TIMEOUT on CONCUSSIONS

Diagnosing asthma sooner | New students and residents | Reducing infant mortality
Brandon Streeter lived for these nights.

On Oct. 22, 2010, the high school senior put on his red and white Rose Hill High School uniform and took the field as he had done so many times before. As a wide receiver, he knew he would take hard hits only to jump back up and into the game. What he wasn’t prepared for — this would be his final football game and the last time he would ever play sports.

Approximately 1.6 to 3.8 million sports- and recreation-related traumatic brain injuries occur in the United States each year. And during the last decade, emergency department visits by children and adolescents increased 60 percent, according to the U.S. Centers for Disease Control and Prevention. The severity of a concussion — when the brain bounces around, hitting the inside of the skull — can vary. Until 2011, there was no specific medical protocol as to how student athletes with concussions should be treated, other than waiting for their symptoms to clear. Should they sit out the remainder of the game? A week? The rest of the season?

Concussions can be difficult to diagnose because they can’t be seen on a CT scan. In addition, many people don’t even know when they have suffered one, leaving physicians to estimate countless more concussions are sustained than reported. And when concussions aren’t properly diagnosed and given time to heal, young athletes can experience additional brain trauma from a second injury that can be life-changing or even deadly.

It took only one Kansas physician to experience one head injury at one local high school football game to set the wheels in motion to create the Kansas Sports Concussion Partnership, an online resource that provides functional concussion assessment tools for student athletes, parents, coaches, and physicians.

Two years ago, James Gilbaugh, M.D., attended a Friday night high school football game. The punt returner took a solid hit from two players on the opposing team.

“You’re just cringing as you’re watching it,” he said. Two of the boys were knocked unconscious. As one struggled to his feet and walked off the field, he collapsed again. “Clearly those are signs of significant concussions.”

A “blow out game,” Dr. Gilbaugh left in the third quarter. He was even more shocked to read in the next day’s newspaper that at least one of the players re-entered the game in the last quarter.

Dr. Gilbaugh, a urologist and a Medical Society of Sedgwick County (MSSC) board member, recognized the public health significance of letting injured athletes return to play. He made sure the issue was on the board’s agenda the following week. Dr. Gilbaugh, a urologist and a Medical Society of Sedgwick County (MSSC) board member, recognized the public health significance of letting injured athletes return to play. He made sure the issue was on the board’s agenda the following week.

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The concussion-causing hit that ended Brandon Streeter’s football career, photographed by his father.

Brandon was like many athletes — with the desire to stay in the game, he downplayed his symptoms, even lying to his parents, coaches, and trainers. The old saying “walk it off” resulted in multiple concussions.

Brandon Streeter moments after his last concussion, photographed by his father.
Brandon never let a headache, his or her head at some time. With more than 100 billion brain cells, a person likely won't notice a difference when a ... such as with multiple concussions, that an irreversible change is noticed by the athletes and those close to them. He couldn't remember what was said during conversations or that they even took place. All the while, he continued having splitting headaches. Moving into football playoff season, he kept his pain to himself.