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## **PANEL OF MEDICAL EXPERTS ADDRESSES CONCUSSION GUIDELINES AND MANAGEMENT**

Plainsboro, NJ, August 2, 2010 – A panel of renowned medical experts in the field of sports related concussion presented the latest scientific evidence in practical concussion management techniques, at the Athletic Trainers' Society of New Jersey (ATSNJ) 2010 Sports Concussion Summit in Plainsboro. The ATSNJ held the Sports Concussion Summit as a means to educate physicians and health care providers who play a role in the management of sports related concussion. Over 200 health care providers attended this event which was held less than 2 weeks prior to the start of the 2010 fall high school sports season.

Among the topics discussed by the panel which included Dr. Robert Cantu, the 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 introduced by the New Jersey State Interscholastic Athletic Association (NJSIAA). 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” according to Cantu, referring to the NJSIAA graduated return to play guidelines, which require athletes to sit out a minimum of 12 days for all concussions- seven consecutive symptom-free days followed by five days in a graduated-intensity symptom-free exercise program. “If there's anything I have an issue with, with regard to what I think are great steps forward in your state 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 in to the return to play criteria.” added Cantu

Dr. Robert Franks, the Director of the Concussion Program and Assistant Director, Sports Medicine of Cooper University Hospital agreed with Cantu, adding, “ 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 by going back to mandating care.”

Dr. Barry Jordan, the 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.”.

(more)

Dr. Jill Brooks, a neuropsychologist who maintains a private practice, in Gladstone, New Jersey 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, NJ 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 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.

Some of the experts were concerned that the pre-determined return to play criteria may decrease a student-athletes willingness to report their symptoms. Dr. Per Gunnar Brolinson, the Head Team physician at Virginia Tech University articulated concerns with the NJSIAA policy concluding "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.

#### **ABOUT THE ATHLETIC TRAINERS' SOCIETY OF NEW JERSEY**

ATSNJ, Inc. consists of Licensed Athletic Trainers, physicians and other allied health care professionals whose goal is to promote quality healthcare for athletes in any setting. For more information, visit the ATSNJ on the web at [www.atsnj.org](http://www.atsnj.org)

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