

Written Testimony In SUPPORT of HB4140
February 18, 2020
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To Whom It May Concern:

Thank you for this opportunity to voice my *strong support* for the provisions outlined in HB4140.

8 years ago, in the fall of first grade, our son apparently dove off the top of a climbing structure at school and landed on his head, possibly losing consciousness. The paramedics were at the school when my spouse arrived and being a doctor, he immediately performed a neuro exam on our son who was now awake. He took him home. Everything seemed fine at first. Within a couple of hours he was nauseated and at that point he was taken in for further evaluation. Really, he needed an evaluation immediately, but we and the school honestly did not know this. He was the kind of kid that fell a lot and had been fine. He did get checked out and seemed alright. He went back to school the next day and resumed a regular schedule. *We, the school, our pediatrician, didn't know how to do things optimally protect his brain.* We knew he needed to take it easy, and how do you do that with an active young boy in a crowded school? HB 4140 would have helped our son.

Approximately 18 months later, we were skiing together as a family. Our son spontaneously decided to try ski jumping and did so head-first right into the warming hut on the mountain. He broke his brand new helmet and again, possibly lost consciousness. The ski patrol checked him out and left him in the care of his seemingly-knowledgeable parents. We ended up needing the patrol to take him down the mountain as something was clearly wrong.

In a matter of 18 months our son had 2 significant concussions. His risk after the second was much higher for longer-term injury. Parents, doctors, our principal and teachers, the ski patrol, none of us were confident in how to approach these falls. They happen at a remarkably high rate with high morbidity.

- **Parents and guardians** need to understand what a concussion is, and that medical attention is required. This bill will help raise awareness.
- **Schools and parents** need to understand what to do after a fall and how to protect children in the days and weeks that follow. This bill will help formalize this process.
- **The broader community** - coaches, paramedics, ski patrols included need to know these falls are dangerous, helping increase awareness when they occur.

Schools are key to the protection of our children, and this bill will help set a precedent for the school being an active member of the team caring for students after a head injury. School staff should know about the dangers of a concussion and help parents make good decisions about medical evaluation and safe precautions around the time of an injury. School staff will be invaluable in helping monitor children for symptoms of concern once they return to school. Thank you for taking this step and I ask you to please vote in favor of HB4140.

Additional information for my written testimony -

- Periodic monitoring of the student's symptoms by the **school nurse** should continue as long as symptoms are present. The school nurse is also a resource for other school professionals who may have questions about their own observations and may also be an important liaison to parents or concussion experts within the community.
- **Teachers** can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges
- **School psychologists and/or school counselors** can often help with identifying services and resources to help the student and parents or guardians and facilitate getting those services and resources for them, including a 504 Plan or IEP. School psychologists can also help assess a student's current functioning and his/her academic needs for full recovery.
- **Speech-language pathologists** can help monitor or identify students with a concussion who are having trouble in the classroom, as well as changes in how a student is communicating or interacting with others. Speech-language pathology services may include testing, providing classroom strategies or modifications, and direct services to a student.
- The **school principal or administrator** should appoint the internal members of the team as well as a "case manager" to ensure adequate communication and coordination within the team. The administrator will also be responsible for approving any adjustments to the student's schedule and communicating policies on responding to students who have had a concussion (e.g., return to play policy).
- "Understanding the effect of cognitive exertion following a concussion is very important for a student because school engagement and learning requires active thinking. Therefore, the goal is to limit cognitive activity to a level that is tolerable for the student and that does not worsen or result in the reemergence of concussion symptoms. A plan for taking a break from intensive cognitive activity, known as cognitive rest, should be included in the return to school management plan provided by the student's health care provider. Cognitive rest may require a student to limit or refrain from activities, such as working on a computer, driving, watching television, studying for or taking an exam, using a cell phone, reading, playing video games, and text messaging or other activities that cause concussion symptoms to appear or worsen. Many students

find limiting or completely avoiding cognitive activities difficult, because these activities are a routine part of their lives. Therefore, it is important to explain to students that ignoring concussion symptoms and trying to “tough it out” often makes symptoms worse and can make recovery take longer, sometimes for months.”

https://www.cdc.gov/traumaticbraininjury/get_the_facts.html

Regards,
Maxine Dexter, MD

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