College-Ready Writers Program

Writing Task

**Day 1 Reading Packet A**

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| **Concussions: A Game Changer?**  |



 ***(AP Photo/Greg Baker)***

Student first name: Student last name:

 Teacher name: Class period:

Grade level:

 8th 9th 10th

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| **PROMPT FOR WRITING** |
| **A. Concussions: A Game Changer?**Hard hits in youth sports can result in concussions that are sometimes temporary and always serious. What do you think adults in charge of youth sports should do about the risk of concussions? Why?Write an argument. Use ideas and evidence from the reading packet to support your argument. Use what you have learned about citing and quoting sources in your writing The audience for your argument is a coach or principal in your school community.  |

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| **DIRECTIONS** |
| * This packet is part of a two-day writing task.
* Today you will analyze the readings to learn about different opinions on this topic. On Day 2, you will write an argument that supports your opinion in response to the prompt above.
* Use the space provided in the margins to take notes on the readings.
* On p. 13, you will find definitions for vocabulary words. These words are ***italicized*** in the text.
* Use the space on p. 14 to plan your argument for Day 2.
 |

**Reading 1**

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**Introduction: Facts about Concussions**

A ***concussion*** is a brain injury that is caused by a blow to the head or body. It affects how your brain works, and you can have a concussion even if you haven’t been knocked unconscious. People who participate in some sports and recreations are particularly susceptible to concussions. The symptoms are different for each

person and for each separate injury. Some brain injuries caused by a concussion my not show up for hours or even days, while other problems show up right away and slowly disappear in a few hours

or a few days. Some concussions may become lifelong problems.

If you think you or a friend may have suffered a concussion, get medical attention as soon as possible from a doctor or emergency

room or urgent care center.  Remember, all concussions are serious,

so whenever a hard hit occurs, look for signs of these symptoms: headache, confusion, difficulty remembering, dizziness, emotional distress, nausea or vomiting, blurry vision, slow reaction time,

sleeping problems, and of course, unconsciousness.

***Source:*** “Introduction: Facts About Concussions.” *Centers for Disease Control and Prevention.,* National Center for Injury Prevention and Control. 27 October 2010. Web. 15 March 2014.

***About the Center for Disease Control (CDC)***: The CDC is the national public health institute of the United States. It is a [federal agency](http://en.wikipedia.org/wiki/Federal_agency) under the [Department of Health and Human Services](http://en.wikipedia.org/wiki/Department_of_Health_and_Human_Services) and its main goal is to protect [public health](http://en.wikipedia.org/wiki/Public_health) and safety.

**Reading 2**

 \* Includes ice hockey, field hockey, roller hockey and street hockey

 \*\* Includes cheerleading and dancing

***Source***: “Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged ≤19 Years --- United States, 2001—2009.”  *Center for Disease Control.,*  Center for Disease Control. 7 October 2011. Web. 10 March 2014.

**Take notes below:**

What do you notice about the activities and number of concussions associated with them?

**Reading 3**

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**Girls Often Continue Playing Soccer with Concussion Symptoms**

By Shereen Jegtvig

Young female soccer players may get more ***concussions*** than their high school and college counterparts, and many of them continue to play while they have symptoms….

Concussions can result in memory loss and problems with concentration and reaction time. The effects are worse when an athlete suffers a second concussion before fully recovering from the first. . . .

"We were surprised at the number of girls reporting symptoms but more surprised at the number that played despite symptoms and never saw a health professional for their symptoms," Dr. John O'Kane [said] in an email. . . .

"Kids should understand that these symptoms could indicate a potentially serious injury and that they must stop play when they occur and notify their parents," he said.

O'Kane and his colleagues studied 351 girls ages 11 to 14 from 33 soccer teams. . . . They followed each team for at least one season over a total of four years. . . .

There were 59 concussions during the study, including eight repeat concussions. Most occurred during games either as a result of hitting another player or when heading the ball. . . .

Symptoms lasted an average of nine days, and less than half of ***concussed*** girls sought medical attention. More than 58 percent continued to play with their symptoms. . . .

O'Kane said parents of athletes in any contact or collision sport should be aware of the symptoms of concussion and share that knowledge with their kids. He said it's the parent's responsibility to ensure that kids with ***concussion*** symptoms are appropriately evaluated before returning to play.

"If you've had a concussion, and then you get a second [concussion] while you still haven't recovered from the first, your symptoms are much worse and they last for much longer," Dr. Amanda Weiss-Kelly told Reuters Health.

Subtle but serious symptoms might continue for up to two weeks after the initial injury. Memory loss and problems with concentration may affect kids and how well they perform in school.

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Many concussions happened while the players were heading the ball - possibly because they hadn't progressed far enough to be able to perform the maneuver safely.

"It certainly ***begs the question***, ‘Should we put off heading the ball especially in game situations until we think kids are older and more coordinated and more capable of doing it in an appropriate fashion?'" Weiss-Kelly said. . . . “You can't be too careful with kids' brains," she said.

