Head to Head with Concussions in Youth Football

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“I’m gonna play.”

Tahj Edwards defiantly proclaims to his mother, Dorothy Edwards. However, the adolescent pleas are in vain as he knows his mother has already made up her mind.

Tahj is a 14-year-old athlete from Brooklyn, N.Y. who loves football. The Odell Beckham Jr. fan does hundreds of push-ups a week and works out at Seaview Park in Canarsie to prepare for a football career that looks bleak right now.

His mother, Dorothy Edwards, faces a tough decision on whether or not to let her teenage son play football. The same decision plaguing the families of many young football prospects in the wake of recent findings on concussions and long-term brain trauma.

Tahj has intentions on lacing up the cleats some day and catching passes but his mom remains firm in her decision.

“There’s no way he’s going to play football,” Ms. Edwards says. “Ever since I came to this country, I never liked that game”

Edwards, a nurse who emigrated from Jamaica, already doesn’t like to see football players jump on top of each other but when she learned about Chronic Traumatic Encephalopathy (CTE) and its connection to football and concussions, she realized how dangerous it could be.

Tahj thinks his mother is just worried because she sees some football players pass out after a big hit.

Like most teenagers flexing their feeling of invincibility, Tahj is not worried at all about injuries.

“I feel like if I get hurt, I just move on and try to play again in the future,” he says.

Tahj, who enjoys catching passes and running with the football, says he’ll play wide receiver if his mother ever changes her mind.

“I understand there are injuries in all sports, no matter the game,” Ms. Edward says. “But he’s not well-informed on concussions and what they do to a person.”

TIMELINE
The Danger:

Concussions have been at the center of player-safety reforms in football after the discovery of CTE by Dr. Bennet Omalu in 2005. CTE is a degenerative brain disease caused by repeated blows to the head. It is most commonly found in athletes who play football, rugby, ice hockey and sports with a risk for concussions.

“FIVE to TEN PERCENT of athletes will experience a concussion in any given sport, while less than ten percent of concussions involve a loss of consciousness. Football is the most common sport with a concussion risk for males posing a 75 PERCENT chance for a concussion.”

Research indicates that young football players are not only at higher risk for concussions but they also take longer to recover after a concussion when compared to collegiate or professional athletes. They also face greater severity of symptoms and more neurological disturbances.

Roughly 53 percent of athletes have sustained a concussion before participation in high school sports, and 36 percent of collegiate athletes have a history of multiple concussions, according to the Sports Concussion Institute.

DATA TABLE

The chances of a concussion are high in football, yet low compared to risk for other injuries. The head and neck sustain from 5 to 10 percent of injuries in football, a relatively small proportion. The most commonly injured body parts in football at all ages are the knee, ankle and back. Most injuries consist of contusions, strains, sprains and tears.

Culture Change:

Kendall John is a youth football coach in Brooklyn, N.Y., coaching the Brooklyn Skyhawks of the New York City Youth Football Conference. A former Skyhawks, himself and Grambling State University football alumni, John has been around football for over 20 years. He says the climate of football and how it is taught has definitely changed.

“The first thing we have to do, before any practice or any camps is go to clinics held by USA Football and Heads Up Football,” John says.
These clinics are put in place to ensure that coaches learn to teach proper safety techniques that would avoid head and neck injuries.

“Most of these teams like to have at least one coach that has been to a clinic as reassurance to parents,” John says. “They want to make sure that what’s being taught to their children is safe.”

Coaches are now emphasizing tackling over big hits and grabbing at the waist versus launching themselves and hitting with the head.

“We have to teach them to keep their neck up and use their shoulders to hit,” John says.

John is in his fifth year coaching offensive and defensive linemen for the Phantom (13–14 year old age group of the Skyhawks), believes that some kids get nervous when it comes to contact and drop their heads.

“They feel like if they can’t see it, they won’t feel it,” John says. “We have to show them the proper way to hit, so it’s effective and safe.”

Just as coaches and officials strive to make a safer game, kids turn on the TV and see their role models recklessly throwing their bodies into tackles, risking calamity in the name of a big hit.

John says that he overhears conversations of kids talking about a big hit, and then blows up when he sees them try to re-enact it.

“You always hear, when you watch football, that dudes don’t tackle properly anymore,” John said. “Kids follow the same bad techniques they see in the pros, not tackling properly and going for the big hit.”

Tackling is an essential part of football but it can be very violent. Defenders are usually taught to put their head in the path of the ball carrier and drive their shoulders through him. A common danger is defenders just hitting with their head altogether, not bothering to bring shoulders or wrap up with their arms.

The hawk tackle, a form of rugby-style tackling, is something new that many coaches are teaching their players. It emphasizes wrapping up a ball carrier versus hitting him. The Seattle Seahawks were one of the first professional teams to start hawk tackling. They’ve been to two Super Bowls and have been a top defense in the NFL for many years.
“I was skeptical of the hawk tackle at first,” says Floyd Walker, lineman coach for the Brooklyn Chiefs (8–13 year olds) in the United Youth Football League. “But then we played a team in Bergen County Florida and all they did was hawk tackle.”

