

## Concussion Management

1. Coach must use the attached CONCUSSION CHECKLIST to evaluate any athlete suspected of a head injury/concussion.
2. If a head injury/concussion occurs or any signs/symptoms of a concussion are observed, the student MUST NOT return to play – GAME OR PRACTICE
3. Parents should be notified of the injury. The concussion checklist should be sent to the parents.
4. Regardless of what doctor the parents send their child to, the Chief School Medical Officer, Dr. Ken Riley, is the only person who can legally release the child to play.
5. Coaches should adhere to the RETURN TO PLAY PROTOCOL , a gradual progression to return to full activity.

- Coaches are mandated to complete the “Heads Up Concussion in Youth Sports” course through the CDC. This can be found at:

[www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

- Submit Certificate of Completion to Athletic Director

### SIGNS, SYMPTOMS, AND BEHAVIORS OF A POSSIBLE HEAD TRAUMA

1. Problems In Brain Function
  - a. Confused state – Dazed look, vacant stare, confusion about what happened or is happening.
  - b. Memory problems – Can’t remember assignment on play, opponent, score of game, or period of the game. Can’t remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast etc.
  - c. Symptoms reported by athlete – Headache, nausea, or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in the ears, feeling foggy or groggy.
  - d. Lack of sustained attention – Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.
2. Speed of Brain Function: Slow response to questions, slow slurred speech, incoherent speech, slow body movements, slow reaction time.
3. Unusual Behaviors: Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.
4. Problems with Balance and Coordination: Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

## Return to Play Protocol Following a Concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows ANY signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The athlete should be medically evaluated following the injury.
4. Return to Play Protocol must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve, and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

1. No exertional activity until asymptomatic for 24 hours.
2. Light aerobic exercise, such as walking or stationary bike, etc. No resistance training.
3. Sport specific exercise, such as skating, running, etc. Progressive addition or resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in a practice setting.
6. Return to competition.

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.