Andrew Reisner, MD, FACS, FAAP Medical Director of Neurotrauma Programs



Pediatric Neurosurgeon at Children's Healthcare Atlanta

- Dr Reisner has been instrumental in advancing pediatric neurotrauma care and research across the South East. He spearheaded the Neurotrauma Programs at Children's Healthcare of Atlanta and maintains an active clinical surgical program with focuses on trauma, brain tumors and craniofacial abnormalities.
- A Traumatic Brain Injury Fund was established in his honor by grateful patient families for whom Dr. Reisner played a life-saving role. Resources from this fund enhance care and improve care for children who have suffered a traumatic brain injury.





Children's Healthcare of Atlanta Concussion Conference 2019

Andrew Reisner, MD, FACS, FAAP

Medical Director, Neurotrauma Programs Elaine and John C. Carlos Chair for Neurotrauma

Greetings from Atlanta, Georgia USA

Greetings from Children's Healthcare of Atlanta

- Tertiary hospital serving a metro area of > 6 million
- Level 1 Trauma Center
- 604 total beds (including 74 ICU, 27 cardiac ICU and 80 NICU beds)
- 2017:
 - 26,553 inpatient admission
 - > 1,378 pediatric neurosurgical procedures (total)
 - > 2 Neurotrauma programs
- Severe TBI Program: Admissions 243
- Concussion Program
 - Emergency Dept. 1,413
 - Concussion Nurse Line Calls 8,234





- Cell Phones
- Video and photography
- Professional Credits
- Presentations online
- Speakers time
- Questions for the Panel
- Bathrooms
- Disclosures

Disclosures

Andrew Reisner, MD

- Children's Healthcare of Atlanta (CHOA) Friends Research Grant
- Carlos Chair for Neurotrauma
- NIH R21NS103507: Osteopontin as a Blood Biomarker in Pediatric Trauma Brain Injury

Chia-Yi Kuan, MD, PhD

- NIH R01NS084744: Mechanisms and Experimental Therapy of Perinatal Cerebral Hemorrhage
- NIH R21NS093446: Microglia-Monocyte Interactions following Perinatal Brain Injury
- NIH R01NS095064: Crosstalk of Innate and Adaptive Immunity in Infection-Sensitized Neonatal HIE
- NIH R21NS100419: Monocyte-Derived Microglia after Maternal Immune Activation and Neonatal HIE

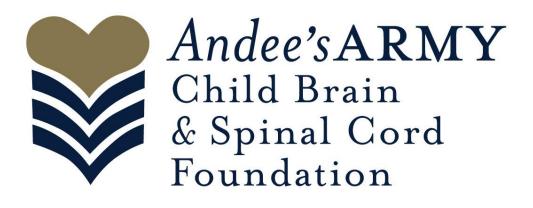
Iqbal Sayeed, PhD

• VHA: RX2002389: Therapeutic Actions of GSK-3 Inhibition in rmTBI

Laura Blackwell, PhD: No disclosures

There are no other financial interests to disclose.

Special Thanks to our Supporter



- Atlanta-based 501(c)3 non-profit dedicated to funding the recovery and rehabilitation of children who have sustained brain and spinal cord injuries.
- Provide grants tailored to the unique individual recovery of each patient.

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"The farther backward you can look, the farther forward you can see."

- Winston Churchill

Severe TBI program – 10 years ago

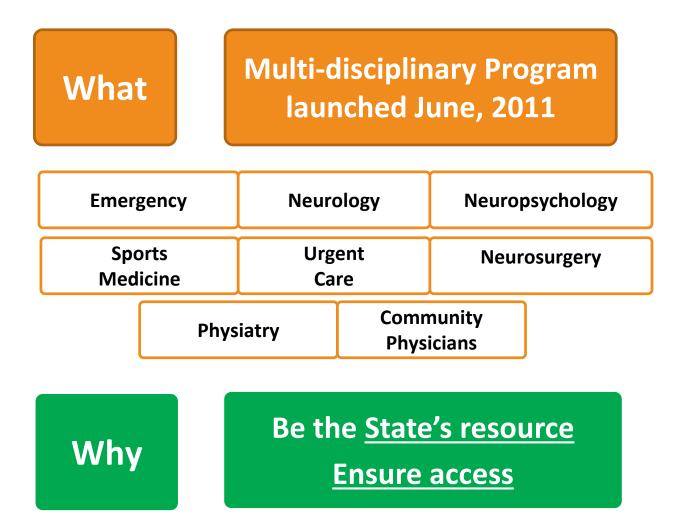
 4 years after inception – 1st guidelines passed by CHOA's Medical Executive Committee

