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Physical Educators’ Role in Communication in Return to Learn Post-Concussion

By Craig Stewart
The physical educator can play an important role in the successful return to learn (RTL) process for young athletes’ post-concussion (PC) recovery. In addition to a key component on the school’s management team, the physical educator can serve as another source in identifying those young athletes who suffer a concussion in sports outside the school. Games often occur where medical staff are unavailable and with coaches ill-prepared to deal with serious injuries (Kim et al., 2018). Many of those coaches have little if any communication with their athletes’ schools. The physical educators in those schools are better prepared to monitor students’ participation in any sports and develop personal relationships so injured athletes are identified quickly. This is not meant to increase the official responsibilities of physical educators, but to make them aware of the need to identify any young person who needs a managed RTL process.

Physical Educators: Early Identification—The Key for Successful RTL

In 2002, Dr. Bennet Omalu autopsied retired Pittsburgh Steeler Mike Webster, who had died prematurely following years of struggle with issues related to post-concussion. Since then, both return to play (RTP) and RTL procedures have been developed. Unfortunately, while these procedures have been well documented, their application has not been universal, with RTP emphasized more than RTL. Meanwhile, the number of young athletes experiencing concussions has continued to grow. In 2016, over three million youth suffered documented concussions.

As troubling is the number of young athletes who are participating on teams in privately sponsored programs. According to the National Council of Youth Sports (2018), 60 million youth ages six and up annually participate in sports. The majority play on teams sponsored by community agencies and private clubs. From recreational programs at the YMCA to competitive “elite” traveling teams, young athletes are exposed to more opportunities for concussions than ever. Their games often occur without medical staff on site, and with coaches ill-prepared to deal with serious injuries. More importantly, many of their coaches have little communication with their athletes’ schools. Too often, young athletes may return to their schools without their classroom teachers being aware of their injury. That lack of communication can be extremely harmful to both RTP and RTL.

To be effective in RTL, relevant information must be communicated to athletes’ teachers as soon as possible. Too often, even when young athletes are injured in school sports, information is slow in being passed to classroom teachers.

It is my position that physical educators could be keys to successful communication within their school related to RTP and RTL. They logistically are better prepared to monitor students’ participation in many sports, and therefore be cognizant of students returning to the classroom with an injury (Roetert & Richardson, 2014). This is not meant to increase the official responsibilities of physical educators, but to implement a non-intrusive, informal process to identify any young person who needs a managed RTL process. The physical educators’ unique position in their schools would support the successful RTL for young athletes who have suffered a concussion.

Of course, the first step is for physical educators to be aware of the RTL process in their school. Does one exist and whom does one contact when an injured child is identified? The physical educators’ roles in the schools provide a unique opportunity in the management of students’ RTL. Weekly, most physical educators interact with a majority of students. Their contact may be limited, but within their class times, the teacher/student interaction is significantly unique. That learning period includes movement, physical play, and interpersonal contact, unlike with most classroom teachers. The rapport developed can assist in overcoming the RTL communication barriers that currently exist.

As of 2010, only 8% of parents had heard of the RTL process, and 50% did not know if their school had one. If this barrier exists between parents and school professionals where the sport occurred, imagine the barrier between private sport coaches and the public-school professionals. Even in schools where sports are sponsored, many coaches are not employed as teachers, thus impacting the communication issue (Stewart, 2018).

That informal and unique level of communication between physical educators and their students is imperative. Like many issues in knowledge transfer, a primary barrier to effective communication is clear, concise exchanges between lay people and school professionals (Eisenmann, 2017). The goal should be to translate technical knowledge related to concussions into understandable messages in both RTP and RTL.
and RTL guidelines. The RTL communication barrier could be addressed by one who knows the students, the school professionals, and the community. It is the opinion of this author that the physical educator is one answer to overcoming those communication barriers.

**Recommendations**

The relationship between physical educators and their students is unique. Their interactions are more physical, thus freer than the regular classroom, often involving a greater opportunity for open communication. That communication must be simple and exchanged in the most informal language so that it is both informative and nonthreatening.

To be effective, prior to the start of each school year, the physical educators should learn or review:

1. Their school’s RTL process and communicate with their immediate superior (principal, coordinator, etc.) their willingness to cooperate in any RTL process;
2. communicate with parents of its existence and the need to let school staff know if their child is injured;
3. learn* which students are actively engaged in sport outside of school (* this could be formal recognition in classes of events, opportunities, and results of any sport participation); and
4. encourage the students to alert you when they have been injured in any activity outside of school.

Then the physical educator should be aware of and review the symptoms of PC syndrome. Those are well documented in current literature (Alexander et al., 2015; Chrisman et al., 2013) and include:

- headaches,
- dizziness,
- nausea,
- confusion,
- problems with concentration,
- memory, and
- eye–hand coordination.

Physical educators and their students often have a special level of trust and communication. That trust could assist in overcoming the communication issues in RTL. When alerted, and to avoid privacy issues, the physical educator...
could notify school officials (the principal, school nurse, or classroom teacher) so communication with parents could be initiated.

Conclusions

The motivating factors related to this article are:

- The need for improved communication to school staff of when a student returns to class after a concussion
- The existence of RTL legal and ethical mandates to assist students returning post-concussion
- The increased numbers of students of all ages participating in sport outside their schools
- The number of young athletes being pressured to play more sports or just one sport year round
- The continuation of the number of coaches in the public schools who are not teachers there
- The overall number of coaches who are not educated to the needs of athletes returning after a concussion

The incidences of concussions in 8- to 17-year-olds have increased significantly (Tsushima et al., 2017). Consequently, efforts are needed by professionals who can bridge the communication gap between the young athletes who experience a concussion, their families, and school professionals (Heads Up: Concussions, n.d.). The first step is knowing which kids are returning to school after a concussion. In my opinion, physical educators are in one of the best positions to be that person.

References


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