

Concussion Calls

By Alan Goldberger

No matter what sport you officiate, just hearing the word “concussion” in any gathering of officials is likely to trigger debate. As with any difficult and nuanced aspect of the rulebook, the rules governing the potential for traumatic brain injury — and the development of mechanics and protocols for officiating the rule — have suffered under the weight of a decade and a half of confusing, inconsistent and vague “guidance” for officials regarding the rule.

Who’s to blame? Media hype asserting, inaccurately, that referees must “diagnose” a concussion? Attempts to prevent concussions by distributing pamphlets to coaches, parents and athletes? Or is it just a case of “one rule, many inconsistent interpretations”?

What do officials need to know to officiate the concussion rules?

Probably all of the above factors are at work. One thing remains clear: Officials still struggle with enforcing concussion rules. Over the past decade and a half, provisions for mandatory removal from play morphed from identifying the “unconscious” player (pre-1991-1992) to the “apparently unconscious player” (circa 1992-2009) to the 2010 landmark NFHS rules change dictating removal of a player who exhibits a sign, symptom or behavior consistent with concussion. And, to make matters worse, during this time frame, every state legislature and other governmental authorities have collectively imposed dozens of statutes and administrative regulations on the subject.

While many states prohibit same-day return to play for anyone for whom a substitution is mandated under the law, other states mirror the NFHS rule that permits a same-day return to play for athletes when authorized by a specified health care provider. State laws and association policies vary widely as to the details.

At the level of intercollegiate athletics, there are few legislative requirements. Several years after the NCAA rejected proposed rules mirroring the NFHS rules, it revised an appendix to the playing rules stating, “Game officials are often in the best position to observe student-athletes up-close and may be the first to notice the unusual behaviors that indicate a concussion may be present. Student-athletes with a suspected concussion must be removed from competition so that a medical examination can be conducted.”

Various sport-specific organizations may have their own concussion-related policies, and, in some cases, corresponding playing rules. Still, enforcement techniques remain elusive for many officials groups. Governing bodies, often prone to regard officiating as an “afterthought,” cannot be relied upon for practical guidance. And, unfortunately, too many officials associations do not take sufficient care to make sure the protocol for officials to follow is workable, practical and compliant with state and local law.

What do officials need to know to officiate the concussion rules? Concussion events in sports are governed principally by three regulatory devices: playing rules; national, state and/or local governing body regulations or rules modifications; and state and/or local law. Virtually all state laws require the removal of a potentially concussed athlete. Returning to play in the game is another matter. Here, state rules vary. Bungling potential concussion situations can be legally problematic for officials at whose feet concussed athletes may fall. Good and clear mechanics for enforcement will go a long way to prevent legal complications. In short, the official who knows when to substitute, when to permit return to play and when to deny return to play — and what to say in between — will meet the challenges of the concussion rules.

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Concussion Enforcement

Here’s what you need to know to manage the concussion-rule risks:

1. REALIZE that you and your crew are the best educated impartial adults in the venue, especially in youth/rec sports. So knowing when to get a sub; and when *not* to permit return-to-play are the protocols that count.

2. UNDERSTAND that the rules governing concussion are rules that need to be officiated; and to effectively officiate the rule, you need a mechanic driven by the rule *and* the law of the place where the game is played.

3. RECOGNIZE the signs, symptoms and behaviors consistent with concussion. Your ability to do this will make your directing that substitute be saddled up the right call!

4. GET PERSPECTIVE that will allow you to officiate the rule: Once a single sign, symptom or behavior consistent with concussion is evident, you will make the call to remove the player from the game — without any “roundtable discussion” or “consensus building.” Removing a player is not a diagnosis. It is officiating the rule. And it is following the law.

5. HAVE A PLAN for what to do at the time of substitution. Upon removal of a player, the cause of the removal ought not to be kept a secret or tiptoed around. Any “guidance” to that effect simply misses the point of the rule and the laws in place. The head coach needs to know *why* the player is removed as the reason may impact whether and when the player can return to play in that game, or at another time.

6. KNOW THE PROTOCOL for same-day return to play, if any. Once the injured player is removed, the officials have limited — but vitally important — involvement. In some states and for some governing bodies, there is no return to play that day. If the game is played in a state where return to play same-day is permitted by the state (and the league, sponsor or governing body), there will be pre-conditions such as approval by a state-association titled “appropriate health care professional (AHCP).” This approval may be written or verbal depending on state association regulations. If written, the crew chief should retain the written approval.

NOTE: In these situations, officials should ask a coach or site manager to identify the AHCP before the game.

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