

Rx briefs

Prostate screen

Saint Joseph Mercy Cancer Care Center will offer prostate cancer screenings 4-5 p.m. Thursday, April 24. The Joseph Mercy Cancer Care Center is located on the campus of St. Joseph Mercy Hospital of Ann Arbor. The screenings are free to men who have never been screened or those with an inability to pay. For all others, the screening is \$15. They will be held in the radiation oncology department, take approximately one hour to complete and involve two simple tests.

"Prostate cancer is the most common cancer in men. The best defense is early detection through annual screening because there are no symptoms in the early stages of prostate cancer," said Dr. Miljenko Filipich, director of Radiation Oncology, St. Joseph Mercy Hospital. African American men and men with a family history of prostate cancer should begin annual prostate screenings at age 40. All other men should begin annual screening at the age of 50.

To register for a free prostate screening, please call the Saint Joseph Mercy HealthLine toll-free at (800) 231-2211.

Yoga classes

Need to improve your posture or strengthen your back? Or just meditate and relax? St. Mary Mercy Hospital, Livonia, will offer a "Better Backs Yoga" class and a "Hatha Beginning Yoga" class in May and June. Both classes run six weeks.

Better Backs Yoga will be offered on Wednesdays, May 14-June 18 and June 25-July 30. Learn specific poses to strengthen and maintain the health of the spine and back muscles. Meditation and breathing techniques are included. The Hatha Beginning Yoga Class will be offered on Tuesdays, May 13-June 17 and June 24-July 29. Learn to bring peace to your body and mind, and increase flexibility, energy level and strength at your own pace in a non-competitive setting. Wear comfortable clothing and bring a blanket. For class times and to register, call the St. Mary Mercy Healthline Therapy Department at (734) 655-1145.

Stop stroke

The American Stroke Association and the Metro Detroit Operation Stroke Initiative will offer two free workshops to learn about stroke, metro Detroit's No. 3 killer and a leading disability. With the focus on reducing the risk factors for stroke and knowing the warning signs, this program will feature area medical professionals, personal stories from other stroke survivors, a heart-healthy cooking demonstration, health screenings, exhibits and prizes. The morning seminar will take place 9 a.m. to 12:30 p.m. Monday, May 12, at Henry Ford Fairlane, 19401 Hubbard Drive, Dearborn. The afternoon seminar will take place 4-7:30 p.m. Wednesday, May 28, at Beaumont Hospital Auditorium, 3601 West 13 Mile Road, Royal Oak. Groups are welcome to attend. For the Henry Ford Fairlane event, call (248) 827-4214; for Beaumont Hospital, call (800) 633-7377. Both events are free.

CONCUSSION

New techniques help schools identify student head injuries

BY KATHLEEN O'DONOHUE
CORRESPONDENT

When 14-year-old Livonia Stevenson cheerleader Andrea Varga was being tossed in the air during practice of a stunt a month ago, she didn't land right. Instead of her teammates catching her, they slowed her fall a bit and she landed on her head. "I was shaky and had a headache," Varga said.

Her school's athletic trainer did a quick assessment of Andrea, and a visit to an urgent care facility confirmed the diagnosis of a mild concussion. Out of play for a week, Andrea returned with no additional symptoms. The worst part for her was missing a cheerleading competition the next day.

While her case was mild, much concern is brewing in the medical community about proper diagnosis of concussion and the time period to exempt the athlete from play. Concussion is a bruising to the brain and can range in severity. A second head injury while still recovering from an initial concussion — an event termed "second-impact syndrome" — is especially dangerous and can be fatal.

Carolyn Nelson, Botsford Hospital physician and frequent sideline member of three athletes, often runs out on the playing field when a child is "down." Nelson has witnessed a couple of concussions during football games.

"Most (concussions) are grade one, and they can go back in the game if they're OK," Nelson said. "Some may go unnoticed if no one's asking questions, but that probably happens less so now because there are a lot of volunteer physicians at the games."

VIGILANCE

Nelson said parents should watch for confusion, severe headache and nausea, and assess the child's ability to concentrate if a concussion is suspected. Other symptoms may include blurred vision, double vision, dizziness, ringing in ears, "seeing stars" and loss of memory. Nelson advised taking a child for medical attention any time a loss of consciousness occurs.

What are school districts doing to address concussions?

West Bloomfield High School athletic director Dewayne Jones has seen concussions in his athletes, but never a serious one. "Anytime there is a head or spinal cord injury or if the kid is dazed or passes out, we immediately call 9-1-1 for an ambulance," Jones said. "We always waver on the side of caution."