"The fact that so few of these kids sought medical attention proves we haven't done enough."

***Source***: Jegtvig, Shereen. “Girls Often Continue Playing Soccer with Concussion Symptoms.” (*JAMA) [Journal of the American Medical Association] Pediatrics,* 20 January 2014.Web. 15 March 2014.

**About the Author:** Shereen Jegtvig writes news articles about health for Reuters news agency.

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**Reading 4**

# Concussion Study Makes Case for Reducing Contact Drills for Youth Players

###### By [Ken](http://topics.nytimes.com/top/reference/timestopics/people/b/ken_belson/index.html) Belson

Youth football players are not more vulnerable to head hits in games if they take part in fewer ***contact drills*** during practices, a [new study published in the Annals of ***Biomedical Engineering***](http://link.springer.com/article/10.1007/s10439-013-0867-6) showed.

The study, conducted by researchers from the Virginia Tech-Wake Forest School of Biomedical Engineering and Sciences, [fits into] a debate over how much practice is needed to prepare young players to protect themselves during games and to block and tackle in a safe way.

The study’s conclusion — the amount of practice does not influence the number of head hits absorbed during games. . . . N.F.L., college and high school teams have already scaled back the number of contact drills in practices.

“The concern is if we don’t teach kids how to hit in practice, they’re going to get blown away in the games,” said Stefan Duma, who runs the School of Biomedical Engineering and Sciences and is one of the co-authors of the study. “This [study] shows you can dramatically cut the amount of exposure [to hits] in practice and have no more exposure [to hits] during the games.”

Last year, Pop Warner, a national organization through which hundreds of thousands of children participate in football, amended its [safety guidelines](http://www.popwarner.com/About_Us/Pop_Warner_News/Rule_Changes_Regarding_Practice___Concussion_Prevention_s1_p3977.htm) . . . . No more than a third of practice time for Pop Warner teams can include contact drills.

To determine the ***vulnerability*** of young athletes, the study tracked 50 players on three youth teams in Virginia and North Carolina for a season.

The players had six ***accelerometers*** placed in each of their helmets measuring how many times they were hit in the head, where they were struck on their helmets and how much their heads***accelerated*** when hit.

The study showed that 41 percent of all head hits were to the front of the helmet and 25 percent to the back. Four of the 50 players ***sustained*** a ***concussion*** during the season.

When data from all three teams were consolidated, the difference in the number of hits per session for practices and games was not significant.

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However, players on the team that adopted the new Pop Warner rule changes absorbed an average of 37 percent to 46 percent fewer hits than players on the other two teams over the entire season. . . .

In addition, the team that adopted the Pop Warner rule changes did not allow contact during special-teams drills, while the other two did.

In addition to reducing the amount of contact during practices, there has been a move to emphasize teaching children better techniques. USA Football, for instance, has started a Safe Tackling program that teaches coaches and players the proper ways to tackle, with a particular focus on independent youth football leagues that may lack the resources of more established leagues.

“You’re seeing a culture change due to the awareness” of concussions and other [head injuries](http://topics.nytimes.com/top/reference/timestopics/subjects/f/football/head_injuries/index.html?inline=nyt-classifier), said Steve Alic, a spokesman for USA Football.

“There is a re-emphasis on fundamentals,” Alic said. “It’s not easy to change the culture of youth football, so it’s going to take time.”

# *Source:* Belson, Ken. “Concussion Study Makes Case for Reducing Contact Drills for Youth Players.” *New York Times.* New York Times, 25 July 2013. Web 10 March 2014.

***About the author:*** Ken Belson is a sports reporter for The New York Times.

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**Reading 5**

**Rule Changes Regarding Practice & Concussion Prevention**

By Pop Warner National Office

In our continuing efforts to provide the safest playing environment for our young athletes, and in light of developing ***concussion*** research, we would like to announce some important rule changes for the 2012 season.

With these rule changes, Pop Warner becomes the first youth football organization to officially limit contact during practices. The changes can be found in the 2012 Official Pop Warner Rule Book and are a result of the advice of our Medical Advisory Board and the direct input of Pop Warner regional and local administrators and coaches.

**The New Rules Are as Follows:**

1. No full speed head-on blocking or tackling drills in which the players line up more than 3 yards apart are permitted. (Having two linemen in stances immediately across the line of scrimmage from each other and having full-speed drills where the players approach each other at an angle, but not straight ahead in to each other are both permitted.) **However, there should be no intentional head-to-head contact!**
2. The amount of contact at each practice will be reduced to a maximum of 1/3 of practice time (either 40 minutes total of each practice or 1/3 of total weekly practice time). In this context, “contact” means any drill or scrimmage in which drills; down line vs. down line full-speed drills; and scrimmages.

