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JANUARY 4, 2010

“LEGAL ISSUES RELATING TO FOOTBALL
HEAD INJURIES, PART II”

**STATEMENT OF DAVID KLOSSNER,
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BEFORE THE
HOUSE COMMITTEE ON THE JUDICIARY
JANUARY 4, 2010**

Chairman Conyers, and other distinguished guests in attendance, on behalf of the National Collegiate Athletic Association (NCAA), thank you for inviting me to appear before you today to discuss the NCAA's multi-faceted approach in preventing, identifying and treating Mild-Traumatic Brain Injuries.

My name is David Klossner. I have been with the NCAA for 7 years and currently hold the title Director of Health and Safety. The NCAA Health and Safety unit focuses on student-athlete well-being issues specific to injury surveillance and prevention, sports medicine, athletics training, drug testing and education, nutrition and performance, and NCAA policy related to these matters. I serve as liaison to the NCAA membership committee on Competitive Safeguards and Medical Aspects of Sports, the committee charged with providing leadership on health and safety recommendations to the more than 1,300 conferences, colleges and universities that are members of the Association.

As Director of Health and Safety of the NCAA, I appreciate the opportunity to respond to your request for information on a critical medical issue at the core of student-athlete well-being. The NCAA and its membership have devoted significant resources to study, educate and enforce various health and safety standards, including those in the area of football-related mild traumatic brain injury (MTBI).

Congressman Conyers, I trust you found our October 2009 response pertaining to the health and safety action of the NCAA over the years related to mild traumatic brain injuries useful and timely. We have also included our list of resources and actions as part of our written testimony for reference. You will be interested in learning that since we provided you with the response in October the NCAA has taken additional steps to further ensure student-athlete well-being, and I will expand upon that in a moment.

As you may know, the NCAA is a private association of four-year institutions of higher education and athletics conferences. Each year, more than 400,000 student-athletes compete in 23 sports at these NCAA member schools. Among the core purposes of the Association is a commitment to govern athletics competitions in a manner designed to protect the health and safety of all student-athletes.

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation. The NCAA's health and safety recommendations and policies are addressed through the collaborative efforts of national office staff, governance committees, sport playing rules committees, sport issues committees, and external associations.

Since 1976, the NCAA has warned against using the head as a weapon in football and other contact sports, and for the past 15 years the NCAA has provided member

institutions with specific recommendations regarding concussion management in its Sports Medicine Handbook.

In the sport of football, the NCAA Football Rules Committee has made changes over the past five years to further protect players against sustaining concussions. Starting with the 2005-06 season, rules were strengthened to ban all helmet-first tackles. For the 2007-08 season, the NCAA placed a greater emphasis on eliminating hits on defenseless players and blows to the head. In addition, the Football Rules Committee has distributed several video examples to officials, coaches and conference administrators to educate and clarify what types of plays should result in penalty and ejection.

As part of its ongoing review of concussions, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports met on December 13-15, 2009, to discuss the most recent developments in athletic-related brain injury and concussion. The committee can make recommendations through the NCAA governance structure on medically related rules and issues. The 20-member committee is comprised of collegiate medical personnel, including physicians; athletics administrators; coaches; and student-athlete representatives.

The committee reviewed the NCAA Injury Surveillance data for fall sports with Dr. Steve Marshall, an epidemiologist-statistician at North Carolina and director of epidemiology and biostatistics at the Datalys Center, which collects and compiles injury data for the NCAA. They also reviewed current policies of the National Federation of State High School Associations, the National Athletic Trainers' Association and the

National Football League and discussed findings of a recent expert conference related to concussions conducted in Zurich, Switzerland.

During its meeting, the committee also consulted with two other authorities who recommended possible courses of action. They are Dr. Julian Bailes, professor and chairman of the department of neurological surgery at West Virginia University, and Dr. Margot Putukian, head team physician at Princeton University and a participant in the Zurich conference who oversaw revisions of the NCAA Sports Medicine Handbook guideline on concussions in 2004.

As an outcome of this on-going evaluation of concussions in all 23 NCAA sports, the committee determined that a common playing rule is necessary to provide an emphasis on the significance of head injuries, their prevalence, and the importance to refer for appropriate medical care. This action is also accompanied by a Concussion in Collegiate Sports Summit that will be held in 2010 to review NCAA policies for medical management of concussions and prevention strategies appropriate to the collegiate environment and the NCAA membership at large. In addition, the committee will lead a collaborative educational initiative for coaches, officials, and student-athletes.