Walker has coached the Chiefs for two years and has also gone to mandatory clinics about player safety. He says that while the league has their set of regulations, it’s up to the diligence of coaches and parents to keep kids safe.

“We had one kid who was pushed from behind and fell face first into the turf,” Walker recalls. “It didn’t look like much, but he got up and looked a little it dizzy so we took him out.”

He was eventually taken to the hospital and didn’t have a concussion but incidences like this are telling of how serious the issue has become. Walker says that referees also have the power to stop a game and take someone out if he’s demonstrating concussive symptoms but the main responsibility falls on the coaches.

More importantly, the trust of parents also falls on them.

Walker says that for the last two years, parents of the kids he coaches have addressed rumors they’ve heard about concussions, asking what’s being done and what are the chances of their kids getting a concussion.

“We tell them we don’t know the chances of a concussion,” Walker says. “All we can do is educate them on the protocol, techniques and safeguards.”

Many of the kids on the Brooklyn Chiefs have played in the program for multiple years and parents build a rapport with the coaches. They have to be able to trust the techniques and overall judgment of coaches, according to Walker.

The judgment of coaches is paramount when it comes to safety in a violent sport like football. Coaches go as far as now punishing players for being unsafe.

“There’s this one kid who just doesn’t get it,” Walker says. “He made about four consecutive tackles using his head and the defensive coach eventually pulled him.”

After given one more chance, the same boy used his head to tackle for the fifth time and was benched for the rest of the game.
“He was hysterical, crying and carrying on,” Walker says. “It’s really hard to bench them; they’re natural competitors but when it’s that egregious, we have to.

DATA

Youth Football Protocol:

Youth and inexperience, maybe one of the leading causes to why younger football players face higher risk for concussion, according to Alana Karbinovskaya, Neurology Fellow at NYU Langone Medical Center.

Karbinovskaya specializes in sports medicine and works with doctors at NYU, including Dr. Dennis Cardone, Medical Director for the Public School Athletic League.

“A lot of times, particularly in younger football players, they haven’t been taught how to properly tackle yet or they just haven’t quite learned it,” Karbinovskaya says. “So a lot of times when they tackle they do it the wrong way, which makes them more susceptible to concussions.”

Karbinovskaya also says that the impact of a hit doesn’t necessarily correlate with whether or not a concussion occurred. A player doesn’t even have to be hit in the head to get a concussion.

“It’s a transferred force,” Karbinovskaya says. “So basically it can be a force anywhere on the body…you can get hit in the neck or back and if the force is transferred, it can still cause a concussion.”

She says that 80 to 90 percent of kids with concussions take 10-14 days before they are symptom-free.

“We grade kids for “return to play”, usually when they are symptom-free for their regular day to day school activities and aren’t having any issues with school work,” Karbinovskaya says.

Players then return to light aerobic activities like light jogging or elliptical training, according to Karbinovskaya.
If players are comfortable and not having any symptoms after 24–48 hours, then they slowly move to more intense exercise like push-ups and sit-ups. Next, they progress to their sport-specific exercises that are non-contact. (Throwing baseball, basketball.)

“If they do well with that, we move them to contact practices and then contact games,” Karbinovskaya says. “The actual process to from the moment they are symptom-free to actually getting back to the game takes about a week.”

The PSAL, along with most other coaches and trainers, use the SCAT 3 test for sports concussion assessments. Karbinovskaya says that going through this form will easily tell you how symptomatic somebody is and give you an idea whether a concussion has occurred.

**SCAT 3 TESTING**

“Takes score of their mental status to rule out more serious things then it asks about their background,”

“Asks how many previous concussions?”

“Asks if they have any other factors that may make them more prone to concussions like depression anxiety or ADHD?”

“Asks if they’re taking any medications?”

“Records a symptom score which includes symptoms graded from 0–6”

“Assesses cognition and memory balance.”

Headaches are the common symptom of a concussion but there are many more to look for.

“There’s also a feeling of pressure on their heads, sometimes nausea and a pretty common one is neck pain,” Karbinovskaya says.

**More Symptoms:**
- Blurriness/double vision
- Feeling irritable or sad or anxious
- Sensitivity to light or sound.
- Sleep issues

Parents looking for signs of a concussion in their children should look at four different areas, Karbinovskaya says. Sleep, appetite, cognitive performance, and emotion. A significant change in any of these areas could indicate that something is wrong.

Improving long-term outcomes for concussion prevention and safety measures in football means not only educating coaches and athletes, but also parents, primary care doctors and even people outside of sports.
“If we can have a better understanding of what a concussion is and what is required for the recuperation after, I think it will certainly improve long-term outcomes,” Karbinovskaya says. “Kids who get concussions will get the proper time to heal… if they’ve gotten several concussions, it will be easier to have a conversation about whether or not they should continue to play the sport.”