Ohio Athletic Trainer's Reactions to New Ohio Concussion Legislation

Alexander K. Heaton
Cedarville University, akheaton@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/research_scholarship_symposium

Part of the Entertainment, Arts, and Sports Law Commons, Medicine and Health Sciences Commons, and the Sports Studies Commons

http://digitalcommons.cedarville.edu/research_scholarship_symposium/2015/poster_presentations/18
The purpose of this study was to determine how Certified Athletic Trainers who work in high schools in the state of Ohio feel about the Ohio High School Athletic Association's (OHSAA’s) legislation and whether or not they agreed with the changes that were made.

Ohio athletic trainer’s reactions to new Ohio concussion legislation

**INTRODUCTION**

The purpose of this study was to determine how Athletic Trainers who work at high schools in the state of Ohio feel about the OHSAA’s legislation and whether or not they agreed with the changes that were made.

**ABSTRACT**

Concussions have gained national attention over the past few years due to the severity of long-term consequences of suffering one. In the spring of 2009, the state of Washington passed a bill that would change how concussions are handled in youth sports. According to the legislation, all athletes who display any sign or symptom of a concussion are to be removed immediately from play and are not allowed to return to play until cleared by a licensed professional health care provider. Since then, legislation of some form has been passed in every state in the U.S., with Ohio passing its own law in the spring of 2013. However, the Ohio High School Athletic Association (OHSAA) made a unique amendment to it by giving sporting officials the power to remove any athlete they deem as “concussed” without having to confirm a diagnosis with a licensed professional health care provider such as the Certified Athletic Trainers (ATCs) who are normally present during sporting competitions.

The purpose of this study was to determine how Athletic Trainers who work at high schools in the state of Ohio feel about the law and its various stipulations. A 20-question survey was sent to Athletic Trainers who work in a high school setting in the state of Ohio asking for their opinion and views on various components of the law. Of the 302 ATCs who received the survey, 49 (16%) submitted it. The survey yielded a mix of positive and negative reactions related to various aspects of the legislation, and though there was some disagreement, responding ATCs agreed with the main purpose of the legislation, which was to raise awareness of concussions and prevent mishandling of cases involving concussed athletes. What it comes down to is whether ATCs felt that their knowledge and expertise in recognizing and treating concussions is not being utilized to its fullest.

**METHODS**

Data was collected via a 20-question online survey. The survey was distributed to 302 Certified Athletic Trainers who work in a high school setting in the state of Ohio. The names and email addresses of the ATCs who worked in a high school setting in the state of Ohio were found on the OHSAA website. Before beginning the survey, participants read and agreed to the informed consent form. The form explained the purpose of the survey while also giving a description of the law and its various stipulations. This study and the informed consent form were approved by the university’s Institutional Review Board for the Protection of Human Subjects.

The survey consisted of demographic questions and both open- and closed-ended questions that determined whether or not there was a general agreement or disagreement with the way the OHSAA and state legislature has addressed concussion management and return to play protocol in their legislation. The closed-ended questions allowed the ATCs to answer about their familiarity with concussions and whether or not they agree with certain aspects of the legislation without having them go into detail. The open-ended questions allowed them to go into further detail about their answers.

**RESULTS**

**Role of Diagnosing Concussions**

When asked who should play in diagnosing an athlete with a suspected concussion, all 49 (100%) agreed that a physician should be able to diagnose, 48 (98%) agreed that ATCs should be able to diagnose, and only 2 (4%) believed that coaches and officials should play a role in the process of diagnosing a concussion. When asked who should have the authority to remove an athlete suspected of having a concussion, all 49 (100%) agreed that a physician and ATC should be allowed to remove an athlete from play, but only 37 (76%) believed coaches should have any say, and 28 (57%) believed that officials should also have a say in whether an athlete should be allowed to continue to play. In terms of returning to play, all 49 (100%) agreed that physicians have the ultimate authority to clear athletes to return to play, whereas 29 (59%) believed ATCs should have ultimate authority to return an athlete to play. No one believed that coaches or officials should have the authority to determine whether an athlete can return to play following a concussion.

**Diagnostic and RTP Aspects of the Legislation**

When ATCs were asked how they felt about the legislation in terms of who it allows to make diagnosis and Return to Play (RTP) decisions, 6 of the 44 (14%) disagreed entirely with what the legislation stated, believing that there are “too many cooks in the kitchen” in terms of who is involved in the process of making the decision to remove an athlete from play and then allowing them to return. The remaining 38 (86%) agreed with the general idea, but disagreed with aspects pertaining to game official’s involvement.

**ATC and Physician Relationship**

26 out of the 49 (53%) who responded to the questions regarding ATC-Physician relations answered that they work in conjunction with one or more physicians and have a mutual agreement that it is the physician’s role to officially assess an athlete who is suspected to have a concussion and then diagnose accordingly. 29 out of 46 (67%) indicated that they work in close conjunction with another professional health care provider; whereas 15 (27%) work solo or do not work in tandem with a specific professional health care provider.

**DISCUSSION**

Statistical analysis was performed to compare the group means and to determine if there were any significant differences among the groups. The data was analyzed using descriptive statistics, t-tests, and chi-square tests. The t-tests were used to compare the means of two independent groups, while the chi-square tests were used to compare the proportions of two or more independent groups. The significance level was set at 0.05.

**CONCLUSION**

The implementation of the concussion legislation was first put into effect with the main purpose of raising awareness of concussions by educating those involved in sports at the youth, middle school, high school, college, and even professional level. The decision to involve game officials in removing athletes came as one that was meant to put another set of eyes on the field, not to step on the toes of professional health care providers such as ATCs. However, with these changes there should also come an increased appreciation for the talents that ATCs bring to the realm of health care in the form of recognizing and diagnosing concussions, and therefore their role in concussion management should include being involved in the final say of whether or not an athlete is concussed and needs to sit out while further observations and assessments are done.