



November 28, 2017

Ms. Debra Houry, MD, MPH
Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention,
Attn: Docket No. CDC-2017-0089,
4770 Buford Highway NE., Mailstop F-63
Atlanta, Georgia 30341

Re: Proposed Centers for Disease Control and Prevention Guideline on the Diagnosis and Management of Pediatric Mild Traumatic Brain Injury (CDC-2017-0089)

Dear Director Houry:

On behalf of the National Athletic Trainers' Association (NATA), we appreciate the opportunity to comment on the Center for Disease Control and Prevention's (CDC) Systematic Review and Proposed Guideline on the Diagnosis and Management of Pediatric Mild Traumatic Brain Injury (mTBI) put forth by the agency's Pediatric Mild TBI Guideline Workgroup ("workgroup").

NATA is a professional organization serving more than 45,000 certified health care professionals, including athletic trainers and students of athletic training. Our mission is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. Athletic trainers are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services for injury and illness, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.¹

As an organization of allied health professionals trained to provide urgent and acute care of injuries and specializing in preventing, diagnosing, and treating muscle and bone injuries and illnesses, NATA applauds CDC's recognition of mTBI in children as a significant public health concern. CDC has previously estimated that 1.6-3.8 million concussions occur in sports and recreational activities annually. It is also understood that many individuals do not seek medical advice after suffering a concussion and therefore, it is likely these figures, while alarming, still underestimate the severity of this issue. As stated in the proposed guideline, from 2005 to 2009, children made more than 2 million outpatient visits and almost 3 million emergency department (ED) visits for mTBI. NATA shares CDC's concerns and supports the workgroup's systematic review and development of evidence-based clinical guidance for health care providers that represents current best practices for diagnosing and managing pediatric mTBI in the United States.

¹ <http://www.bocatc.org/about-us/defining-athletic-training>

Role of athletic trainers

The profession of athletic training has a key role to play in conjunction with CDC’s efforts to improve the care and management of pediatric mTBI. Athletic trainers’ insight and understanding of patient services go beyond the sports industry. In addition to employment by sports and athletic organizations, athletic trainers are employed by hospitals, clinics, occupational health departments, wellness facilities, the United States military, and in a number of other health care settings.

Across these settings, the athletic training profession works extensively with individuals suffering from concussions, or mild traumatic brain injury, and the more severe chronic traumatic encephalopathy CTE. Athletic trainers receive comprehensive education and training in concussion management, have an established medical history with their patients, and are generally the first to identify and evaluate injured persons, particularly athletes. They play an integral role in post-injury management and treatment and have a unique perspective related to prevention and management of traumatic brain injury.

NATA Comments on the Systematic Review

NATA appreciates the extensive review conducted by the workgroup to support the development of an evidence-based guideline for pediatric mTBI. In moving forward, however, NATA suggests development of a clear definition for mTBI as much of the literature includes concomitant skull fracture and intracranial bleeds which is more often associated with a moderate to severe injury. Therefore, we believe additional clarification is needed to ensure the scope and purpose of the systematic review and subsequent guideline is well understood.

Question 4: For children (18 years of age and younger) with mild TBI, what factors identify patients at increased risk for ongoing impairment, more severe symptoms, or delayed recovery (< 1 year post-injury)?

mTBI Severity

NATA also recommends that the literature included in the systematic review regarding mTBI severity reflect evidence that prolonged symptoms may occur as a result of skull fracture or hemorrhage. The studies currently included in the systematic review suggest that more severe mTBI causes prolonged symptoms, and we understand evidence exists that otherwise expands the cause for prolonged symptoms to include skull fracture or hemorrhage.

NATA Comments on the Guideline and Recommendations Related to Management and Treatment

NATA supports the recommendations provided by the workgroup related to the management and treatment of pediatric mTBI and believes athletic trainers are a valuable resource in helping patients, families, providers and educators in the process of implementing these guidelines. As previously stated, athletic trainers are uniquely positioned across a number of settings to play an integral part in post-injury management and treatment. Especially for those patients involved in school related or extracurricular sports activities, athletic trainers are often the primary health professional on hand to monitor symptom expression and prevent further injury. Given their

extensive training and often familiar relationship with patients and families, athletic trainers are aptly situated to assist in and carry out recommendations on (1) patient/family education and reassurance; (2) cognitive/physical rest and aerobic treatment; (3) psychosocial/emotional support, (4) return to school; (5) post-traumatic headache treatment/management; and (6) cognitive impairment treatment/management. Therefore, we urge the workgroup to include athletic trainers in the list of professionals and caregivers tasked with implementing these guidelines in their final recommendations.

Conclusion

Again, thank you for the opportunity to share NATA's comments on CDC's systematic review and guideline on the diagnosis and management of mTBI among children. NATA is committed to working with policymakers at all levels of government to promote and preserve the health of individuals and families. NATA stands ready to be a resource as the Agency continues these efforts to improve treatment and management of pediatric mTBI. If you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,



Scott Sailor, EdD, ATC
NATA President