compare to the same test performed while in an injured state. This is not the only criteria to be used for return to play, as signs and symptoms present after the injury are the primary concern. Some of the products out there for baseline testing are Headminders, IMPACT, CogSport, and ANAM.

Finally, improving techniques in tackling, blocking, and other contact events in football can be one of the most significant ways to prevent concussive head injuries. Similar to spinal cord injuries, correctly taught football tackling skills can decrease your injury rates in measurable ways.

Concussions will probably always follow contact and collision sports but it will be possible to lessen the severity and decrease return to play time by heightened awareness and recognition of the signs and symptoms. A little rest in the short term can save a season.