The proposed playing rule, subject to review by the NCAA Playing Rules Oversight Panel as early as mid January, 2010, would mandate removing from competition and practice a student-athlete “who exhibits signs, symptoms or behaviors consistent with a concussion.”

That student-athlete would not be permitted to resume participation until cleared by a physician or another health-care professional designated by the physician to provide clearance. If the symptom is a loss of consciousness, amnesia or persistent confusion, the athlete would not be permitted to return to play that day. In the latter case, the rule would specify that only a physician could clear the student-athlete's return to practice or competition.

The proposed concussion rule is similar to the playing rules for all sports pertaining to exposure to blood and charges the sports official to remove a student-athlete if they see a noticeable sign of blood. For example, if an athlete suffers a laceration or wound from which bleeding occurs, the game official has the discretion to summon medical personnel to escort or remove the player from the field of play to be given appropriate medical treatment. The player may not return to the game without approval of medical personnel. The intent of the proposed concussion rules is similar with regard to mandated action by the officials in a contest.

The proposed concussion rule supports a fundamental principle that the medical care and return-to-play decisions for concussions are best handled at the local level as with any other medical conditions. Specifically, the proposed rule change states:

- “An athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as unconsciousness, amnesia, headache, dizziness, confusion, or balance problems), either at rest or exertion, shall be immediately removed

from practice or competition and shall not return to play until cleared by a physician or her/his designee.”

- “Athletes who are rendered unconscious or have amnesia or persistent confusion shall not be permitted to continue for the remainder of the day.

These athletes shall not return to any participation until cleared by a physician.”

Pending consideration of the rule change, the committee also revised its guideline in the NCAA Sport Medicine Handbook advising member institutions on responses to concussion injuries and procedures for returning student-athletes to competition or practice.

The revised statement emphasizes:

- It is essential that no athlete be allowed to return to participation when any symptoms persist, either at rest or exertion.
- Any athlete exhibiting an injury that involves significant symptoms, long duration of symptoms or difficulty with memory function should not be allowed to return to play during the same day of competition.
- It has been further demonstrated that retrograde amnesia, post-traumatic amnesia, and the duration of confusion and mental status changes are more sensitive indicators of injury severity; thus, an athlete with these symptoms should not be allowed to return to play during the same day. These athletes should not return to any participation until cleared by a physician.

The committee believes the language reinforces medical policies that already are in place at many NCAA institutions, while encouraging institutions to develop protocols under the direction of a physician for responding to possible concussions.

Knowing that education is paramount to the success of any rule implementation and its enforcement, the NCAA will produce a video by fall 2010 to further educate student-athletes about the dangers of concussions and improve awareness of the issue among coaches and game officials. The video would emphasize best practices for responding to a head injury.

The NCAA-sponsored Concussion in Collegiate Sports Summit will also provide an opportunity to explore emerging trends in medical management of concussions. Topics could include differences in student-athletes' willingness to reveal a possible concussion analyzed by sport and gender; potential equipment enhancements, possible limitations on head contact during practice; uses of tools such as neuropsychological and balance postural testing and biomarkers; complications arising from injury such as depression, anxiety or learning disabilities; and the potential for use of dietary supplements such as DHA and omega 3 fatty acids in injury management and prevention.

The treatment and management of concussions has been and continues to be at the forefront of prevention efforts in sports medicine for the NCAA and its member colleges and universities. The NCAA's ongoing commitment to the health and safety of student-athletes is reflected in the multi-faceted approach taken to address concerns with this specific injury for more than 30 years.

On behalf of the NCAA and its more than 400,000 student-athletes, I would like to thank Chairman Conyers for his leadership on this important matter. Mild Traumatic Brain Injuries have and continue to be of significant concern to the NCAA and its membership. The NCAA's longstanding and ongoing commitment to the health and safety of student-athletes is reflected in the comprehensive approach taken to address concerns with this specific injury. We look forward to the continued work with medical professionals and athletics personnel as we continue to search for new and effective tools to prevent, identify and treat Mild Traumatic Brain Injuries.