Concussion program – 6 years ago

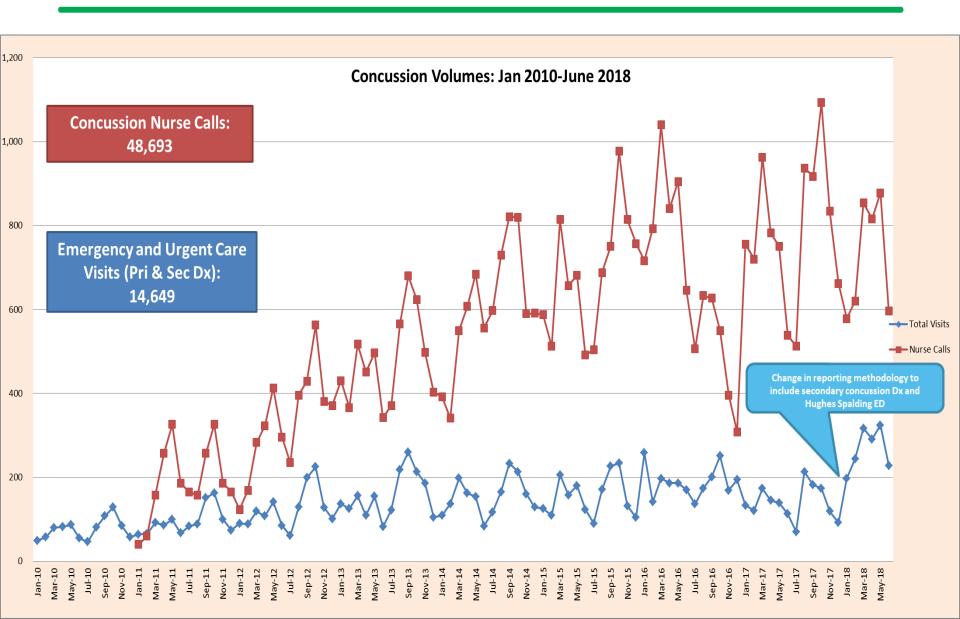
• CHOA Concussion Program endorsed by GA Dept of Health #1 on Google search

The present...

Children's Concussion Program:



Concussion Program: Total Volume



Return to physical activity following concussion

Football

Stage	Activity	Football specific exercise	Objective of the stage
1	No physical activity Complete physical and cognitive rest	No activity	Recovery and elimination of symptom
2	Light aerobic activity	 10 to 15 minutes of walking at home or at field, or stationary bike 	Add light aerobic activity and monitor symptom return
3	Moderate aerobic activity Light resistance training	20 to 30 minutes of jogging with heimet Light weight lifting (one set of 10 reps)	Increase aerobic activity and monitor t symptom return
4	Noncontact football-specific drifs	 Moving In/out of three-point stance, bear crasks through turnel, thes, step over bags (vertical and lateral), OB/center exchange, OB drop backs, passing, break downs and plant, yump outs, backgedailing, match the hips, up/downs "Sar #doachainats_pogease to halmate and dwale synghtom free 	Maximize aerobic activity Accelerate to full speed with change or directions (cuts) Introduce rotational head movements Monitor for symptoms
5	Limited contact football drills	Stage 4 workout in full pads Hit/push pads then sled (focus on technique—head up, square up, stay low), step and hit, run and hit, leverage drill, punch drill	Maximize aerobic activity Add deceleration/rotational forces in controlled setting Monitor for symptoms
6	Full contact practice (after medical clearance)	Normal training activities	Frequent assessments throughout the practice Monitor for symptoms
7	Return to play	Normal game play	Assess frequently Monitor for symptoms Consider one side of the ball only, no special-teams play

Care | Child × **∓** c

← → C ③ https://www.choa.org/con

Children's Medical Services Patients Visitors

Donors & Volunteers



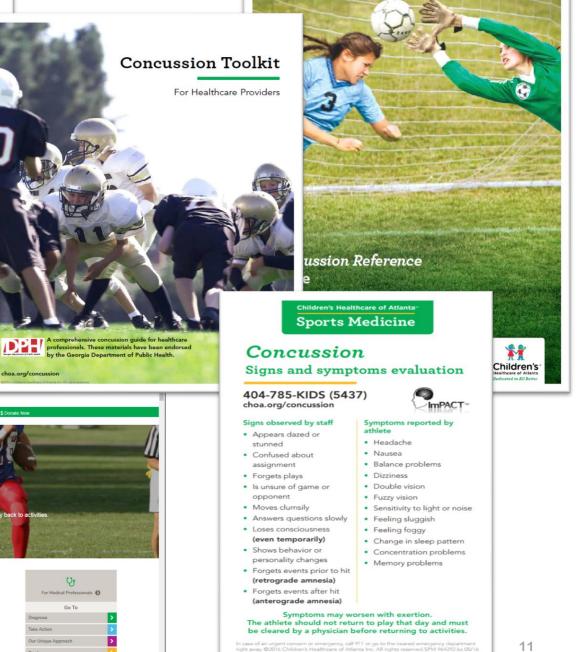
Diagnose

When should I call a doctor?

If you suspect your child has a concussion, talk to your child's doctor. All head injuries should be taken seriously. In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

What is a concussion?

A concussion is an injury to the brain. It can be caused by a blow or bump to or around the head. This causes the brain to move inside the skull which can change how the brain works or processes information



Emphasis on Research

- Presentations
- Publications
- Book Chapters
- Grants

Partner with Community

31 Affiliated Schools

6 Swim Clubs

11 Gymnastic Clubs

6 Dance Clubs

Program Reach

91,088 web hits since 2014 42,326

Concussion: Not as innocuous as previously thought

- Second impact Possibly due to impaired autoregulation / hyperemia
- Predominantly seen in pediatric/ adolescent patients