The More Things Change, the More They Stay the Same

The topic of sports-related concussion, and more recently the effects of repeated head impacts, has dominated the sports headlines, even eclipsing the discussions of a Super Bowl championships, “deflategate,” and other more serious off-field problems. As evidence continues to mount that it is more probable than not that the National Football League was at least generally aware of long-term implications of head trauma, media pundits and skeptics insist the game of football is doomed. Indeed, many non-sports–related media outlets such as Business Insider and The Economist have labeled it as “doomed” and several physicians have advocated for the end of youth and high school football.1,2

Some advocates are pushing for congressional legislative action banning intentional head impact in sports prior to age 14 years, with others suggesting youth football is equivalent to child abuse. Naturally, these accusations have been met with fierce resistance from players and coaches alike, who complain that the essence of the sport is being changed. However, the balanced and rational perspective is seldom provided in the media, leaving athletic trainers and sport health care clinicians to address the numerous misconceptions and exaggerated claims. As Dr. Kaminski opined in a recent editorial within this journal,3 this is having the real effect of reducing sports participation rates at the youth and high school levels.

This is not the first time that the safety of football has been challenged and the role of President Roosevelt in saving/changing the game of football in the early 1900s has been well documented. College football began to gain popularity in the 1870s and the Wedge first appeared in 1884, followed a decade later by the “flying wedge,” in which players formed a “V” shape around the ball carrier and got a 20-yard running start to the play.4 Not surprisingly, these plays, along with limited medical care and poor equipment, had catastrophic results when the 1905 season left 18 players dead and 159 with serious injuries, forcing President Roosevelt to act.4 Thereafter, schools such as Columbia, Northwestern, California, and Stanford temporarily dropped football altogether, leading to major reforms and rule writing, including eventually banning the Mass Momentum plays, along with the development of the Intercollegiate Athletic Association of the United States (eventually the National Collegiate Athletic Association [NCAA]).4 So as we consider the history of football, we realize that substantial rule changes, schools...
dropping the sport, and an overt concern for the health and well-being of the student-athlete has in fact been central to the sport for over a century. Interestingly, even the earliest football-related arguments from the late 1800s would sound familiar to a college football fan in 2016—academic control over athletics, eligibility of players, spiraling costs and coaches’ salaries, sport-related absences, health and safety of the players, and the ongoing philosophical debate over “amateurism.”

Although football receives the majority of the attention related to head and other injuries, it is important to note that changes in rules, equipment, and medical care permeates athletics. In hockey, the first helmets showed up in the 1920s but were primarily used to keep players warm when playing outdoors and, in the case of Johnny Crawford, a helmet was reportedly worn to hide his bald spot. Amazingly, the first hockey goalie mask was not worn until 1959 and Andy Brown played professionally until 1977 without a mask. The National Hockey League did not require helmets until 1979 and even then grandfathered current players to continue to go helmetless, with the last player (Craig MacTavish) going helmetless in 1997—around the year most current freshman were born. Today, with slap shots reaching or exceeding 100 mph, the idea of a goalie playing without a helmet is inconceivable to most players and fans.

Thus, the notion of rule changes to protect athletes and reduce injuries is not at all a new concept and one that should hopefully be embraced by athletic trainers and health care professionals. Athletic trainers should play an important role in recommending these inevitable changes while also investigating the potential unintended consequences of rule changes. Certainly, the NCAA has been heavily criticized for apparent inaction historically, but the recent concussion management requirements (NCAA Bylaw 3.2.4.17.1) imposed on the Power 5 conferences (ACC, SEC, Big 10, Big 12, and PAC-12) have the potential to improve player safety. One aspect of particular interest is the requirement for a plan to reduce head impact exposures; however, it was interesting to note that this was directed largely toward football.

Moving forward, it is hoped that sports medicine professionals can motivate the NCAA to incorporate plans to reduce head trauma in other sports such as ice hockey, lacrosse, wrestling, and soccer (eg, U.S. Soccer has changed the heading rules for youth soccer). Finally, effective in August 2016, the NCAA is mandating the requirement (NCAA Bylaw 3.2.4.17) for an administrative structure that provides independent medical care unchallenged by coaches or athletic administrators. These new bylaws demonstrate continued progress by Dr. Hainline and the NCAA Sports Science Institute; however, it remains to be seen if enforcement will follow because to date there are no reported NCAA infraction cases for health care violations.

Undoubtedly, these changes will be met with cries from self-appointed “purists” that the sport is being ruined, but is there an outcry to raise the pitcher’s mound higher by 5 inches to the pre-1969 height (15”) or remove the three point from basketball (pre-1980 NBA)? Do these same purists prefer football be played without the forward pass or return to only eight teams in the NCAA tournament? As sports move forward and the scientific knowledge of concussions and repeated head impacts increases, collision sports must change and adapt to survive. Athletic trainers will hopefully be positioned to help lead these changes to maintain the enjoyment of the sports while prioritizing the health and well-being of the athletes.

REFERENCES