

Foreman, J. (1998, November 23). That Second Brain Concussion Could be a Deadly One. The Boston Globe, pp. E1, E4.

OVERVIEW

A Washington state high school player took a "hard hit" in a game for his Anacortes High School in 1993. To his parents he looked a little shook up and out of it the rest of the game. He told his parents later that he had blacked out. He took Tylenol and skipped practice because of headaches for a couple of days. It was thought he had just gotten "dinged;" no one seemed to consider a brain concussion.

In the next week's game, with his mother covering every painful moment on video, "he was slow to get up from a tackle." He never made it to the huddle but stood holding his head. Then, he collapsed and remained unconscious for five days. He has never really recovered.

Today, Brandon can talk and walk, with a brace, but has trouble organizing information. He lives in a rehabilitation facility, refilling ball washers at a golf course and dreaming, he says, of living 'like any other 21-year-old man.'

Brandon Schultz suffers from what some researchers call "second impact syndrome." This describes the re-injury of a brain not fully healed. "If the second injury occurs while the individual still has symptoms such as headache, dizziness and memory problems from the first—whether that's days or weeks later—the result can be brain swelling and a rapid, massive increase in intracranial pressure." Such second injuries can be "catastrophic or fatal" according to the Centers for Disease Control and Prevention report, 1997.

It is not just high school boys, but female athletes that are also at risk. Cheerleaders, gymnasts, and participants in other girls' sports may suffer second head injuries.

The U.S. National Center for Catastrophic Sports Injury Research charted injuries and fatalities on campuses.

INJURED LIST

SPORT	LEVEL	DEATHS	PERMANENT DISABILITIES	SERIOUS INJURIES
Gymnastics	HS	1	7	4
	College	0	5	1
Ice hockey	HS	2	4	5
	College	0	4	3
Track & field	HS	16	10	13
	College	2	2	3
Football	HS	61	147	166

	College	5	21	62
Cheerleading	HS	1	7	10
	College	1	5	10
Wrestling	HS	2	20	11
	College	0	1	2

While the number of injuries in cheerleading is increasing because the stunts are becoming riskier, in football there has been an opposite trend. The work of the National Center for Catastrophic Sports Injury has led to better football helmets and safer tackling techniques. There were 68 U.S. football fatalities in 1968 when coaches "still taught players to block and tackle by crashing head first into opponents."

Still, many parents and athletes (and perhaps even coaches) don't know the risks of playing after an initial head injury. Dr. Robert C. Cantu, chief neurosurgeon at Emerson Hospital of Concord, MA, warns of the risks of playing "while still symptomatic from an initial head injury" and is concerned that "there is no certification of coaches, and therefore individuals coaching the highest-risk sports may not fully understand the risk." Psychologist Ronald Savage warns that "putting kids back in the game too soon can put them at risk of death."

The question is, when is a head injury serious? To help answer this question, the American Academy Neurology has issued these suggestions:

CONCUSSION TYPES

A concussion is an alteration in mental status induced by head trauma that may or may not involve losing consciousness. There are three categories:

* Grade 1. Transient confusion; no loss of consciousness; mental status abnormalities last less than 15 minutes. Management. The athlete can play again that day if symptoms resolve within fifteen minutes.

* Grade 2. transient confusion; no loss of consciousness; mental status abnormalities last more than 15 minutes. Management. The athlete can play again only after he or she has been asymptomatic for a full week.

* Grade 3. Loss of consciousness, either brief (seconds) or prolonged (minutes or longer). Management. An athlete who is unconscious for only a few seconds can play again after a full week or no symptoms. If the loss of consciousness lasts several minutes or more, the waiting period is at least two weeks.

Its clear that Brandon Schultz played his heavy contact sport again much too soon. The family filed a suit against the school system arguing that it needed better trained coaches. An undisclosed sum settled the matter.

Dr. Stephen Rice, director of the Primary Care Sports Medicine Fellowship at the Jersey Shore Medical Center in Neptune, NJ and a consultant in the Schultz case said: "You only get one brain. Head injury is serious business."

QUESTIONS FOR REFLECTION AND DISCUSSION

1. Did you realize how many American youth are being killed or disabled by competitive sports?
2. How do you explain the fact that so many more high school athletes die or are disabled compared to college athletes?
3. What do you see as the benefits and negatives of the competitive sports mentioned here?
4. How can collegiate sports be made safer?

IMPLICATIONS

1. There are many indications of the benefits of athletics in terms of discipline, physical conditioning, team-play and respect for rules, personal self-esteem, confidence and identity.
2. The slighting of female sports and the undue prestige offered community male athletes, their sexual exploitation of younger, vulnerable girls, the use of steroids, and the risk of injury are all on the debit side of contact and competitive sports.
3. When asked if he wished any adult had done anything different in his case, Brandon Schultz replied: "Yeah. I wish that every day." We need to protect young people from disabling injuries.

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