An Examination of Concussion Safety Policies in U.S. Municipal Park and Recreation Departments

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The CDC estimated that 1.6 to 3.8 million athletes suffer concussions each year in the U.S. with sport being the second highest cause of concussions behind automotive accidents (Gleadhill, James, Maher-Sturgess, & Lee, 2014; Miyashita, Timpson, Frye, & Gloeckner, 2013). Furthermore, data from emergency department visits indicated that youth sport participants age 19 or younger, who were diagnosed with sport-related traumatic brain injuries, have increased from 153,375 in 2001 to 248,414 in 2009 (CDC, 2011). Despite the increasing number of concussions among youth sport participants, research has primarily focused on interscholastic, intercollegiate and professional sports. Research examining concussion management policies/practices of private and recreational youth sports, including park and recreation departments, is lacking. Therefore, the purpose of this study was to investigate the concussion safety policies and practices in youth sport within municipal park and recreation departments in the U.S.

After IRB approval, a 25-item-questionnaire examining concussion safety policies and practices in youth sport programs within park and recreation departments was developed. A random sample of park and recreation departments, stratified by state and size of community was identified. Directors of departments selected for participation were invited by e-mail to participate in the study. A total of 167 participants from 36 different states completed the survey (23% response rate).

Only 31.7% of the respondents indicated their departments required concussion safety training for coaches who supervised youth sport practices and games on park/recreation property. Sixty-six percent of respondents, however, encouraged concussion safety training for coaches. Among respondents who mandated concussion safety training for coaches, the CDC’s Heads Up: Concussion in Youth Sports was the modality most (31.8%) required.

Concussion safety education for parents and/or athletes was disseminated primarily by written materials (43.2%) and/or by hosting a medically-trained guest speaker (13.5%) during a pre-season meeting. Approximately 62% of the departments required coaches to remove concussion-suspected athletes from athletic contests/practices. In order for concussion-sustained athletes to return to play, 60.1% of departments required written consent from a licensed medical professional. Only 18.9% contractually required a concussion safety protocol for coaches supervising contests/practices on department property.

Overall, the results suggest concussion management policies and practices among municipal park and recreation departments were lacking when compared to interscholastic and intercollegiate programs. With a large percentage of U.S. youth involved in sport and recreational activities that are often hosted by park and recreation departments, it is imperative that park and recreation administrators and other relevant professionals establish sound concussion safety policies and practices that reflect the most current medical knowledge, and which comply with legislative mandates. Future research should further investigate the knowledge of park and recreation administrators and coaches regarding the prevention and management of sport-related concussions.