Physics (RST) Writing Prompt -

Rationale: Recently, there has been a national debate about concussions in contact sports. Some experts say all players playing a contact sport should wear protective head-gear, while other experts argue that there are less concussions in contact sports where players do not wear helmets. Do you think that players who play a contact sport should wear some type of protective head-gear?

Task: Review the following sources;

Source A - Video - Brain 101: What is a Concussion (www.youtube.com/watch?v=\_5hlm3FRFYU)

Source B - Article: Concussions: Rugby can help football.

Source C - Stanford Researchers Measure Concussion Forces in the Greatest Detail Yet.

Do you think that protective head-gear should be worn in all contact sports? Write an informative piece that addresses the question and supports your position with evidence from at least two of the three sources. Be sure to acknowledge competing views. Give examples from past and current events or issues to illustrate and clarity your position. You many refer to the sources by their titles (Source A, B, or C).

Stanford Report, January 6, 2015

Stanford researchers measure concussion forces in greatest detail yet

Although the mechanisms of concussions are still being revealed, David Camarillo's lab has measured the forces imparted on the brain in greater detail than ever before. The results could eventually lead to better injury detection and prevention.

BY BJORN CAREY

More than 40 million people worldwide suffer from concussions each year, but scientists are just beginning to understand the traumatic forces that cause the injury.

Now, a team of engineers and physicians at Stanford has provided the first-ever measurements of all the acceleration forces imparted on the brain during a diagnosed concussion. The findings could lead to better injury detection, or toward developing safer protective gear.

The [study](http://link.springer.com/article/10.1007/s10439-014-1212-4/fulltext.html) was recently published in the online edition of the*Annals of Biomedical Engineering*.

Previous research has measured the translational forces – up/down, left/right, front/back – of concussion events, but scientists have long believed that rotational accelerations play a prominent role in the injury.

The Stanford researchers, led by [David Camarillo](http://camlab.stanford.edu/), an assistant professor of bioengineering, outfitted Stanford football players, local boxers and mixed martial arts fighters with [sensor-laden mouthguards](http://news.stanford.edu/news/2014/june/football-mouth-guard-061714.html) that can measure rotational accelerations on the head – roll, pitch and yaw – as well as translational forces.

**Clearest picture yet**

The mouthguard was originally developed by X2 Biosystems for consumer use, but Camarillo's lab has customized the device for research, allowing the researchers to create the clearest-ever picture of the forces imparted on the head during an impact.

The mouthguards recorded more than 500 impact events sustained during regular sporting events. Two of these impacts resulted in diagnosed concussions, and are believed to be the first-ever concussion events to be recorded with six degrees of freedom.

Statistical analysis of the impacts revealed that measurements made with six degrees of freedom were more predictive of injury than those made with the standard three degrees of freedom. They also found that rotational accelerations were a stronger predictor of injury than translational forces.

The results put the researchers one step closer toward identifying a benchmark combination of accelerations that indicate a brain injury, but Camarillo said that the small sample size of the current study means that much more research is needed to do so.

"I should stress that these are still very early results with only a few concussions so we still don't know what causes concussion," Camarillo said. "The data does support the rotational acceleration hypothesis, but not overwhelmingly. But the data is compelling enough to suggest we continue to collect this data and see how our results hold for a wider variety of concussions."

The current work, however, has helped identify a brain structure that bears closer scrutiny for its potential role in concussion symptoms. While the two concussion impacts inflicted very different magnitude and directional forces on the head, computer models indicated that they both put strain on a particular part of the brain, the corpus callosum. Previous concussion studies have identified the corpus callosum as a potential injury site.

"One of the things the corpus callosum does is manage depth perception and visual judgment by communicating and integrating information from each eye across the left and right hemisphere of the brain," said lead author Fidel Hernandez, a mechanical engineering graduate student in Camarillo's lab. "If your eyes can't communicate, your ability to perceive objects in three dimensions may be impaired and you may feel out of balance, which is a classic concussion symptom."

