

Testimony of Sean Hubbard, DC, DACNB

Support of HB 2016

House Health and Human Services Committee

January 28th, 2015

Mr. Chairman, members of the Committee,

As a member of the Kansas Chiropractic Association and a Diplomate of the American Chiropractic Neurology Board, I feel that it is my responsibility to voice my opinion regarding clearing an athlete who has suffered a concussion. As you are aware, my profession is currently excluded from clearing a concussed athlete to return to play. This exclusion places an unneeded burden on the athlete and his or her family as they have to see another provider in order to be granted clearance. This superfluous step requires additional time away from work, increased medical expenses, and takes time away that the athlete could be using to rest and heal.

The standard of care in Kansas for diagnosing and returning an athlete that is covered by KSHSAA policy is a stepwise graded return to play. This policy is guided by the SCAT2 protocols which were set forth by the Zurich Consensus Statement in 2008 and later revised to SCAT3 in 2012. This has been adopted by the Kansas Sports Concussion Partnership into the SCORE card. There is no testing within this SCORE Card that falls outside the scope of practice of a chiropractor in Kansas and every willing provider should be competent in performing this exam.

The following excerpts from respected journals further my position on this matter –

The care of athletes with sports concussion is ideally performed by healthcare professionals with specific training and experience in the assessment and management of concussion.

A physician or other health professional trained in the evaluation and management of concussion who knows the athlete well is in the best position to correctly diagnose a concussed athlete.

Review:

American Medical Society for Sports Medicine position statement: concussion in sport

Kimberly G Harmon, Jonathan A Drezner, Matthew Gammons, Kevin M Guskiewicz, Mark Halstead, Stanley A Herring, Jeffrey S Kutcher, Andrea Pana, Margot Putukian, William O Roberts , Endorsed by the National Trainers' Athletic Association and the American College of Sports Medicine

Br J Sports Med 2013;47:1 15-26 doi:10.1136/bjsports-2012-091941

“A licensed health care professional, such as a neurologist, whose scope of practice includes being properly trained in the evaluation and management of concussion, must clear the youth athlete before he or she can return to play. This includes sports recognized by high school athletic associations as well as youth and recreational leagues run by other entities.” American Academy of Neurology

POSITION STATEMENT HISTORY

Originally drafted in October 2010 (AAN Policy 2010-36) and updated in March 2013. Approved by the AAN’s Government Relations Committee March 2013. Approved by the AAN Board of Directors March 2013. (AAN Policy 2013-8).

“Cases of concussions in sports where clinical recovery falls outside the expected window (i.e.10 days) should be managed in a multidisciplinary manner by healthcare providers with experience in sports-related concussion. The player should be evaluated by a physician or other licensed healthcare provider onsite using standard emergency management principles and particular attention should be given to excluding a cervical spine injury.”

Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012

Each of these excerpts reference healthcare provider and they do not stipulate MD/DO. The authors of these journals are from the medical profession and they realize that each of these injuries is best managed by a multi-disciplinary team. They emphasize proper training in the management of a concussion and relationship to the athlete more than the individual profession.

An article in Journal of Chiropractic Medicine stated that fifteen athletes with a concussion were managed or co-managed by chiropractors by using the accepted forms of SCAT2. Of the fifteen, six were returned to play, two suffered concussions at the end of the season, and 3 were released to play by their medical doctor. None of the athletes reported adverse effects due to the management of their concussion.

Shane ER, Pierce KM, Gonzalez JK, Campbell NJ. Sports chiropractic management of concussions using the Sport Concussion Assessment Tool 2 symptom scoring, serial examinations, and graded return to play protocol: a retrospective case series. Journal of Chiropractic Medicine 2013;12(4):252-259. doi:10.1016/j.jcm.2013.08.001.



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To my knowledge 10 states preclude chiropractors from returning athletes to play. While all 50 states and the District of Columbia have laws that mandate how an athlete's concussion should be handled. I cannot find any evidence of a chiropractor making a decision to return an athlete to play too soon in the other 40 states.

My practice focuses primarily on the treating of vestibular and balance disorders which includes post-concussion syndrome. I have successfully completed a course of study which has allowed me to achieve board certified status from the American Chiropractic Neurology Board. Over the past two years while logging 375 classroom hours and a week of attending rounds with the Carrick Brain Centers in Atlanta, GA, I have completed coursework that focused on mild traumatic brain injuries. As a result, I am eligible to sit for a fellowship exam with American College of Functional Neurology in June.

I have spent over 800 hours in post-graduate training studying neurology. However, this only scratches the surface of the total time I have spent studying the nervous system and how it can be treated without surgery and/or a pharmaceutical approach. We have been able to help many people recover from these conditions through a combination of chiropractic care, therapeutic, and rehabilitative exercises.

Many of my patients are struggling to recover from their concussion symptoms and have had a prolonged recovery. These injuries affect so much more than just their play on the field as we will spend time altering school schedules and extra-curricular activities in order to promote the patients recovery. Our focus is they have to first return to learn and then they can think about returning to play.

I believe that any licensed chiropractor would possess the tools to evaluate and manage these injuries or they can refer patients to the appropriate health care providers if needed. The information and standards of care when managing these issues are constantly changing as we learn additional information everyday about how to best help people suffering from a concussion.

In summary, chiropractors should not be excluded from the ability to return an athlete to play as history, exam, and using a SCORE card to help manage these issues are within our scope of practice. Forcing a patient to see another provider for clearance can be an unnecessary burden on time, finances and the healing process itself.

Thank you for your time,

Sean Hubbard, DC, DACNB