PLEASE: No More Concussion Discussions!

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INTRODUCTION

Has the health care profession forced parents of high school athletes to become hardened to the problems of sports concussion? Recently the Brain Trauma Foundation [1] published current data on the growing problem with concussions in sports, which is very concerning.

Their findings included

- Concussions are the most under reported, under diagnosed and underestimated head injury
- Concussions accounts for 90% of all TBI's
- 4 million athletes suffer concussions annually
- 20% of patients diagnosed with one do not fully recover

Educators, armed with this type of information, would believe the parents of athletes would eagerly search for additional information on concussions and flock to in-services and educational sessions. Unfortunately, that has not been our experience when attempting to educate the local parents. We searched for a reason for this phenomenon and identified a common theme.

Talking to high school athlete parents revealed an overwhelming theme. We have successfully educated them on the hazards of concussions, [2, 3-5] to the point many have developed guilt in allowing their child to participate. Some even feel they need to defend the decision to allow their child to play a sport he or she loves and provides significant benefits. This has caused many parents to develop a harden shell when it comes to hearing additional information about concussions. They will attend the mandatory meetings and take the mandatory information, but several stated please do not place any more pressure on me or on my decision to allow my child to play. This sentiment has carried over to educational programs that the focus is geared towards prevention. Being these events are not mandatory, several parents stated as soon as they heard it pertained to concussions, elected not to go believing they will again be exposed to discussions on risks and negatives of playing sports with little to no discussion on prevention or benefits.

MAKING A COMPARISON

Motor vehicle accidents continue to be the number 1 killer of our school age population. [6] We have developed a balance in our education of the hazards associated with teenage driving and preventative measures. For example, several educational videos show accidents with severely injured teenagers. There is equal if not more educational programs explaining the benefits of seatbelts, importance of not texting and driving, and the laws regarding the number and type of passengers a teenage driver is allowed. Also there is information on methods to drive in poor road conditions, laws on using alcohol and control substances while driving, and the list goes on. There is a sense of balance between the hazards and prevention. The parents of these teenagers understand the risks, but also understand there are methods to reduce the risks. This keeps them open to new ideas and willingness to listen and learn how to make the situation better. In sports we have highlighted the risks, with limited to no methods on how to balance the risk-benefit. Therefore several parents chose to disengage themselves from the discussions in a method to reduce the guilt feelings they have for allowing their child to play.

To test this theory, we did some investigation with a survey within our health care system to see what the understanding of concussion management was for our employees. A short survey was completed using our e-mail system. It was strictly volunteer to participate, the results where blinded, and no incentives for participation were provided.

About our health care system:

- Is a multiple hospital system located in 4 separate facilities in two counties
- Is a referral center for trauma, cardiac, neonatal, advanced rehabilitation
- Operates an outpatient concussion clinic
- Is a teaching facility with programs focusing on community health
- Level one Trauma center

EXPLAINING THE RESULTS

Majority of the respondents >73% are parents of children who participate in sports, but only approximately a third received information on concussions. You have to wonder why? There was a large percentage of the respondents who personally
knew a child who suffered a concussion (>42%) but only 50% felt they had the knowledge of were to recommend treatment. This was concerning considering the concussion clinic is not only part of our directory but information was part of our internal news letter and informational ads are placed in the local papers. A real concerning fact related to the number of respondents who felt they knew where to refer an injured athlete. Even though the response was lower than expected (50%) many advised sending the child to the emergency department or trauma clinic, not the designated concussion clinic. An added concern was the number of respondents that searched for additional information (<21%). We felt this again was a direct relationship to the environment we have developed of “PLEASE No more concussion discussion”.

Although this was a limited survey of healthcare professionals within our medical system, we believe it is a true representation of the knowledge base of student athlete’s parents of the region. It is evident that concussion information was readily available to the respondents yet the results clearly demonstrated we failed to get the proper message across thus reinforcing our theory that parents just don’t want to hear it.

Better approach

Explaining the potential risks of sports is mandatory but making this the primary focus and repetitively presenting the same material causes the participants to become disengaged. The scare tactic approach will not accomplish the goal of increasing the knowledge of the parents. We need to understand the pressures the parents are under to do what is best for their child and balance these with risks of the activities. We also need to understand that high school sports is an important part of many students lives, and when given the choice of potentially getting injured verses not playing, they will decide to play. A balance needs to be developed of providing the information on concussions with information on methods to reduce the risks. Much similar to the material presented on teen driving. The current problem is there is little research on prevention. Many view the problem as unpresentable. Others concentrate on pre and post cognitive testing, or early detection methods. Although important concepts, these do not address prevention methods.

What is next?

President Obama in June of 2014 made a decree for improved research on concussions. Saying he wants kids to play sports but play safely, he supports more and better research. He emphasized the goal of increasing the knowledge of parents, coaches and players about concussions. This is a novel goal, but this author feels the approach needs to be changed to include prevention research to optimize the outcome. In other political support, Senators Casey and Hatch introduced a bill to reauthorize the traumatic brain injury program. This bill supports critical activities to improve prevention, educate communities, and support individuals with TBI. The senators recognized that “student athletes playing the sport they love” need additional protection and prevention is a major aspect of this legislation.

These new political initiatives should motivate us to take the next step in searching for methods to make youth sports safer. The problem has been identified, there is a plea for changes, we need to be the agent of change and re-focus our energies on finding methods on prevention of injuries including concussions in youth sports

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REFERENCES

1. The Brain Trauma Foundation Improving the outcome of Trauma Brain Injury patients Concussion Information. Accessed March 15, 2014.