

TESTIMONY
Before the
Subcommittee on Oversight and Investigations
House Committee on Energy and Commerce
Hearing:
Concussions in Youth Sports: Evaluating Prevention and Research
Friday, May 13, 2016

Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee:

Good morning and thank you for this opportunity to provide testimony on the important issue regarding youth and sports-related concussions. I commend you and your colleagues on the work of this committee to shed light on this critical issue. My name is Kelli Jantz, and I am the mom to Jake Snakenburg. My son Jake was your typical all American boy. Devoted to sports, his friends, and our family Jake, was often referred to as our “social butterfly”. He had a big heart, and genuinely cared for those in his life. He had a joy about him, that others could not resist. His big brother summed it up best when he said “Jake drank up life like it was pouring from a fire hose”. He gave 110% in everything, especially sports.

On September 18, 2004 our 14 year old son Jake Snakenburg got up at 6:15AM in anticipation of his football game. Jake loved football and all that it offered, the spirit of competition, the physical challenge and probably most of all the friendships. He was particularly excited about playing in this game as he had been held out of a few practices due to an injury from a prior game. Jake had suffered a hit which left his arms numb and tingly for a few minutes. From what he described we figured he had “tweaked” or strained his neck. He had not lost consciousness, or seen stars, no telltale signs of a major injury. He was monitored the following week and the range of motion in his neck improved. Jake did not inform his father or I of any headaches, but a few friends said Jake had complained of headaches during the week. Regardless, he was able to return to practice and meet the required number of practices to be eligible to play game day.

In warm – ups on the 18th, Jake took a hard hit that appeared to shake him. He noticed me looking on and waved me off to let me know he was ok. As the game began, Jake lined up with his team, but before the snap stumbled forward. The whistle was blown and penalty flag thrown. Slowly Jake got up and headed to the sideline, but collapsed on the field. He did not get up. Jake was unconscious. 911 was called immediately and life flight dispatched to the football field. Jake was airlifted to Swedish Medical. The neurosurgeon advised us that Jake had suffered a head injury and steps were being taken to decrease the swelling in his brain. He told us that Jake may never play his beloved football again, and will have a long recovery. The surgeon followed this statement with “if he survives this injury”. Tragically Jake did not survive. It was determined that Jake had suffered what is called Second Impact Syndrome, a condition leading to rapid swelling from more than one concussion, a phenomenon unique to young brains. It is likely Jake suffered a concussion the previous week. The subsequent hits during warm ups, though not associated with a concussion had a compounding effect and continued to further injure his already compromised brain.

Since Jake’s death, I have made it my mission to continue to raise awareness of the consequences of concussion in youth sports. Following Jake’s death, Karen McAvoy, Psy.D., developed the REAP Project which was adopted by the Rocky Mountain Hospital for Children and is made available to the Colorado Department of Education. The REAP Project is a community-based model for Concussion Management. REAP stands for Remove/Reduce physical and cognitive, or mental demands; Educate the student athlete, families, educators, coaches and medical professionals; Adjust/Accommodate for the student athlete academically; and Pace the student athlete back to learning, activity and play. However, the program addresses

all youth with concussions, regardless of cause, meaning not just sports-related concussions, as any concussion can directly impact a student's learning ability. Educators, therefore, should understand the impact of concussions, as well as moderate to severe brain injury, will have with regard to academics.

At least three states have passed legislation to begin addressing academic needs after a concussion, generally referred to as “return to learn”, to bring these issues to the attention of educators. And, several states have developed training, resources and consultative teams to assist educators with screening, assessment, educational planning and support for children with brain injury regardless of severity.

I have had the opportunity to support the REAP concussion management program which is now being adopted in other states. The REAP manuals have been funded for free distribution by the Jake Snakenburg Memorial Fund. I have also had the opportunity to testify in hearings leading to the passing of the Jake Snakenburg Youth Concussion Act in 2011, which requires Colorado middle school, junior high and high school coaches, as well as volunteer coaches with regard to recreational sports, to be educated on how to recognize a concussion; to remove players from play, if a concussion is suspected; and to require the student athlete to be signed off by a medical professional before returning to play. All 50 states and the District of Columbia have passed similar legislation.

Looking at the wealth of research on the consequences of youth concussion and the rapidly evolving advances in concussion management, we would be remiss, actually it would be irresponsible, not to take every possible opportunity to develop measures to protect our youth from the devastating disabilities and potential death resulting from these types of injuries. To help determine the extent and resulting problems, the Institute of Medicine and the National

Research Council issued a report in October 2013 that called for the Centers for Disease Control and Prevention to establish and oversee a national surveillance system.

Therefore, I support funding in the President's budget (\$5 million) to implement the National Concussion Surveillance Survey. Without comprehensive data, we will never know how many of our youth have been affected by concussions nor the short-term and long-term consequences. I ask Congress to please include \$5 million in the FY2017 budget to allow the CDC to collect data on incidence and prevalence of concussions in youth population. I also support the passage of the Youth Sports Concussion Act, sponsored by the Congressional Brain Injury Task Force Co-chairs, Representative Bill Pascrell and Representative Tom Rooney, to ensure that sports equipment is safe.

In addition, I urge the U.S. Department of Education to provide assistance and support to state departments of education and public schools with regard to training educators to better address the academic needs of students with brain injury resulting in cognitive and behavioral problems. Schools should be encouraged to work with state and local agencies that provide services to individuals with brain injury in order to coordinate community resources and supports to families in order for children who are injured to have a successful recovery and outcome after brain injury. The National Association of State Head Injury Administrators (NASHIA) is one organization which can help identify state resources.

In closing, these children are our future. It is our responsibility as parents, coaches, teacher, medical professionals, policy makers and the community as a whole to make sure we do all we can to support the necessary culture change to make youth sports as safe as possible and protect our children, as well as to provide appropriate treatment and assistance once a concussion occurs. Thank you for addressing this critical issue and allowing me to participate in the hearing today.

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Summary
Kelli Jantz, Colorado

- The Centers for Disease Control and Prevention estimates 1.6 million to 3.8 million concussions occur each year.
- 5-10% of athletes will experience a concussion in any given sport season.
 - Football is the most common sport with concussion risk for males (75% chance for concussion).
 - Soccer is the most common sport with concussion risk for females (50% chance for concussion).
- Headache (85%) and dizziness (70-80%) are most commonly reported symptoms immediately following concussions for injured athletes.
- All states have enacted youth sports concussion laws, referred to as “return to play”.
 - Colorado is one of thirteen states to extend concussion law requirements to private entities, such as private schools or youth athletic leagues, in addition to public schools.
 - Texas prohibits districts from using football helmets that are 16 years old or older. Helmets 10 years old or older must be reconditioned at least every two years.
- At least 3 states have enacted “return to learn” laws in recognition of the impact of concussions on learning and academics. All states should implement similar programs to assess the learning abilities or difficulties following a concussion.
- Colorado has developed a concussion management program, called REAP, which is similar to other concussion management programs. However, not all states have the availability of such programs, or have them statewide.
- Educators need training to understand identification, assessment and educational strategies for students with brain injury, regardless of severity.
- Request Congress to include \$5 million in the FY 2017 budget to allow the Centers for Disease Control and Prevention to implement the National Concussion Surveillance Survey in order to obtain data to determine the extent and impact of concussions.
- Request Congress to pass the Youth Sports Concussion Act, sponsored by Representative Pascrell and Representative Rooney, to ensure that sports equipment is safe.
- The U.S. Department of Education should provide opportunities for training and other assistance to assist educators in identification, assessment, and educational strategies for individuals with brain injury.