College Athletics and the Law
Practical Guidance on Athletics Laws and Regulations

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Gender Equity

Basketball coach receives millions in termination lawsuit

By Lois Elfman

In her 16 years (two eight-year stints) as head coach of the women's basketball team at San Diego State University, Beth Burns led the Aztecs to a 295–186 overall record and eight appearances in the National Collegiate Athletic Association Tournament. Burns was terminated in April 2013, after a program-record 27-win season and in the first year of a five-year contract.

SDSU initially stated it terminated Burns for allegedly elbowing an assistant coach on the bench during a game. The school further claimed an internal investigation revealed Burns had mistreated subordinates.

Burns, 59, who has 21 years of experience as a head coach, filed suit for

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Risk Management

Medical expert warns against overlooking concussion risks, liabilities in soccer

By Claudine McCarthy, Editor

When people think of concussions, they most likely think of football.

And that makes sense, because much of the concussion-related lawsuits, research studies, media attention, funding, and prevention efforts have involved football.

But what many don't realize is that the absolute number of concussions is very high among soccer players, according to Hirsch Handmaker, M.D., chairman and CEO of The CACTIS Foundation, a community-based institution focused on advancing the diagnosis, treatment, and prevention of traumatic brain injury.

He emphasized the need for more attention to the issue of concussions among soccer players when he spoke at the Ultimate Concussion Conference in Hollywood, Fla.

"Soccer has become an unbelievably popular sport," said Dr. Handmaker,

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who is also founder and managing member of Conquering Concussions LLC, and research professor of radiology at the University of Arizona College of Medicine - Phoenix.

Understand the differences for females

There's a higher incidence of concussions among female soccer players versus male soccer players, and that's not just because soccer is especially popular among female student-athletes, Dr. Handmaker noted.

Females consistently report more TBI-related symptoms and seek medical care more frequently, "and that's a good thing," Dr. Handmaker said.

Females also recognize and report their own pragmatic communication problems more frequently than male student-athletes, and they're at greater risk for postconcussion syndrome with a longer duration of symptoms than their male counterparts, he said.

Dr. Handmaker said the most prominent difference occurs during their childbearing years, which of course includes the time they spend as college student-athletes.

"Biologically, males and females are different. And to deny that really takes away a great weapon for us" to address concussions among female student-athletes, Dr. Handmaker said.

In fact, data shows that females and males have differences in their inflammatory response and that the menstrual cycle has an effect on recovery, he said.

A University of Rochester study published in the *Journal of Head Trauma Rehabilitation* revealed that females who suffered a TBI during the premenstrual phase (the two weeks leading up to their period) had a slower recovery and worse health a month later. But females had better outcomes if they suffered a TBI in the two weeks after their period or if they were taking birth control pills.

In addition, women have thinner necks than men, but women aren't included in the big concussion studies that have involved the National Football League, Dr. Handmaker added.

It all points to the need for a different approach to concussion prevention and treatment for female student-athletes, he said.

It's especially critical because "a second concussion before the first one heals leads to disastrous results," Dr. Handmaker noted.

Consider subconcussive impacts

So for soccer players, both male and female, "the goal is to prevent and reduce the frequency of sudden impact syndrome," Dr. Handmaker advised.

It's not just the act of the soccer ball hitting the head that is the issue; training, education, and technique play significant roles, he said.

There's also concern about the detrimental effects of repetitive subconcussive head impacts on the brain, he added.

In other words, think about how many times soccer players head the ball (typically at 80 to 90 miles an hour) or accidentally head-slam into another player on the field. They likely don't lose consciousness or show signs of a concussion, so these same soccer players repeat these actions throughout the game and then game after game again, without concussion signs or symptoms to trigger a call for rest in between.

In fact, 90 percent of most diagnosed concussions don't involve a loss of consciousness, Dr. Handmaker said.

He has a theory that when a concussion occurs "maybe loss of consciousness is a good thing," a protective mechanism to allow the body to rest for a few minutes by not being visually stimulated, thereby helping to promote healing and recovery, he explained.

And then there's the issue of who verifies loss of consciousness in student-athletes, Dr. Handmaker noted.

It could be that loss of consciousness actually occurs in more than 90 percent of concussions because there's no one close enough to witness it, he said.

Dr. Handmaker theorizes that some student-athletes who have endured a hit to the head might

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have lost consciousness for only 20 or 30 seconds, but by the time the athletic trainer arrives at the student-athlete's side, he's alert again, so there's no report of loss of consciousness in those instances, Dr. Handmaker said.

Of course, concussions should rank as a prominent concern for not just soccer and football programs, but for the entire college athletics department. In fact, Dr. Handmaker referenced the Centers for Disease Control and Prevention's findings that the total combined rates of TBI-related hospitalizations, emergency room visits, and deaths climbed from 521 per 100,000 in 2001 to 823 per 100,000 in 2010.

"If this was another Disease … it would be called an epidemic. If this were rabies or STDs, this would be something that would be alarming in health care and would draw a lot of attention and funding," Dr. Handmaker said.

Address peer pressure

For student-athletes across all sports, peer pressure from parents, coaches, and teammates causes them to return to play despite a concussion, Dr. Handmaker said.

Student-athletes often fear they'll be removed from the game or the season if they report their symptoms, he said.

"This feeling of wanting to stay part of the team and stay active is really important," he noted. So to encourage student-athletes to rest after a concussion, Dr. Handmaker advised that coaches, parents, and teammates try saying, "You're not helping yourself and you're not helping your team when you go back to play when you have a concussion."

In fact, data shows that immediate removal from play is the first step in mitigating prolonged recovery and may reduce recovery time, Dr. Handmaker said.

Communicate the risks

If your coaches, staff, or top leadership have trouble grasping or implementing the concept of removal from play, it's time to turn to your school's risk managers and attorneys for help because they're the ones who understand the importance of this issue, Dr. Handmaker said.

"We need to think about who our allies are to get this done through guidelines and regulations," he said.

Your school's risk managers and attorneys can point to multimillion-dollar lawsuits arising over returning student-athletes to play with a concussion — "that gets people's attention," Dr. Handmaker said.

And then there's the case of Patrick Grange, a former college soccer player who died at the age of 29 of amyotrophic lateral sclerosis, or ALS, a progressive neurodegenerative disease also known as Lou Gehrig's disease.

An autopsy revealed Grange had chronic traumatic encephalopathy, brain degeneration likely caused by repetitive hits to the head — even subconcussive impacts that people barely notice. CTE was once thought to be limited to football players and boxers.

You can also point to the fact that students with postconcussion syndrome clearly don't perform as well academically as their peers, he said.

Support baseline testing

Despite the growing popularity of soccer, very few soccer players are receiving baseline testing, and there's little to no guidelines for return to play, Dr. Handmaker said.

That's why Dr. Handmaker so strongly advocates for educating coaches, student-athletes, and parents, as well as requiring annual comprehensive and objective baseline concussion testing for all student-athletes.

"The brain develops at a different rate for almost everybody. If you've seen one concussion, you've seen one concussion. Some of the things may seem the same, but they're all unique and different," he stressed.

For more accurate results, ensure that baseline tests are conducted in a competitive atmosphere, Dr. Handmaker advised.

For example, eye-hand coordination tests can have a background customized to match their sport, so student-athletes are likely to participate more competitively, he said. "We want them to do maximum performance; we really want them to work hard," he explained.

"So have your student-athletes complete baseline tests alongside their friends and teammates; otherwise, they'll be tempted to underperform in hopes that they will pass the postconcussion test when it's compared to their baseline tests," he explained.

For more information, please go to www.cactisfoundation.org. ■

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