



Dr. Jay Alberts and the Cleveland Clinic's Concussion Center

SCENE SAT DOWN WITH DR. JAY Alberts, the director of Cleveland Clinic's Concussion Center, for a spirited conversation about — what else? — head injuries. Cleveland will play host next month to a symposium on concussions (Concussions: A National Challenge) at the Global Center for Health Innovations. Alberts discussed the symposium, his own innovative research on concussion care, and why he lets his son play football — other than the fact that his gene pool is too shallow for NFL aspirations.

I didn't know Cleveland Clinic had any concussion specialization going on.

Yeah, well we should've advertised it a little better. The Concussion Center is a multidisciplinary center that sits between the Orthopedic Institute and the Neurological Institute, as well as Lerner Research. We started in 2012 officially, and our approach has been to look at the athlete and the non-athlete in a holistic manner.

When people think of concussions, they think of athletes first. Is that really the impetus for all this research, or was it going on even before the NFL became top-of-mind?

It was going on before, we just called it mild traumatic brain injury. That research was going on in military populations, as well as civilian populations — those who've had accidents or falls — but yes, with the information and the media regarding the NFL and the concussion lawsuits, it's really exploded in terms of exposure.

Do you have an opinion, as a medical professional, on the NFL settlements?

I know there are lots of moving parts, but I think fundamentally a good thing is that they'll be doing some initial baseline neurologically-type testing for athletes. That's a good thing.

Are there any relationships between the Concussion Center and area sports teams?

We don't provide services for the Cleveland Browns. We do provide services for the Cavaliers and for the Indians. The Concussion Center specifically has a relationship with the NFLPA Trust. It was an organization formed out of the collective bargaining agreement. Essentially, what we have is a program where former NFL players can come through our program, a two-day comprehensive screen. And then we provide them some after-care as well, information and guidance and such.

In terms of the NFL, is it an issue of changing the way the sport is played? Or is it a technology issue? How can we take a game like football, which is brutal, and make it less harmful?

I think part of it is coaching, I think part of it is education and I think part of it is conditioning as well. In terms of coaching, I think there's been a tremendous influence by the NFL and other organizations to take the head out of the game, to tackle the way we were taught years ago, from the shoulder. Back then we were very concerned about spinal injuries. They're moving back to that. Starting with the youth and all the way up. Education of coaches and players in terms of how to modify practice is also important. We probably don't need to be engaging in heavy contact three days a week.

I think I read that your kids play football.

My son does. I have a boy and a girl, and my 9-year-old does.

Does that give you pause?

It really doesn't. I played Division III football so I know that the gene pool is relatively shallow and the chances that my son would become an NFL or even Division 1 player is very small. I think the value that they get from football, and a lot of team sports, is really unique. I think it's been valuable for him and for a lot of his buddies.

Do you think we might eventually see tackling outlawed in high schools?

I think it's a lot more about technique. There is a movement afoot to delay tackling until junior high or high school, but I think before we make these rule changes, we really need to gather the data. And that's really the goal of the Concussion Center, making sure we're doing this from a data-driven standpoint, and not just hand-waving and moving in the same direction as the media coverage. In this case, the media has really outpaced our understanding in terms of science.

Is that a frustration for you?

What's actually more frustrating is that, if you look at the incidents of concussion in female sports — female ice hockey, for example, soccer, field hockey — it's very high. Now it's important to know that I'm not trying to protect football by pushing these other sports up there. But there's something going on with the female athlete, and while all the media attention is surrounding football, what about these female athletes? What's frustrating is that there hasn't been someone who's taken up the flag for the female athlete.

The reason you're here is the concussion conference next month. What can an attendee get out of it?

Well, the entire conference is open to the public and free of charge. I think what's unique is that when [Dr. Hunter Peckham] and I were planning the conference, we said we need to get people together who don't normally attend the same meetings. That's why we've got engineers from the auto industry, defense industry, sports, physicians, etc. From a community perspective, what you're going to hear is experts talking about the science, but also about where we're going to go and what we need to do. There's an aspect of science to it, but I wouldn't let that prevent anyone from coming.

You developed an iPad app about concussions?

Yeah, absolutely. It doesn't diagnose concussions, but I think the important thing there is that we're gathering information that can help potentially drive decisions on the field and down the road. The other part of this is, when you think about concussions and their care, you're touched by a lot of different providers. And there are a lot of different signs and symptoms. To date, prior to this app, we'd really just look at the signs and symptoms in different buckets or silos. And that made handoffs between providers very difficult. Now that we've got it on one platform, it's made the handoffs much easier from the athletic trainer to the physician to the physical therapist and then back to the athletic trainer. Now we're all speaking sort of a common language.

The Apple engineers didn't think of that, huh?

No they didn't. This has the potential to be transformative in the sense that usually medical technology doesn't trickle down very quickly, to rural and inner-city areas in particular. So I'm really excited about the deployment to a really tiny town in Iowa, my hometown of 1,200 people, and also to inner-city Los Angeles. These kids couldn't be more different, but what they share is access.

Check out the full podcast at clevescene.com.

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