4-1-2019

Is the Current Concussion Protocol for Student Athletes Enough?

Trey Morgan
Pittsburg State University

Barbara McClaskey
Pittsburg State University

Follow this and additional works at: https://digitalcommons.pittstate.edu/posters_2019

Part of the Sports Medicine Commons

Recommended Citation
https://digitalcommons.pittstate.edu/posters_2019/44

This Article is brought to you for free and open access by the Research Colloquium 2019 at Pittsburg State University Digital Commons. It has been accepted for inclusion in Posters by an authorized administrator of Pittsburg State University Digital Commons. For more information, please contact dlwhite@pittstate.edu.
Is the current concussion protocol for student athletes enough?

Trey Morgan, BSN Student
Irene Ransom Bradley School of Nursing, Pittsburg State University
Barb McClaskey, Ph.D. – Faculty

Introduction
Concussions are a type of brain injury that any type of student athlete can get from doing any type of sport, contact or not. These types of injuries can cause all kinds of issues for the people that are affected by them and some of the side effects can last for years to come.

Purpose
The purpose of this study was to evaluate current concussion protocols and to see whether or not these were appropriate in helping facilitate the affected students concussion recovery. The study was done to see if there was anything else that could be done that would help the student athletes. This was also an evaluation of different schools concussion recovery protocols, and different return-to-learn protocols which are protocols that are put in place to decide when a student is ready to go back to the classroom environment following a concussion.

Interventions
– Staff should form a multidisciplinary team to help teach affected students.
– Communication is the biggest factor for members of this team as it is often seen as the biggest problem with these students.
– An individualized educational plan should be made for the affected students to help rehabilitate their recovery.
– When student have a lightened school load they have a decreased risk of more symptoms presenting.
– Researchers say students should have to be performing at their previous academic baseline before allowed back into sports.
– Education of all parties involved is a very big helper towards the grades students.
– Vestibular therapy has been shown to reduce the incidence of “vertigo, dizziness, visual disturbance, and/or imbalance. Other problems can also arise that are secondary to vestibular disorders, such as nausea and/or vomiting, reduced ability to focus or concentrate, and fatigue”.

Background Information
– There are approximately 1.6-3.2 million concussions a year in Americans.
– 300,000 of those concussion patients are high school students.
– Studies show 1 player per football game gets a concussion.
– Since 1997 at least 50 youth football players have died of concussions.
– 10-20% of high school athletes will experience a concussion.
– After an initial concussion athletes are 3-6 times more likely to receive a second concussion.
– There is currently no nation wide treatment for students with concussions.
– In basketball and soccer women have a higher rate of concussions than men.
– Football accounts for 47.1% of high school concussions, 6.4 concussions per 10,000 athletic exposures.

Materials/Methods
This type of study is a cross sectional study because it is an observation of a certain population at a single point in time. These nurses provide results for the researchers to look over and to extrapolate their data from the results in which they use to write their article about the subject. This study was done by looking at previous studies some of which used a confidential survey given out at the New England School Nurse Conference. “The survey questionnaire solicited information about the school in which the nurse currently practiced, including the state, grade level and size of the school, and availability of health care providers at the school. The state of practice was of particular interest because each state in the region has different laws regarding student concussion management. A second section asked a series of questions about participant knowledge, understanding and experiences with pediatric concussion, and the frequency of school nurse visits for concussions. The final section collected personal demographic information and ended with a text box for commentary (Wing, Amanullah, Jacobs, Clark, & Merritt, 2015)”. These questionnaires were included in the registrations packet as well as a five dollar certificate to incentivize the nurses.

Results
– On the basis of the these studies, it has been suggested that hospital and school staff should work together to form an individualized education plan to help school athletes return to the class room setting.
– These studies can hopefully be used to help make a more definite plan of care for student athletes that have been diagnosed with concussions.
– Most students should take a small break from school work, with the length of the break being decided by the multidisciplinary team formed together by the health care workers assigned to the student athlete, to help them get back to their previous baseline and get back to the classroom and back on the field/court.
– An individualized education plan will be the best plan of action to help these student athletes meet their previous baselines.

Gaps in the Literature
– These studies have a difficult time basing their treatments because people can having vary levels of concussion injury.
– There is not a lot of research discussing the benefit or harm of cognitive rest.
– "Pediatricians report that inadequate training on concussion management is among the most significant barriers to effectively counseling patients on returning to school following a concussion".
– These studies often struggle because of lack of evidence on proper return to learn recommendations.

References