In addition to the above, we would also like to ***reiterate*** the technique portion of Rule 14 of the Pop Warner National Rule Book, 11-Man Tackle Football, regarding teaching safe blocking and tackling techniques which states: “no ***butt blocking***, ***chop blocking***, ***face tackling*** or ***spearing techniques*** shall be permitted.”

Furthermore, we will be implementing a new Health & Safety section on [popwarner.com](http://www.popwarner.com/) in conjunction with the re-launch of our national website to keep our members abreast of current issues in ***concussion*** awareness and other health and safety matters. We hope that this resource will become a valuable tool for our teams….

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**Source**: **“**Rule Changes Regarding Practice & Concussion Prevention.” Pop Warner Little Scholars. Inc*., New York Times.* New York Times, 13 June 2012. Web. 15 March 2014.

**About Pop Warner**: Pop Warner Little Scholars, Inc. (PWLS) is a non-profit organization that provides youth [football](http://www.popwarner.com/football.htm) and [cheer & dance](http://www.popwarner.com/cheer.htm) programs for participants in 42 states and several countries around the world.

**Reading 6**

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**Traumatic Brain Injuries: Concussions in Youth Sports**

(This reading is excerpted from a resource published by the U. S. Center for Disease Control)

***Traumatic brain injuries*** ***(TBIs)*** . . . The incidence, severity, and long-term negative health effects of TBIs among children and adolescents can be reduced. . .

For persons aged 10—19 years, males ***sustained*** TBIs most often while playing football or bicycling, whereas females sustainedTBIs most often while playing soccer or basketball, or while bicycling.. . .

Risk for TBI is ***inherent*** to physical activity and can occur during any activity at any age. To minimize TBIs in sports and recreation activities . . . prevention strategies should be implemented. Primary prevention strategies include:

* using protective equipment (e.g., a bicycle helmet) that is appropriate for the activity or position, fits correctly, is well maintained, and is used consistently and correctly;
* coaching appropriate sport-specific skills with an emphasis on safe practices and proper technique;
* adhering to rules of play with good sportsmanship and strict officiating; and
* attention to strength and conditioning.

Secondary prevention strategies include awareness of the signs and symptoms of TBI and . . . responding quickly and appropriately to suspected TBI.

Participants suspected of having a TBI should be

* removed from play,
* never returned to play the same day, and
* allowed to return only after evaluation and clearance by a health-care provider who is experienced in diagnosing and managing TBI.

Return to play is a critical decision because children and adolescents are at increased risk for repeat ***concussion*** during sports and recreation—

related activities, delayed recovery, and consequences of multiple TBIs . . . .

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To promote the prevention . . . of TBI, the Center for Disease Control has developed . . .**Heads Up Concussion: Addressing Concussion in Sports Among Kids and Teens**, an online course for health-care professionals that was developed with . . . the National Football League. This course offers free . . .education about TBI that is critical for helping young athletes with ***concussion*** achieve optimal recovery and reduce or avoid more concussions.

The frequency of TBIs and the wide variety of activities associated with them underscore the need to prevent, recognize, and respond to sports and recreation—related TBIs.

***Source***: “Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged ≤19 Years --- United States, 2001—2009.”  *Center for Disease Control.,*  Center for Disease Control. 7 October 2011. Web. 10 March 2014.

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**Vocabulary**

***accelerated*:** began to move faster

***accelerometers*:** an instrument for measuring increasing speed or movement

***begs the question*:** claiming as true something that has not been proven as true

***Biomedical engineering*:** analyzing and designing solutions to problems in biology and medicine

***butt blocking***: an act by an offensive or defensive player who initiates contact against an opponent who is not the ball carrier with the front of his helmet (www.jonheck.com)

***concussed***: to be injured by a blow to the head

***concussion*:** a stunning, damaging, or shattering effect from a hard blow; especially: a jarring injury of the brain resulting in disturbance of cerebral function

***contact drills***:  full speed head-on blocking or tackling drills in which the players line up more than 3 yards apart

***chop blocking***:  an attempt to tackle a player’s legs when that player is already being tackled above the waist by someone else

***face tackling***: an act by a defensive player who initiates contact with a ball carrier with the front of his helmet. (www.joheck.com)

***inherent***: part of the basic nature of someone or something

***reiterate***: to say something again (and again)

***spearing techniques***: any act by an offensive or defensive player who initiates contact against any opponent with the top of his helmet. (www.jonheck.com)

***sustained***: experienced something bad

***traumatic brain injury* *(TBI):*** a serious injury to a person’s brain, concussion

***vulnerability***: a weakness or capability of being injured

**Planning Your Argument**

Hard hits in youth sports can result in concussions that are sometimes temporary and always serious. What do you think adults in charge of youth sports should do about the risk of concussions? Why?

Use this space to:

* Write your claim.
* Select and organize evidence from the readings that you will use to write your argument on Day 2.