



State of Connecticut
GENERAL ASSEMBLY
Commission on Children



Commission on Children calls attention to 'silent epidemic': traumatic brain injury (TBI)

Roundtable discussion held in Hartford on June 10, 2010

Traumatic brain injury (TBI) is a contributing factor in nearly one-third of all injury-related deaths in the United States, and no age group has a higher rate of TBI-related emergency room visits than very young children and older adolescents.

That's why the Commission on Children—in partnership with the state Department of Social



Parent Liane Gilman-Wegener speaks at the June 10 forum.

Services, the Connecticut Family Support Council, and the Connecticut Fatherhood Initiative—held a roundtable at the LOB on June 10 to discuss ways that families, educators, health-care providers, and community leaders can identify and prevent TBI.

TBI, which results when the head suddenly and violently hits an object or when an object pierces the skull and enters brain tissue, is often referred to as a “silent epidemic” because the complications—such as changes that affect thinking, language, or emotions—don't become apparent right away.

In fact, forum speakers repeatedly noted that TBIs too often go unidentified or misidentified. Keynote speaker Dr. Joshua Cantor of the Mount Sinai School of Medicine in New York called this a “huge” national issue. It's unwise to rely on neuroimaging equipment to identify TBIs, Dr. Cantor said, because the current equipment simply isn't sophisticated enough. “A clean CT scan or a clean MRI does not mean there was not a brain injury,” he said.

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Dr. Cantor called for more screening of children for TBI and wider education on TBI – particularly of families, teachers, and anyone else who regularly interacts with children, but also of the general public.

A poignant description of what can happen when a TBI goes undiagnosed came from parent Liane Gilman-Wegener, whose 3-year-daughter suffered a fractured skull and other injuries when a tree fell on her. “She made what seemed to be a miraculous physical recovery,” Gilman-Wegener said, recalling that doctors eventually cleared her to return to school. She functioned at school but increasingly displayed behavioral problems--temper tantrums, anxiety, and signs of a negative self-image. Then, a year later, Gilman-Wegener attended a symposium on TBI for her employer. “That was the first time I realized my child was a traumatic brain injury survivor,” she said. “At no point had anyone in the level-one trauma center [where she had been treated] or the pediatrician ever talked to us about brain injuries.”

Gilman-Wegener said her daughter’s school refuses to classify the injury as a TBI, despite some apparent cognitive deficits, because she achieves within the “average range” for her age group. She receives no formal accommodations or modifications to the regular education program, and none of the tutors or other private services she relies on are officially supported or recognized by the school.

The forum also included a presentation from Representative Matthew J. Conway Jr. of Suffield on the General Assembly’s adoption this year of legislation aimed at curbing concussions among student athletes. The law – P.A. 10-62, An Act Concerning Student Athletes and Concussions – requires that anyone who holds a State Board of Education-issued coaching permit and coaches intramural or interscholastic athletics be periodically trained in how to recognize and respond to head injuries and concussions.

It also requires coaches to take a student athlete out of any game or practice if the athlete (1) shows signs of having suffered a concussion after an observed or suspected blow to the head or body or (2) is diagnosed with concussion. The coach must keep the athlete out of any game or practice until the athlete has received written clearance to return to the game or practice from a licensed medical professional.

Visit the TBI page of the Commission on Children website, www.cga.ct.gov/coc/tbi.htm, to read more about the forum and watch CT-N coverage of it.