**Schools pay closer attention to concussions**

Marlborough High School’s hockey coach, John Butler, has seen firsthand what can happen when an athlete suffers a concussion.

“Plenty of times, I’ve seen kids on the bench after a hit, and they’re not realizing where they are. They don’t realize they’re even in the rink or playing hockey,” said Butler, who also coaches boys’ lacrosse at the high school. “It’s a scary thing. It’s not something you fool around, how fragile student athletes are at that age.”

So he was pleased last month when the Marlborough School Committee passed a policy that not only requires more training for athletic staff about what to look for in concussions, but brings parents, teachers, and guidance counselors into the mix.

As concerns grow that multiple concussions can have long-term effects on the brain, more public schools are reexamining how they evaluate and monitor injured athletes so they don’t return to action too soon.

High school players who have been diagnosed with concussions already need written permission from a doctor or trainer before playing again under Massachusetts Interscholastic Athletic Association guidelines.

But advocates of stricter rules say some athletes try to play down their symptoms after a hard collision. Also, signs of a concussion may not be immediately apparent.

Marlborough’s athletic director, Rich Riley, will notify a student’s teachers following a worrisome head injury. “The teachers can then watch the children, which is a good way to make the circle complete,” said School Committee member Margaret Dwyer.

Brookline and Wellesley have gone a step further, using computer software to test each athlete’s brain functions - including memory, reaction time, and mental acuity - at the start of the season for a point of comparison if a concussion is suspected later on. Newton’s two public high schools are also implementing the testing.

John Brown, Wellesley High’s athletic director, said the testing gives him a surer sense of when a student who has suffered a concussion is ready to play.

The measures are welcome news to Dr. Neal McGrath, president of Sports Concussion New England in Brookline, who campaigns for better awareness of the head injury’s ramifications.

“We need cognitive testing that shows whether they’re fine or not,” said McGrath, who speaks to schools, cheerleading teams, and Pop Warner football leagues across the region.

However, Paul Wetzal, an MIAA spokesman, questions whether computerized testing and stricter policies amount to anything better than a watchful coach and medical staff. “We haven’t seen any evidence of a significant problem based on coaches saying, ‘I didn’t know I was supposed to keep a kid out,’” he said. “I have to believe that coaches in athletic departments are well aware of the risk.”

Under the MIAA guidelines, a medical professional must be on-site at all interscholastic football and varsity ice hockey games. The medical professional has final say on whether a player can go back in after a head injury.

The statewide association also requires every coach to attend multiple courses on injury evaluation during their first five years with a team, and holds refreshers on athletic safety and injuries at its annual district meetings.

Last fall, the Massachusetts Association of School Committees issued an advisory citing research on athletes who suffer concussions and “return to play too soon, before their brain has healed.” The advisory warned they are highly vulnerable to prolonged post-concussion syndrome, and in rare cases a catastrophic swelling of the brain.

The group recommends stringent safety measures, including the computerized cognitive exams performed by some schools.

Brookline is using the computerized testing for sports that carry a significant risk of head injury. Wellesley began last year with hockey, wrestling, and gymnastics, and expanded to all of the spring sports.

At Newton North High, athletic director Scot Perrin said all athletes in full-contact sports were baseline-tested last year, and this year he’s moving on to all other sports, with parents in strong support.

But the software - known as ImPACT, or Immediate Post-Concussion Assessment and Cognitive Testing - can be pricey. McGrath said ImPACT could cost up to $1,000 per package; follow-up consultation via telephone or a visit can add several thousand dollars to the annual cost.

That’s too expensive for some schools, said Lisa Ayles. As director of a seven-person team at MetroWest Medical Center, she has worked to bring effective but budget-conscious policies on sports concussions to the high schools in Bellingham, Holliston, Medway, Millis and Natick.

If an athlete sustains a head injury that results in suspicious symptoms, he or she is not allowed to continue playing that day. From there, coaches, school staff, and parents watch for signs of concussion, such as headaches and dizziness, mood swings, and general lack of mental focus.

There is cognitive testing, as well, but the schools working with Ayles stick to “pencil and paper” versions, she said.

Still, even with a well-thought-out policy, Ayles said, doctors and school staff sometimes disagree about how best to proceed after a head injury.

“It’s such a gray area, you can’t make it cut and dry,” said Ayles, adding that medical professionals don’t even “agree on a grading system for concussions.”

Pamela Bush, spokeswoman for the Brain Injury Association of Massachusetts in Westborough, isn’t satisfied with existing concussion policies.

Even with the newest efforts in area communities, “schools are not doing enough,” she maintains. Bush wants more

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education for parents, staff, and students on the risks and consequences of concussions. And she wants a shift in the very culture of school sports.

“We need to change the culture of cheering when someone whacks their head and goes back into a game, shaking it,” she said.

Newton South’s Perrin agrees on that last point. “High schools sports and high school glory is one thing,” he said. “But a couple of hard knocks on the head can create a lifelong set of problems for a kid. I always say, give it the extra week. Don’t put your kid back in too quickly.”