

# Med-Sense Guaranteed Association

# JOURNAL

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**MSGGA**  
Med-Sense Guaranteed Association



## 4 Things Parents and Youth Athletes Should Know About Concussions

(Family Features) Despite the attention drawn to the topic of concussions over the past decade, it can be difficult to find readily available answers about what parents and young athletes should do after sustaining a concussion.

The Katsuyama family started 2023 without a single concussion, even with quite a few hockey and lacrosse seasons under its belt. That changed when Rylan, 11, received two concussions within five months from sports. One week after Rylan's second concussion, his brother, Brandon, 13, was illegally checked from behind in a hockey game and sustained his first concussion. After clearing protocol in four weeks, he suffered a second concussion six weeks later.

Both boys endured months of headaches, missed school, dizziness, nausea and the added difficulty of navigating a significant injury peers and adults couldn't see.

Their father, Brad Katsuyama, co-founder of IEX – a disruptive stock exchange featured in the best-selling book by Michael Lewis, "Flash Boys: A Wall Street Revolt" – sought out expert opinions to guide his family's decisions and shares some acquired knowledge to help parents and athletes.

### **Brain injuries should be diagnosed by a concussion specialist.**

There is no X-ray, MRI or CT scan that can show the extent of most concussion-related injuries, which makes diagnosing them subjective. Symptoms can also appear days after a hit. For example, Brandon was cleared by the emergency room after his first concussion, but two days later failed every test administered by a doctor specializing in concussions.

### **Rushing back to play is one of the worst mistakes you can make.**

Experts consistently reinforced that coming back from a concussion too soon can significantly increase long-term brain injury risks. There is likely no tournament, playoff game or tryout worth this risk. An example of how to return smartly is Patrice Bergeron of the National Hockey League's Boston Bruins, who sat out an entire year to properly heal from a concussion.

"Patrice had four more concussions over his career, and each one was less severe than the last," renowned concussion specialist Dr. Robert Cantu said. "That wouldn't have happened without recovery from the first one."

### **Parents and kids need to be honest about symptoms.**

The culture in youth sports praises toughness. Getting your "bell rung" and continuing to play can be viewed as a badge of honor. However, this same mentality can cause athletes to lie to parents, trainers and coaches to get back in the game, which can greatly increase long-term risks. Conversely, the same adults can unduly influence a potentially vulnerable player back on to the field of play. Proper diagnosis requires both adults and athletes to be level-headed and honest in their assessment of concussions.

### **Every person and every concussion is different.**

One person's history and experience with concussions seldom carries any relevance to the concussions experienced by another. For example, Katsuyama played varsity football, hockey and rugby for four years in high school and football in college.

"For the longest time, my definition of a 'real' concussion was blacking out, vomiting or pupils dilating," Katsuyama said. "My sons had none of those symptoms after their hits, but it turns out the severity of their injuries were far greater than anything I had experienced."

The Katsuyamas turned to the Concussion Legacy Foundation and the Cantu Concussion Center, in addition to their local concussion specialist, to advise their path forward, which has led them to racquet sports and golf in the near-term and long-term playing no more than one contact sport in a school year. Learn more at [concussionfoundation.org](http://concussionfoundation.org).





**24/7**  
Nurse Helpline



Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. Nurses are specially trained to offer prompt, confidential assistance, helping members experiencing acute, in-the-moment health symptoms, make informed decisions about their next health care steps. There is no cost to use the NurseLine benefit. Nurses do not diagnose or provide treatment.

The NurseLine benefit is provided for health information only for members experiencing acute symptoms and is not a substitute for regular physical examinations or medical treatment visits and is not meant to replace the customary physician-patient relationship. Callers are encouraged to consult with their physician about any health conditions or concerns.

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year - at no cost! Nurses are specially trained to offer prompt, confidential assistance, helping members experiencing acute, in-the moment health symptoms, make informed decisions about their next health care steps. Nurses do not diagnose or provide treatment.

