



Wisconsin Chapter | POSITION STATEMENT

WIAAP

563 Carter Court, Suite B
Kimberly, WI 54136
Phone: 262.490.9075
E-mail: KLaBracke@wiaap.org

Chapter Officers

President

James A. Meyer, MD, FAAP
Department of Pediatrics
Marshfield Clinic
Adolescent Section
1000 North Oak Avenue
Marshfield, WI 54449
Phone: 715.387.5240
E-mail:
meyer.james@marshfieldclinic.org

Vice President

Jeffrey W. Britton MD, FAAP
2414 Kohler Memorial Drive
Sheboygan, WI 53081-3129
Phone: 920.457.4461
E-mail: jeffrey.w.britton@aurora.org

Secretary/Treasurer

Mala Mathur, MD, MPH, FAAP
1321 Redan Drive
Verona, WI 53593-7820
Phone: 608.497.0441
Fax: 000/000-0000
E-mail: mmathur@charter.net

Chapter Executive Director

Kia K. LaBracke
563 Carter Court, Suite B
Kimberly, WI 54136
Phone: 262.490.9075
E-mail: KLaBracke@wiaap.org

Immediate Past President

Jeffrey H. Lamont, MD, FAAP
Department of Pediatrics
Marshfield Clinic, Wausau Center
2727 Plaza Drive
Wausau, WI 54401
Phone: 715.847.3575
E-mail:
lamont.jeffrey@marshfieldclinic.org

Chapter Web Site

www.wiaap.org

AAP Headquarters

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1019
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Sports-Related Concussion in Children and Adolescents

Background:

The number of traumatic brain injuries (TBIs, or “concussions”) in youth athletes is on the rise and in the news. Complete and accurate education on prevention and identification of concussions is critical information for coaches, athletes, parents and guardians in order to best protect the athletes’ short- and long-term health. Though many health care providers and athletic trainers may participate in the assessment and treatment of concussions, only a qualified health care professional trained in concussion management should be able to approve the athlete back into eligibility.

Statistics from the Center for Disease Control taken from 2001-2005 confirm:

1. The highest rates of Sports and Recreation (SR) - related traumatic brain injury visits in emergency departments for both males and females occur among those aged 10-14, followed by those aged 15-19.
2. Children aged 5-18 years of age accounted for 5.6% of all SR injuries, and TBIs accounted for approximately 17.9% of SR-related hospitalizations.
3. Almost a half a million (473,947) emergency department visits for TBI are made annually by children aged 0 to 14 years.
4. Concussions represent a reported 8.9% of all high school athletic injuries

Anticipatory Guidance and Education

The increased identification of TBIs and emerging understanding of the long-term implications of concussion management should define the best practices of youth athletic activities in schools. Education should target all the key individuals involved, including athletes, parents, coaches, school administrators, athletic directors, teachers, athletic trainers, physicians, and other health care providers.

Athletes should not, even if symptoms clear, return to play the day of the injury, and never return if symptoms appear either at rest or with exertion. Post-concussion, athletes should rest, cognitively and physically, until symptoms have resolved both at rest and with exertion, and it is critical that school administrators and teachers work with the student to minimize workloads until the student is cleared by a licensed physician. Recovery time from athlete to athlete, injury to injury, is unique and unpredictable. The more rest, the shorter the recovery time.

Any child or adolescent athlete suspected of suffering a concussion should be evaluated by a qualified health care professional trained in the assessment and management of sports-related concussions. Athletes should not return to practice or play until the qualified health care professional provides written clearance.

For these reasons, the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) supports state legislation that would require that children and adolescents participating in any and all organized sports activities who have symptoms consistent with concussion cannot return to play or practice without written permission from a health care professional trained properly in concussion assessment, identification and management.

WIAAP urges the education of health care professionals, parents, children, adolescents and athletic coaches participating in any and all organized sports activities on the risks and management of traumatic brain injuries.

RESOURCES:

CLINICAL REPORT: SPORTS-RELATED CONCUSSION IN CHILDREN AND ADOLESCENTS
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597#B1>

PEDIATRIC SPORT-RELATED CONCUSSION
<http://pediatrics.aappublications.org/content/117/4/1359.full>

STATE OF ALABAMA BILL
<http://alisondb.legislature.state.al.us/acas/SearchableInstruments/2011RS/PrintFiles/HB108-enr.pdf>

AMERICAN ACADEMY OF NEUROLOGY POSITION STATEMENT
<http://www.aan.com/globals/axon/assets/7913.pdf>

CENTERS FOR DISEASE CONTROL
<http://www.cdc.gov/TraumaticBrainInjury/index.html>

WISCONSIN ASSEMBLY BILL 259
<https://docs.legis.wisconsin.gov/2011/related/proposals/ab259.pdf>

JOURNAL OF CLINICAL NEUROSCIENCE: CONSENSUS STATEMENT ON CONCUSSION IN SPORT
<http://sportconcussions.com/html/Zurich%20Statement.pdf>

NATIONAL ATHLETIC TRAINERS' ASSOCIATION POSITION STATEMENT: MANAGEMENT OF SPORT-RELATED CONCUSSION
<http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf>