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# Concussion Experts Praise, Criticize NJSIAA Guidelines

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Created 08/18/2010 - 20:06

Rider:

Applaud Policy Efforts But Express Concern Over "Cookie-Cutter" Return-to-Play Guidelines

Plainsboro, NJ. August 5, 2010 -- A panel of renowned medical experts in the field of sports related concussion both praised and criticized the recent [concussion policy](#) [1] introduced by the New Jersey State Interscholastic Athletic Association (NJSIAA) at a sports concussion summit in Plainsboro.

The 2010 Sports Concussion Summit, convened by the Athletic Trainers' Society of New Jersey (ATSNJ), was attended by over 200 health care providers, and came less than two weeks before to the start of the 2010 fall high school sports season.

Among the topics discussed by the panel, which included [Dr. Robert Cantu](#) [2], Medical Director of the National Center for Catastrophic Sports Injury Research and Co-Director of the Neurological Sports Injury Center, was the recent [concussion policy](#) [1] introduced by the New Jersey State Interscholastic Athletic Association (NJSIAA).

## Each concussion is different

While all experts applauded the NJSIAA for their efforts in concussion education and school policy development, many expressed concerns over the policy's return to play guidelines.

"To say all concussions are the same and should be treated in 'cookie cutter' fashion is inaccurate," said Dr. Cantu referring to the [NJSIAA graduated return-to-play guidelines](#) [1], which require athletes to sit out a minimum of 12 days for all concussions. The 12 days include being symptom free for seven consecutive days and engaging in a graduated-intensity exercise program without concussion symptoms for five consecutive days.

"If there's anything I have an issue with, with regard to what I think are great steps forward in your state, [it] is trying to say all concussions are the same by saying this is how long you have to stay out. I think the number of concussions, severity of concussions, proximity of concussions -- [all those things need to be factored](#) [3] in to the return to play criteria," added Cantu.

## Move in wrong direction?

Dr. Robert Franks, Director of the Concussion Program and Assistant Director, Sports Medicine of Cooper University Hospital, agreed. "The NJSIAA document gets away from the spirit of what we have been trying to do the past few years by getting away from individualized concussion management [3] by going back to mandating care."

Dr. Barry Jordan, Director of the Brain Injury Program of Burke Rehabilitation Hospital and Chief Medical Officer of the New York State Athletic Commission, concurred that the policy "gets away from individualized plans as well as not taking into effect the differences of sports."

Dr. Jill Brooks, a neuropsychologist who maintains a private practice in Gladstone and is on the NJSIAA's medical advisory committee that helped develop and adopt the policy, admitted the guidelines may be "more structured", but said that's appropriate when dealing with high school athletes. "It's a guideline, a place to start. We have plenty of people out there who don't use anything," Brooks stated.

Dr. Joseph Rempson, co-medical director and co-founder of the Atlantic Health Care Sports Concussion Center at Overlook Hospital in Summit, likes what the NJSIAA is doing, but believes it can be modified to be even better. Rempson stated that his concerns stem from the return-to-play guidelines, which he feels intrude on the clinical judgment of physicians and athletic trainers. "Each concussion is different and thus you have to have individual care," he said.

Dr. Robb Rehberg, a professor at William Paterson University and ATSNJ Past-President, expressed the ATSNJ's support of concussion education and school policy development but stated, "I believe the NJSIAA intended the guidelines to be a dynamic document and the concerns from the medical experts today show it needs to be dynamic now, not a year from now."

Rehberg added, "We would feel more comfortable if concussions were left to the expertise of physicians and health care providers who are trained in concussion." He also emphasized the ATSNJ's position that the best way to ensure the safety of student athletes is to have a licensed athletic trainer [4] on staff. "It's unfortunate that, due to the economic crisis in the state, some athletes will begin their season with no health care provider on site to prevent, evaluate and manage concussions or other serious injuries," Rehberg said referring to the recent layoff of several high school athletic trainers.

## Discouraging self-reporting feared

Some of the experts were concerned that the pre-determined return to play criteria may decrease a student-athletes willingness to report their symptoms [5]. Dr. Per Gunnar Brolinson, Head Team physician at Virginia Tech University, articulated concerns with the NJSIAA policy saying, "when medical issues are legislated too tightly you run the risk of driving the diagnosis (concussion) underground." Rehberg agreed, adding that the mandatory 12-day return to play requirement will undoubtedly cause some athletes to think twice before reporting symptoms.

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Source: PRWeb

*Created August 18, 2010*

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