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## Doubt about Rodgers' status shows progress with concussions



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Earlier this week, an Associated Press report, [citing NFL data](#), showed that from the start of the preseason through Week 8, there were 154 concussions reported.

That's up 21 percent from 127 in 2009, and 34 percent from 115 over that period in 2008.

But just as the problem with diagnosing these head injuries is the gray area relating to the degrees of the injury and the willingness of players to come out of games, the above figures can be twisted and turned, and made to look as one making an argument one way or the other would like.

On one hand, the numbers could be used to highlight how players are getting bigger and faster and stronger, and the collisions are simply becoming too much for the body to take. On the other, these statistics could also indicate progress in players and teams being more responsible in reporting the incidents.

No matter how you look at it, the "culture change" in the handling of concussions in the NFL gets one heck of a litmus test this [Sunday night](#) with the twice-concussed-in-2010 [Aaron Rodgers](#) in the spotlight.

For his team, the stakes couldn't be much higher. The Packers enter the game at 8-5, facing the NFL's best team on the road, and sitting a game behind the Bears in the NFC North standings with Chicago already holding a tiebreaker edge having won the teams' first meeting. The Bears, meanwhile, could well be facing Minnesota rookie QB [Joe Webb on Monday](#), with the [chance to clinch](#) the division crown.

On top of that, if Green Bay falls at New England, it'll also be a game behind the loser of the Eagles-Giants showdown.

To simplify: The Packers find themselves in a huge spot with the prospect of starting [Matt Flynn](#), behind whom they could muster just three points in Detroit, of all places, last week. So while Green Bay desperately needs Rodgers, the team must follow doctor's orders.

"It'll be up to the doctor evaluating him," said Dr. Alexis Colvin, an orthopedic surgeon in sports medicine and expert in concussions at New York's Mount Sinai Medical Center. "If he meets all the criteria, he can play. The thing is, it's such an evolving field now. Under the old rules, it'd be 'if he lost consciousness for this amount of minutes, he misses this amount of time.' It's not cut-and-dry like that anymore."

That's part of what makes the Rodgers case an interesting one. The Packers quarterback never lost consciousness in suffering his first concussion, on October 10 in Washington, and actually re-entered the Lions game after sustaining his second one, before those on the sideline realized what was happening.

"It's more visible with the quarterback, you can see if he's nauseous, or foggy, or throwing interceptions," Dr. Richard Ellenbogen, chief of neurological surgery at Harborview Medical Center in Seattle and a co-chairman on the NFL's head, neck and spine committee. "What's amazing to me is that he's reporting it. Five years (ago), I don't know that it would've happened. I think it's impressive that the medical decision now trumps everything."

What might be more difficult, though, is the decision that lies ahead for this weekend. Or it could well be an easy decision, if Rodgers can't get through the protocol that the league's put in place to combat head injuries.

How does that work? If a player is concussed on Sunday, he's generally told to rest on Monday, and if he says he's OK on Tuesday, he can go see the team's physician and professional athletic trainer. If they clear him, then the player must be cleared again, getting a second opinion from an independent neurosurgeon or neurologist. Then, the player can return to practice, and after that, or some form of exercise, he must be asymptomatic, and cleared by the team doctors as such, before he can play.

Another component to the process is a neurological test the player has to pass. Before the season, each NFL player is required to take such a test -- most teams used the computerized ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) Test -- to create a personal baseline. After a concussion, the player has to take that test, which contains puzzles and tests reaction time, memory and digital processing, and match his baseline to be cleared.

"We've gotten much better at understanding the symptoms," said Colvin. "And it's progress that we have guidelines about when you can come back and play, and not cut-and-dry rules. But this testing is an objective way to measure recovery."

Things do, however, get dicey when a player has suffered multiple concussions, as Rodgers has, within the same season. Studies in youth and high school athletes show that a person suffering one concussion is more susceptible to another, but data has yet to be compiled on professional athletes to affirm that the same condition exists at the highest level of sport.

It would make sense, of course, if it did, but Colvin insisted that it wouldn't necessarily be irresponsible of the Packers to play Rodgers on Sunday. In fact, even with the quarterback having suffered two concussions in the two months previous and the second one coming seven days before the Patriot game, the chance does exist that he'd be OK to go.

"It's not impossible," Colvin said. "Everything really is case by case."

The real crux here is that, since it is a brain injury, perhaps the only person who really knows if he's truly OK is Rodgers himself. And while all the above tests and mechanisms to protect players are nice, there's no more powerful deterrent for players to play through concussions than the condition of so many retired players.

What the plight of those has done for the active players is imparted the powerful message that no matter how much is on the line Sunday, there's more at stake in the game of life.

"The culture's changing," said Ellenbogen. "I've watched guys come in and instead of saying, 'This is all BS, I don't have a concussion,' they're saying, 'I want a second opinion.' I've got players asking repeatedly, 'Doc., am I OK to play?' People are much more cautious and conservative.

"They ask questions about it, every player. The last guy I cleared asked me at the end, one more time, 'Are you sure?' I said, 'You can never be 100 percent sure.' And he said, 'I've been playing 10 years. I want to play 12 or 13.'"

It's a complicated issue for the doctors, let alone the rest of us, to grasp. So Ellenbogen simplified it for the player in question. He told the player he bet he'd get an interception that week. And sure enough, the player did.

Rodgers will be tested again on Saturday, and Ellenbogen said that he considers Packer team physician Dr. John Gray and trainer Pepper Burruss to be "very conservative and cautious". Maybe the doctors will tell the quarterback, as he's being evaluated, that he's going to throw for three touchdowns on Sunday and it'll come to pass.

But more important, now, is the understanding that there are more important things than that, and it seems like progress is being made in that regard all over football.

"One team physician said to me that he gets very insulted when people bring up (the importance of a particular game)," said Ellenbogen. "He said, 'These are our patients. You have to be willing to do the job, and get fired.' If you do the wrong thing for players, you're putting people at risk. You have to do the right by them.

"These physicians, you've heard about them buckling under pressure in the past. But the guys now, they're the real

thing."

And while it's no sure thing that the right decision will be made on Sunday on Rodgers, one way or the other, it seems like there's a much better chance of that than there used to be.

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