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TESTIMONY OF

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Submitted to the U.S.A. House of Representatives Committee on Education and Labor
on
Concussion Management

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Good morning Mr. Chairman, and other distinguished members of the House Education and Labor Committee. Thank you for inviting me to speak on concussion management and how it is integrated into our district procedure.

In 2006 at an athletic director's conference, I sat in on a workshop that briefed us on the concussion management program – ImPACT. Being in the coaching business for close to 40 years and a witness to those injuries, this program and those like it had my attention. After taking this information back to our district superintendent, it was an easy sale. Any program/policy that will reduce injury risks to our student-athletes is a priority.

We were able within our school schedule to not only test our student-athletes but all our middle school and high school students. Each student is teacher every other year. Our district, Caledonia-Mumford Central School, felt that an injury, that can affect cognitive functions, can happen to any of our students – at home, to and from school, gym class, car accidents, etc.. Coverage for our total middle school and high school student population, not just athletes, is important. We tested grades 6, 8 and 10 this spring.

For me personally as a coach, it has taken the guesswork out of determining when a player is ready to return to action after a concussion. In the past, the return to play was based more on “feel than facts” – “how many fingers am I hold up here” – “what’s your girl friends name”, etc. Basically you waited until the athlete was symptom free – no headaches (if they were really honest with telling you and their primary care physician this). We would keep them out another day after before letting the student return to practice. As a coach under the present system, I am much more comfortable relying upon the post-testing and re-entry protocol to aid in determining whether the athlete is ready to compete or not.

No real amount of thought was put into how severe the concussion was in the past – just when they can play. “Second-impact syndrome” was not in our thoughts at all. Now we know that a second blow to the head while recovering from the first concussion is dangerous. It takes a lot less force to reinjure the brain. This testing is very important because it reveals second-impact syndrome: which is catastrophic, even fatal. The testing establishes when it is safe for the athlete to return to play. . There is no standard recovery time.

When our district initiated this testing in 2006 there was a question by parents of our student-athletes as to why we were doing this and would it be restricting their playing time. No

parent or athlete wants to hear that any significant amount of playing time will be missed. But as our community became more aware of the safety rationale they have become advocates for the testing, knowing that their child's concussion will be managed properly.

Another aspect of our testing has been to educate our classroom teachers. The student-athlete that is concussed can have serious cognitive difficulties that will impact their classroom learning. Oftentimes there had not been communication between athletics and academics regarding how an athletic injury can affect classroom achievement. The student that is now quiet, listless, having headaches, dizzy and not very responsive can have a legitimate medical reason due to being concussed and academic aid can be used to address this.

To personalize concussion management even more, this past season my starting tailback became concussed. The district, parents and medical staff followed the protocol outline in ImPACT. All felt that he was well on his way to recovery to play again this season. That was until he reached Phase 4 of the re-entry protocol – that being non-contact skill drills sports specific – where he was having headaches. Again, following protocol, he had to retrace his recovery steps. He did not return this season as an active player. He did, though, fully recover and start on our basketball team, competitively lift during our football off-season and is now enjoying a good track season. He will now be ready for this fall's football season, his true passion. As his coach, I did not want to lose my #1 back but most assuredly I did want him to be healthy and safe. That was the real #1 in my life and his.

We are in a comfort zone with concussion management in our district. We have full confidence in the system. Most assuredly as coaches, we do not want to see these injuries.

But we know that now the concussed student can be properly diagnosed and managed. The student-athlete will get better and will play again.

Thank you again for this opportunity to testify today. Mr. Chairman, I would be happy to answer any question you or the other committee members may have.