Trainers have experience in checking cerebral nerve function, which tests function of the head nerves. "The proactive trainer will see a hit or potential injury and immediately go up to the (athlete) and start asking questions," said Bryan Burnstein, a Plymouth Canton High School trainer who has seen many concussions. "If I have to go out on the field, the kid comes out — no matter what."

Athletic director Sue Helzlsouer added, "There is lots of research suggesting multiple concussions in same season (results in) severe restrictions for any contact activity."

GUIDELINES

Bethan Vaughn, North Farmington High School's athletic trainer, said there are "general guidelines

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Botsford Hospital physician

using rating systems to evaluate concussions." While she points out there are several rating systems, she uses a composite to assess for possible concussion. Her assessment includes mental and physical evaluation.

Vaughn sees concussions often, especially in contact sports like football and basketball. "In high school athletes, many problems are not reported, and there are probably cases where kids experience concussions, shake it off and don't mention it," Vaughn said. If a child with concussive symptoms does not return to normal in 15-20 minutes, they are sent to the doctor.

The issue of different rating systems for concussion is troublesome for clinical psychologist Michael Czarnota, who uses a program that tests concentration, memory and reaction time. Baseline testing is done on every athlete prior to participation in sport, then if a concussion occurs during the season, they are given a "parallel version" of the test, and post- and pre-concussion tests are

compared to look for any changes associated with concussion.

The program was developed through a study by Mark R. Lovell, published in the *Journal of Neurosurgery* in February 2003.

Czarnota, a consultant for the Ontario Hockey League, offered the program to the Plymouth Whalers, who are adopting it. It has also been offered to numerous school districts, and Novi schools will be using the program.

"(The tool provides) something objective to use to determine when somebody can return to play," Czarnota said. "It's consistent information kids can take with them throughout their athletic career."

Orthopedic surgeon Dr. David Janda, director of the Institute for Preventative Sports Medicine at St. Joseph Mercy Hospital in Ann Arbor, endorses the program.

"Concussions in sports is a huge issue, and it's really beneath many people's radar screens," he said, adding that concussion is the most common self-injury pattern in all of sports.

Janda said repetitive injury to the head can become cumulative or additive over time. He cites as an example former boxer Muhammad Ali. "He is not the same man today as he was in 1966, and this is because of repetitive concussive events," he said.

Janda has written a book, *The Awakening of a Surgeon*, and has appeared on Oprah Winfrey's show to try to empower parents, athletes and coaches with what he calls, "weapons of mass instruction." He believes the vast majority of sports injuries are preventable.

PLEASE SEE CONCUSSION, C7



Proper care can keep children from serious injury

April is National Youth Sports Safety month. Injury prevention saves children from harm.

Here are some facts:

- Participation of children, especially girls, in organized and informal sports continues to grow. Nearly three-quarters of U.S. households with school-age children have at least one child who plays organized sports. Sports participation is beneficial to children in many ways. It can improve physical fitness, coordination, self-discipline and teamwork, as well as promote a sense of personal satisfaction and accomplishment.

- Growth in sports has contributed to an increase in injuries. Children are more susceptible to these because they are still growing and are in the process of gaining motor and cognitive skills.

- Over half of all organized sports related injuries could be prevented.

- In 2001, nearly 110,000 children ages 5-14 were treated in hospital emergency room for baseball or softball related injuries and 79,000 were treated for soccer related injuries.

- Children ages 5-14 account for nearly 40 percent of all sports related injuries treated in hospital emergency rooms.

- Older children are more likely to suffer from sports related injuries and overexertion than younger children.

- Most sports injuries can be prevented.

- Where and when injuries occur
- Collision/contact sports are associated with high- or injury rates.

- Most injuries occur during practice rather than games. Despite this fact, a third of parents do no often take the same safety precautions during practice, as

they would have for a game.

- Children who do not wear or use protective equipment are at greater risk of sustaining injuries. Lack of awareness about potential injury, inappropriate or unavailable equipment, and lack of money to purchase equipment are some of the reasons children do no use protective gear.

Sports injury prevention tips

- Enroll your child in an organized sport through schools, community clubs, and recreation areas where trained adults are in charge.

- A good pre-participation (PPE) physical should be done. This can detect preexisting factors (injury to the athlete can participate safely and have the best season possible. A good PPE should include,

PLEASE SEE PREVENTION, C7