



News For You! From CRC



MARCH 2013

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MARCH: NATIONAL ATHLETIC TRAINING MONTH MANAGEMENT OF CONCUSSIONS



Victor Liberi MS,
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Concussions in sports are nothing new. However, the treatment for this epidemic is evolving daily. No longer do we consider a concussion a badge of honor as perhaps our fathers and grandfathers did. Concussions are serious and potentially life changing, even life threatening. High profile sports such as the NFL and NHL have made recent rule changes to better manage this injury. Forty two of the 50 states have legislation regarding the treatment of concussions. The state of Michigan recently passed a bill (House Bill 5697) mandating education and mandatory removal of potentially concussed athletes pending further evaluation by a licensed healthcare provider. Concussions are clearly a main focus of today's athletic healthcare.

Concussions are mild traumatic brain injuries (MTBI), simply defined as "a disruption in normal brain function" or "any abnormal sensations following contact, rapid acceleration or deceleration of the head." Signs and symptoms are vast and may be very subtle:

Headache, ringing in ears, dizziness, Sensitivity to light or noise, blurred, discolored, narrow vision, nausea, balance and coordination problems, memory problems, confusion, inability to process information, Speech abnormalities, Loss of consciousness (although most never do), A feeling that things "just aren't right"

In addition, long term complaints may include:

Sleep or mood disturbances, Fatigue or inability to concentrate, Depression or irritability, Poor academic performance

Education is currently the predominant focus. Those who care for our children must utilize accurate and up to date information on the management of concussions. Presently, only 10-25% of concussions are diagnosed, meaning most go unreported. Fact is, "we are terrible at diagnosing concussions," states Chris Nowinski. Mr Nowinski, along with Dr. Robert Cantu, is a co-founder of the Sports Legacy Institute (SLI), a Boston University based non-profit that works to raise awareness about concussions and their long term effects. The SLI is well-known for collecting and analyzing brains of deceased athletes many of which are ex-NFL players.

There are inherent challenges in diagnosing concussions. Today, a significant barrier to a resolution is altering the culture of sports. Proper management of a once considered nuisance of contact sports will require a major change in attitude. Getting "dinged" or "your bell rung" is no longer acceptable and should be evaluated as a concussion until ruled out. Again, by definition, any abnormal disruption or sensation can following contact to the head should be considered a concussion. Withholding athletes from competition for once considered minor complaints can be considered unacceptable behavior to the previous generations of coaches, athletes, or parents. In addition, no athlete wants to voluntarily take themselves out of play, toughness is a core value of sports. Asking an athlete, "are you OK?" usually produces a "yes" answer. Therefore, we have to protect athletes from themselves. When in doubt hold them out.

My 20 year experience as an athletic trainer has taught me that withholding an athlete from competition can be an emotional and difficult decision for even the most knowledgeable. This decision should be reserved for an objective party. Coaches, parents, and athletes, I have been all three, cannot make objective decisions. Coaches want to win and are often paid to do so. Parents want what their children want, and that is to play and ultimately be happy in the moment. This lack of objectivity is normal, human and very common. Seek an athletic trainer should your child sustain a concussion. They are the only licensed medical professionals who are universally trained to deal with concussions from diagnosis to return to play. Physicians who are trained to treat concussions are an outstanding option for care but ensure the physician of choice is up to date on concussion management. If an objective decision maker is not available, have doubt and hold the athlete out.

Another problematic aspect of concussion diagnosis is they are essentially invisible. Pupils will be normal, x-rays, MRIs, CT Scans are all normal. There is nothing we can see that objectively displays that an athlete, in fact, has a concussion. Diagnosis is largely based on symptoms which may or may not be honestly reported by the athlete. The good news is, within the past decade or two, neurocognitive testing has been made available to help diagnose and return athletes to play. Athletes can lie about their symptoms but the test doesn't lie about their memory or ability to process information. These "brain teaser game" like tests can be computerized or in pencil and paper format grading the athlete's cognitive ability. The Standardized Assessment of Concussions (SAC) and IMPACT Concussion Testing are two of the most popular and are surprising affordable. The NCAA has mandated the use of these assessment tools and many high schools utilized them as well although they are not required scholastically. Neurocognitive testing has become a standard of care and should be utilized by all professionals who treat athletes and all schools with sports.

Victor Liberi, MS ATC(L) CSCS STS is in his 20th year as an athletic trainer. He has worked in the sports medicine clinic, public and private high school, college, and professional baseball setting (1993 National League Champion Philadelphia Phillies minor league. Vic is also a Certified Strength And Condition Specialist through the National Strength and Condition Association and International Weightlifting Association. Mr. Liberi is a professor of Graduate Athletic Training and Exercise Science at Adrian

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Carter Rehabilitation Center Scope of Service

- ◆ Physical Therapy
- ◆ Occupational Therapy
- ◆ Hand Therapy
- ◆ Aquatic Rehabilitation
- ◆ Pelvic Floor Rehabilitation
- ◆ Infrared Light Therapy
- ◆ Social Services
- ◆ Fibromyalgia Wellness Program
- ◆ Community Fitness Program
- ◆ Big Program for Parkinson’s Disease
- ◆ Group Exercise Classes

Upcoming Events

***Lenawee Co. Parkinson Support Group Meeting
March 7 1:30-3:30PM Adrian location**

Speaker Tom McNaughton Lenawee Department of Aging Topic “Successful Aging”

***Amputation Support Group Meeting
Tuesday March 12, 2013 12:00 Noon
Adrian location**



Pain Relief Without Pills: 15 ways to go beyond the bottle to conquer arthritis pain

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| 1. Topical Medications | 11. Acupuncture |
| 2. Transcutaneous Electrical Nerve Stimulation (TENS) | 12. Peripheral Nerve Stimulation |
| 3. Shoes | 13. Pain Pump |
| 4. Steroid Injection | 14. Facet Joint Denervation |
| 5. Hyaluronic Acid Injection | 15. Deep Brain Stimulation |
| 6. Exercise/Physical Therapy | How to Discuss Pain With Your Doctor |
| 7. Heat/Cold | Keep a Diary for a Week—include home treatments, limits experienced, food eaten and barometric pressure. |
| 8. Trigger Point Injection | Number Your Pain—Rate |
| 9. Meditation | |
| 10. Nerve Block | |

your pain on a scale from 1 (tiny pain) to 10 (extreme pain).

Limit Your Points—tell only the three most pressing concerns.

Talk About Function—it gives the physician a specific goal to work on with you.

Excerpt from *Arthritis Today* magazine



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