

Holy Ghost Preparatory School

Concussion Protocol

A concussion is defined as a complex pathophysiological process affecting the brain which was induced by a traumatic biomechanical force. Listed below are several commonalities that are present with a concussion:

- 1.) A concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
- 2.) A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. Symptoms may include amnesia, confusion, disorientation, headache, nausea, uncoordinated hand-eye movements and, in some cases loss of consciousness.
- 3.) A concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
- 4.) A concussion results in a set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
- 5.) A concussion is typically associated with grossly normal structural neuroimaging studies. Every athlete should be evaluated individually and not by following generalities of a grading scale.
- 6.) Amnesia, not loss of consciousness, may be the main indicator of the severity of a concussion.
- 7.) Concussions can be cumulative. Research has documented that prior concussions may indeed lower the threshold for subsequent concussion injury and increase symptom severity.

Signs and Symptoms

Symptoms Reported	Signs Observed
<ul style="list-style-type: none"> ● Headache or “pressure” in head ● Nausea or vomiting ● Balance problems or dizziness ● Double or blurry vision ● Sensitivity to light ● Sensitivity to noise ● Feeling sluggish, hazy, foggy, or groggy ● Concentration or memory problems ● Confusion ● Does not “feel right” or is “feeling down” 	<ul style="list-style-type: none"> ● Appears dazed or stunned ● Is confused about assignment or position ● Forgets an instruction ● Is unsure of game, score, or opponent ● Moves clumsily ● Answers questions slowly ● Loses consciousness (<i>even briefly</i>) ● Shows mood, behavior, or personality changes ● Can’t recall events <i>prior</i> to hit or fall ● Can’t recall events <i>after</i> hit or fall

Initial Emergency Plan

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

- 1.) The player should NOT be allowed to return to play in the current game or practice.
- 2.) Regular monitoring of that player for deterioration is essential.
- 3.) Depending on severity the player should be medically evaluated following the injury to rule out more serious intracranial pathology.
- 4.) A follow-up evaluation of post concussion testing should be done on day two.
- 5.) Return to play must follow a supervised step-wise process by the Athletic Trainer and a release to play by a Physician.

Return-to-Play Protocol

Athletes must complete the following step-wise process prior to returning to play after being diagnosed with a concussion:

- 1.) NO ACTIVITY; complete rest; once asymptomatic, proceed to level 2.
- 2.) Light aerobic exercise such as walking or stationary bike.
- 3.) Sport specific training (Sprinting, ice skating, jumping)
- 4.) Non-contact training drills
- 5.) Full-contact training after medical clearance
- 6.) Game Play

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after being symptom free for at least 24 hours

No athlete with a concussion or suspected concussion should return to play before the brain has healed and is asymptomatic. "WHEN IN DOUBT, SIT THEM OUT"