

Concussion Management Protocol

A concussion is a type of traumatic brain injury (TBI), caused by a bump, blow or jolt to the head that can change the way your brain works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity.

Evaluation

Every athlete that is suspected of having a concussion will undergo a thorough evaluation using the appropriate available neurocognitive assessment tools such as, but not limited to, SCAT I and II forms. These assessments will produce measurable outcomes including the following: cognitive awareness, memory function, and subjective and objective observations. In addition, cranial nerve testing and exertional testing will be examined when appropriate.

Every athlete sustaining a concussion and/or his/her parent(s)/guardian will receive a Treatment for Concussion and Parental Consent Form. If the parent(s) or guardian is absent at the time of the concussion, they will be notified immediately.

Return-to-play criteria

Athletes must be asymptomatic before returning to play. (No same day return to play.) If conditions deteriorate quickly, athletes should seek medical attention immediately. (EMS will be activated upon the discretion of the athletic trainer or medical professional providing coverage during the event.)

ASL student athletes must complete some form of neurocognitive testing, i.e. ImPACT, as well as complete a stepped Return to Play Activity Progression before being cleared for full physical activity. The ultimate decision regarding a student's permission to return to sport or other activity lies with the athletic department and health care providers of ASL. Return to play will have the following stepladder system.

Athletes should pay careful attention to their symptoms and their thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, they can move to the next level of activity the next day. Athletes may move to the next level of activity only if they do not experience any symptoms at the present level. If symptoms return, athletes should inform their healthcare provider, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e., symptoms do not return during or after activity). This includes walking, light jogging, light stationary cycling, and light weightlifting (low weight—moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility — with three planes of movement).

Day 4: Sports-specific practice

Day 5: Full contact in a controlled drill or practice

Day 6: Return to competition

If at any time the symptoms recur the athlete will return to step one until s/he is asymptomatic, and repeat the steps over.