Dr. Brad Raetzke

Ohio ACEP
American College of Emergency Physicians
Advocacy | Education | Leadership

Director Hodges and members of the Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee, thank you for the opportunity to provide comments regarding the treatment and diagnosis of youth head injuries from the prospective of an emergency physician.

My name is Dr. Brad Raetzke and I am a Board Certified Emergency Physician practicing here in Columbus. I completed my residency in emergency medicine at the Ohio State University Wexner Medical Center, and now work at several hospitals in the Columbus area including Riverside Methodist Hospital and Grant Medical Center. I also serve as the Co-Chair of the Government Affairs Committee of the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP). Ohio ACEP is the state society representing emergency physicians throughout Ohio.

My colleagues and I encounter neurologic emergencies on a daily basis. This is a very challenging patient population, as subtle physical exam findings can mean the difference between a major neurologic emergency and a minor problem that will resolve itself. For example, in a patient that presents with a facial droop – does their eyebrow move? If it does, you are managing an acute stroke. If it does not, it is Bell's palsy that will usually resolve itself. Similarly, when we are managing patients with traumatic head injury, these subtle findings can clue the physician in to the appropriateness of further workup and evaluation for a potential head injury.

While it is true that most patients that have suffered a concussion will have a relatively uneventful recovery; it is the subtle, atypical cases that the physician whom is evaluating the concussed patient must be ready for. We are fortunate to live in Ohio, where it is clear that we care about the health and well-being of our student athletes. Numerous laws, programs, and conferences have been developed to protect these athletes. We want nothing but the best for our children. Therefore, we feel that the most qualified and trained professionals should be evaluating and managing student athletes with suspected head injury.

In the setting in which I practice, I am tasked with the initial management of the patient. Most often the patient is brought from the game, practice or tournament for evaluation after hitting their head. We also commonly see patients whom have gone home after their game, only to return with worsening or continued symptoms. Concussions in our students happen outside of the athletic arena, including injuries at home and automobile collisions. My emergency training as a physician has prepared me for the detailed neurologic examination that must occur. Throughout my 4 years in medical school and 3 years in residency (often times working 80 hours/week), I have acquired much of this knowledge. I have trained in different locations that range from neurologist's offices, to the Neuro-Critical Care Unit caring for the sickest of the sick. I am well prepared to evaluate for head injury, to determine if it is a concussion, or if there are signs of a more significant head injury.

3510 Snouffer Road, Suite 100, Columbus, Ohio 43235
Phone: (614) 792-6506 | TollFree: 1 (888) 642-2374 | Fax: (614) 792-6508

When I have finished my evaluation of a patient, and determined that the injury is consistent with a concussion, I will help arrange follow up for my patients. It is imperative that they receive timely follow up by a practitioner that is experienced in brain injuries. My colleagues that specialize in pediatrics, sports medicine and neurology have all undergone training as rigorous - if not – more so than mine to prepare them to manage concussions. We owe it to our children, our future generation, to receive the best in post-concussion management. Without this, we put them at risk for delayed recovery, cognitive dysfunction, and second impact syndrome - which can be deadly.

This committee is charged with developing standards and guidelines for professionals to diagnosis and treat youth concussions. I have included my personal educational and professional experience. All emergency physicians in Ohio will have similarly rigorous educational and clinical experience. I have also included a link to a copy of the American College of Emergency Physicians' Clinical policies regarding traumatic and non-traumatic head injuries.

Ohio ACEP discourages this committee from recommending any additional requirements, education or clinical, on emergency physicians to continue to treat and diagnosis youth concussions. My colleagues and I are more than qualified to continue to do the important work in Ohio's medical safety net, the emergency department.

Thank you for your time and I would be happy to answer any questions.

Respectfully Submitted,

Bradley D. Raetzke, MD, FACEP
Columbus, Ohio.

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Attachement A: Educational and Clinical Experience (Personal)

University of Cincinnati College of Medicine

1st Year: Clinical Skills (Neurologic Examination Skills) 14 credit hours; Musculoskeletal (including neuro) 9 credit hours; Gross Anatomy Lab

2nd Year: Brian, Mind, Behavior – 14 credit hours – Neurology including examinations, pathology, normal functioning, anatomy, CT/MRI imaging.

3rd Year: 1 Month Clerkship in Neurology – Inpatient and Outpatient focusing on normal and abnormal neurologic exams, pathology including strokes, neuro-muscular diseases, infectious diseases and concussion management. 1 month clerkship in Neurosurgery/Neuro critical care (elective).

4th Year: Emergency Medicine Clerkship, 1 month.

Ohio State Universtiy, Wexner Medical Center

1st Year resident: Neuro Critical Care consultant service: 1 month.

2nd Year resident: 1 month of Trauma Surgery; 2 months Pediatric ED – both areas see much head injury, closed head injury, concussions, intracranial injuries from traumatic mechanisms.

All Years: Pediatric and Adult Emergency Medicine, general.

Clinical Policies – Drafted by ACEP, followed by all BOARD CERTIFIED EMERGENCY PHYSICIANS

http://www.acep.org/Clinical---Practice-Management/Clinical-Policy--Decisionmaking-in-Adult-Mild-Traumatic-Brain-Injury-in-the-Acute-Setting/

http://www.acep.org/Clinical---Practice-Management/Clinical-Policy--Critical-Issues-in-the-Evaluation-and-Management-of-Adult-Patients-Presenting-to-the-Emergency-Department-with-Acute-Headache/

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