



Experts: Sports Injuries Might Be More Serious Than You Think

Responding to head and spinal injuries

As athletes of all ages gear up to participate in fall sports, athletic trainers and the medical community are continuing efforts to keep up with new research and treatment for concussions and other sports-related injuries.

In the last decade, the science community has changed the way it assesses and even defines concussions, said Robb Rehberg, Ph. D., chair of the National Safety Council Emergency Care Advisory Committee. Recent studies on effects of concussions show a second head impact after even a mild concussion can cause severe brain swelling that may lead to death, he said.

"We live in a society that instantly wants to quantify things," Rehberg said. The traditional method is to assess whether someone has a mild concussion or a serious concussion after an incident, yet people won't know the true extent of the injury until the immediate symptoms are all gone, he said.

Sports injuries infrequently contribute to fatalities, but the leading cause of death in sports-related injuries is traumatic brain injury, which can happen in collision sports such as football, basketball and hockey.

Giving the Brain Time to Heal

An estimated 300,000 concussions occur each year during sports activities, according to the Centers for Disease Control and Prevention. Concussions are a type of brain injury that involves a temporary impairment of the brain function. Symptoms include fluctuating levels of consciousness, balance problems, temporary confusion, memory loss, brief loss of responsiveness or moderately altered mental status, unusual behavior, headaches, ringing in the ears and nausea.

The new challenge for coaches, parents and physicians is deciding when an athlete is at risk for secondary impact syndrome and whether the athlete can return to play, said Jon Almquist, program specialist for athletic training in Fairfax County, VA, Public Schools. Often family physicians see an injured youth athlete 24-48 hours after an injury, and the athlete is not always re-evaluated days later, Almquist said.

"If there are still symptoms, the brain is much more at risk for reinjury, and subsequent injury can be devastating," Almquist said. The science community is looking for more thorough evaluation processes so parents, coaches and athletes can recognize problems and allow time for the brain to recover, he said.

Spinal Injuries

Concussions and traumatic head injury often are related to spinal injury – fracture of the neck or back. Although concussions are more prevalent in collision sports, spinal cord injuries make up about 18 percent of sports and recreation injuries, according to the National Safety Council.

Spinal injury may not be a frequent occurrence, but when it happens it is a devastating and life-altering event, Almquist said. As in the case of assessing concussions, the concern for first aid responders and health care providers is being able to recognize symptoms of a spinal injury, he said. Another challenge is deciding when to transport victims and when to remove equipment to treat a victim, Almquist said. Coaches, athletes and parents should know what to do when an athlete is down on the ground. They should avoid any inappropriate movement that could exacerbate potential injuries.



Many athletes have the mentality that if someone is hurt, he or she should get up quickly and shake off the pain, but Rehberg warns against encouraging this attitude. The Dallas-based National Athletic Trainers' Association also advocates that health care professionals and coaches avoid using the word "ding" or "bell ringer" when referring to a head injury because such terms can diminish the seriousness of an injury.

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