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 **Our Services:**

- Guidance and information for dealing with acute, new onset health symptoms including:
  - Chest/stomach pain
  - Baby's fever
  - Dizziness
  - GI symptoms
  - Injury/Cuts/Bites
  - Allergic reactions
- After speaking with a nurse, upon the member's request, general information on various health conditions can be provided via email or mail.

# Hypertrophic Cardiomyopathy 101

## What every student-athlete should know



(Family Features) You may find it difficult to wrap your mind around the idea of an energetic student-athlete with a cardiac diagnosis. Heart conditions may be more often associated with older individuals, but you might be surprised to learn hypertrophic cardiomyopathy is the most common condition responsible for sudden cardiac death in young athletes. In fact, it's the cause of 40% of sudden cardiac death cases.

It's estimated 1 in every 500 adults living in the United States has hypertrophic cardiomyopathy, according to the American Heart Association, but a significant percentage are undiagnosed. More than 80% of individuals who experience this condition show no signs or symptoms before sudden cardiac death. While sudden cardiac death is rare, it can occur during exercise or in its aftermath. That's why it's important for student-athletes and their loved ones to learn more about this condition and talk to a doctor about their risk.

With proper knowledge and the support of a skilled care team, it's possible to manage hypertrophic cardiomyopathy with heart-healthy actions to prevent complications or worsening cardiovascular conditions like atrial fibrillation (a quivering or irregular heartbeat), stroke or heart failure. Hypertrophic cardiomyopathy awareness and education for athletes by the American Heart Association is made possible in part by a grant from the Bristol Myers Squibb Foundation.

### What is hypertrophic cardiomyopathy?

Hypertrophic cardiomyopathy is the most common form of inherited heart disease and can affect people of any age. It's defined by thickening and stiffening of the walls of the heart. The heart's chambers cannot fill up or pump blood out adequately, so the heart is unable to function normally.

There are different types of this condition. Most people



have a form of the disease in which the wall that separates the two bottom chambers of the heart (the septum) becomes enlarged and restricts blood flow out of the heart (obstructive hypertrophic cardiomyopathy).

However, sometimes hypertrophic cardiomyopathy occurs without significant blocking of blood flow (nonobstructive hypertrophic cardiomyopathy). The heart's main pumping chamber is still thickened and may become increasingly stiff, reducing the amount of blood taken in then pumped out to the body with each heartbeat.

## What are possible symptoms?

### Symptoms can include:

- shortness of breath
- chest pain
- heart palpitations
- fatigue

The severity of symptoms can vary, but if you experience them or if you have a family history of hypertrophic cardiomyopathy or sudden cardiac death, it may be a good idea to speak to your doctor about whether you have this condition.

For some people, symptoms can get worse and new symptoms can appear over time, resulting in people dealing with harsher effects and a diminished ability to do the activities they love. This decrease in functions can be one of the most challenging aspects of the disease. Keeping your health care team aware of any new or changing symptoms allows them to work with you to develop a plan to manage these symptoms and reduce their impact.

### How is hypertrophic cardiomyopathy diagnosed?

Medical history, family history, a physical exam and diagnostic test results all factor into a diagnosis. A common diagnostic test is an echocardiogram that assesses the thickness of the heart muscle and observes blood flow from the heart.

If anyone in your family has been diagnosed with hypertrophic cardiomyopathy, other heart diseases or has been told they had thick heart walls, you should share that information with your doctor and discuss the need for genetic testing. Because this condition is hereditary, first-degree relatives, which include siblings and parents, should be checked.

Learn more at [heart.org/HCMStudentAthlete](http://heart.org/HCMStudentAthlete)

For information regarding your membership  
and association services, call or write:

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Med-Sense Guaranteed Association  
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St. Louis, MO 63131  
1-800-992-8044 or (636) 530-7200**

Articles in this newsletter are meant to be informative, enlightening, and helpful to you. While all information contained herein is meant to be completely factual, it is always subject to change. Articles are not intended to provide medical advice, diagnosis or treatment. Consult your doctor before starting any exercise program.



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