

CAMBRIDGE PUBLIC SCHOOLS

159 THORNDIKE STREET CAMBRIDGE, MASSACHUSETTS 02141



September 8, 2011

Dear Parents/Guardians,

We are Mary Shinkwin ATC, PT and Kara Brown, ATC, MS, the athletic trainers at CRLS. We have forty years of athletic training experience between us and we want to share our thoughts/experience concerning head injuries.

We're thrilled that there has been so much media attention on this subject for the past few years. Awareness and education are really key for prevention and proper management of head injury.

Head injury has always been our #1 priority.

We just attended our eighth annual conference on head injury and have been following the advice of the leaders in the field since they began this process of education and collecting data years ago. We have listened to countless lectures by Mickey Collins, Robert Cantu, Neal McGrath, Chris Nowinski and many others and have had opportunities to talk with them and other head injury experts.

Over the years we've learned that young brains respond differently to trauma, and are sensitive to the more subtle symptoms that may indicate injury. We know that symptoms may not occur until a few days after a trauma. The data regarding brain trauma are changing and so the way we manage head injuries is changing.

We have always pushed education with posters, informational sheet, news articles, team lectures, coach's meetings, and many phone calls home. In 2010, we had a group from the Sports Legacy Institute and BU give our students an excellent presentation on head injury. We are pleased that we are both almost full-time (thanks to all responsible for increasing our hours) because we can expand the education piece and improve communication required between ourselves, athletes, coaches, parents, school nurses, administrators and teachers. We have also been able to start IMPACT testing (computer-based cognitive testing) that will be a useful tool for return-to-play/school decisions (and another opportunity to educate).

We understand that people are alarmed about the number of head injuries we reported last year. There are a few reasons the numbers were high. Our students are more aware/educated and so they report. They trust us and are more likely to report. We, the athletic trainers, are more sensitive to subtle signs and symptoms and the fact that they can develop days later so we track athletes that we wouldn't have tracked several years

ago. We follow symptoms that are POSSIBLE head injuries. We keep a separate head injury log and when we reported, we counted all the entries. Finally and quite frankly, many schools do not even keep track or report, so our numbers will be relatively higher.

All schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules are required, by a state law that was enacted last year and related regulations that were promulgated this past June, to have their student-athletes and their parents/guardians, coaches, athletic directors, school nurses, and physicians learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents/guardians inform their coaches about prior head injuries at the beginning of the season and for injuries that occur during the season outside of school extracurricular athletic activities. Copies of these form to use for providing this information is enclosed with this letter for your reference. Information regarding the on-line courses regarding head injury which parents/guardians and students must take has been provided to you separately Please note that in accordance with this new law and regulations if a student-athlete sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, the student must be taken out of play or practice, and must provide written clearance and authorization from a licensed medical professional before returning to play.

We, the athletic trainers, along with the entire athletic department, will continue to prioritize head injury education, prevention and management. Protecting the health and safety of 400-500 athletes at venues all over the city every day is a big job, but we are committed to focusing on healthy brains.

Sincerely,

Kara Brown 617 599-7263
Mary Shinkwin 617 290-6779

Enclosures



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____



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**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____