New standard sought

The industry standard for evaluating helmet effectiveness involves measuring only the three translational degrees of freedom. By continuing to suggest the strong connection between the rotational forces and incidence of injury, the Stanford group hopes it can influence industry to apply rotational tests to evaluate existing gear, or to even design helmets that minimize rotational effects.

Real-time monitoring of head accelerations could also help limit the frequency and severity of injuries in sports. Sustaining a second injury shortly after the first can exacerbate the trauma and lengthen recovery time, but athletes often don't realize – or don't report – the initial injury. If future research can identify a minimum force required for injury, medical professionals could remotely monitor a player's head impacts throughout a game and pull the player to the sideline before he or she sustains greater injury.

An ongoing complexity involved in this line of studying concussions, Camarillo said, is that many injuries go unreported by players. For instance, Camarillo's research group members had expected that by measuring head rotation, they would see a clear threshold between concussive and non-concussive impacts, which has eluded previous studies. But even among the few concussions they measured, there were other impacts with higher rotational acceleration but with no clinically diagnosed concussion.

Camarillo said that other factors could account for this discrepancy – such as variations in individuals' tolerance to concussions or the player's bite affecting the mouthguard's measurements – but that he believes underreporting is the main culprit.

"Stanford has careful clinical surveillance and player education so we thought anyone with symptoms would be detected," Camarillo said. "Under-reporting has plagued research studies and is a major problem in player health that may still be unresolved."

## SPORTS CONCUSSION STATISTICS

Head impacts and concussions caused by contact sports are a quickly growing epidemic among young athletes. When left undetected, concussions can result in long-term brain damage and may even prove fatal.

To preserve the young athlete’s head health, mental cognition and ability to succeed, it is critical that coaches, players and parents are aware of the inherent dangers and how to properly perform a concussion evaluation.

CDC reports show that the amount of reported concussions has doubled in the last 10 years. The American Academy of Pediatrics has reported that emergency room visits for concussions in kids ages 8 to 13 years old has doubled, and concussions have risen 200 percent among teens ages 14 to 19 in the last decade.

While the first hit can prove problematic, the second or third head impact can cause permanent long-term brain damage. Cumulative sports concussions are shown to increase the likelihood of catastrophic head injury leading to permanent neurologic disability by 39 percent.

High school football accounts for 47 percent of all reported sports concussions, with 33 percent of concussions occurring during practice. After football, ice hockey and soccer pose the most significant head health risk.

Without medical professionals present to assess the head impact or impact measurement data to review, head health management standards decline. Athletes are left vulnerable and ill-equipped without information readily available about their own health.

### Sports Concussion Statistics:

* 3,800,000 concussions reported in 2012, double what was reported in 2002
* 33% of all sports concussions happen at practice
* 39% -- the amount by which cumulative concussions are shown to increase catastrophic head injury leading to permanent neurologic disability
* 47% of all reported sports concussions occur during high school football
* 1 in 5 high school athletes will sustain a sports concussion during the season
* 33% of high school athletes who have a sports concussion report two or more in the same year
* 4 to 5 million concussions occur annually, with rising numbers among middle school athletes
* 90% of most diagnosed concussions do not involve a loss of consciousness
* An estimated 5.3 million Americans live with a traumatic brain injury-related disability (CDC)

### Concussion Rates per Sport

The below numbers indicate the amount of sports concussions taking place per 100,000 athletic exposures. An athletic exposure is defined as one athlete participating in one organized high school athletic practice or competition, regardless of the amount of time played.

* Football: 64 -76.8
* Boys' ice hockey: 54
* Girl's soccer: 33
* Boys' lacrosse: 40 - 46.6
* Girls' lacrosse: 31 - 35
* Boys' soccer: 19 - 19.2
* Boys' wrestling: 22 - 23.9
* Girls' basketball: 18.6 - 21
* Girls' softball: 16 - 16.3
* Boys' basketball: 16 - 21.2
* Girls' field hockey: 22 - 24.9
* Cheerleading: 11.5 to 14
* Girls' volleyball: 6 - 8.6
* Boys' baseball: Between 4.6 - 5
* Girls' gymnastics: 7

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