

# CHILD STUDIES





argues that children under the age of 14 should be prevented from playing tackle football, heading soccer balls or body-checking in ice hockey (Toporek, 2012). Many people think that these recommendations are extreme, but he reasons that children under the age of 14 are skeletally immature, and thus these injuries can have significant and permanent effects on their cognitive development. Pop Warner, an organization that manages youth football teams nationwide, incorporates limited full-body contact in practices in order to prevent



## RESOURCES:

### Ohio Injury Prevention Program (VIPP):

The goal of VIPP is to continue development of a comprehensive injury prevention program through the establishment and sustainment of a solid infrastructure for injury prevention that includes statewide injury surveillance to inform and evaluate public policy, as well as comprehensive injury prevention and control programs. <http://www.healthyohiprogram.org/vipp/injury.aspx>

Rainbow Babies and Children's Hospital: Pediatric sports injuries may need specialized care, because children's joints and

bones may not be fully developed yet. The team at the Pediatric Sports Medicine Program has the specialized training and experience to accurately diagnose and treat these types of injuries. The Sports Concussions team can help diagnose, treat and manage sports-related TBIs. They also offer pre-season baseline assessments to sports teams across Northeast Ohio. <http://www.uhhospitals.org/rainbow/services/orthopaedic-surgery/sports-medicine-program/sports-concussion-program>

Ohio Injury Prevention Partnership and in coordination through the umbrella of the Ohio Injury Prevention Partnership and in coordination

with the Ohio Chapter of the American Academy of Pediatrics, the VIPP oversees the CIAG. The function of the CIAG is to identify priorities and strategies to reduce child injury in Ohio. <http://www.healthyohiprogram.org/vipp/ciag/ciag.aspx>

**Heads Up: Concussion in Youth Sports:** The CDC has created a national public health campaign that aims to help parents and coaches to prevent, recognize and respond to youth concussions. Their website provides fact sheets and posters regarding pediatric concussion symptoms as well as a free online training program for coaches and referees. <http://www.cdc.gov/concussion/HeadsUp/youth.html>

HB 143 will apply to all student athletes in public, charter and private schools, as well as participants in youth sports organizations including community, recreational and travel leagues. Other aspects of the law include requiring coaches and referees to complete a concussion education course every three years. Experts argue that this training is important because the signs and symptoms of concussions can be quite varied. Physicians are very supportive of the law because they believe it will help coaches make the right decision and ensure children seek appropriate treatment for head injuries (H.B. 143, 2012; Guillen, 2012).

While most states have passed or introduced similar legislation, not all of these laws are the same. For example, many states exempt little leagues and traveling teams from the legislation. Some legislation is more limited. For example,

Wyoming does not require students to be removed from game play nor does it require medical clearance before they return to play (Toporek, 2011). Ohio also faced some challenges in passing HB 143. For example, opponents took issue with the requirement that students must obtain medical clearance to return to play. Some medical professionals such as optometrists and physical therapists expressed concern about being excluded, and rural representatives argued that getting to a hospital or doctor could be impractical. As a result, the bill was revised to allow school districts and youth sports organizations the discretion to determine which medical professionals could make the return to play decision (Clark, 2012).

### LOOKING FORWARD

Better epidemiological data is needed to assess differences in pediatric concussion rates across age, sex and type of sport. As mentioned, there is a gap in research

on the prevention of these injuries. More definitive research findings on the long-term affects and cognitive implications of sports-related TBIs could inform new rules and regulations to prevent future injuries. Further research is also needed to improve on-the-field diagnoses. Training coaches and referees how to accurately diagnose concussion symptoms could greatly improve the well-being of student athletes. Also, creating standard guidelines for returning to play should be considered. While medical professionals strongly recommend a measured return to play, current legislation efforts do not require this phased-in approach. Another factor to consider is cost, because families without health insurance may be burdened by the need to get medical clearance for their child to return to play. Finally, not all state laws apply to private sports organizations; a dialogue should be encouraged about how to protect youth athletes that participate in these groups.

