

Concussion Legislation & Information Sheet

In accordance with state law, if an athlete is suspected of having a Traumatic Brain Injury (TBI), they must be removed from the event and be evaluated by a medical professional trained in the evaluation and management of head injuries before continued participation. If it is determined that the athlete is exhibiting signs and symptoms consistent with a concussion, they may not return to play that day and must be evaluated by an MD or DO and given written clearance to return to play. This person will not be a TPS employee.

If medical personnel recommended by TPS is covering an athletic contest and deems an athlete should be withheld from participation, a coach, parent, or guardian does not have the authority to override the recommendation of medical personnel to withhold the athlete from participation and return that athlete to play.

As a student-athlete, TPS is concerned about the individual's ability in the classroom and their return-to-learn. When an athlete sustains a concussion, the head coach should notify the following individuals by phone or e-mail so that the student-athlete's academic progress may be monitored and accommodations can be made where needed. The head coach should notify the site Athletic Trainer, Athletic Director, Coordinator of Sports Medicine, school nurse, attendance clerk, and the student's vice principal and counselor. The counselor or vice principal should notify the student's teachers so they can make classroom accommodations as needed.

When an athlete receives written clearance to return to athletic participation, this clearance must be kept on file with the coordinator of sports medicine. Upon clearance, the athlete will begin a graduated return-to-sport strategy as outlined by the 5th International Conference on Concussion in Sport held in Berlin, October, 2016. There should be at least 24 hours (or longer) for each step or progression. If symptoms worsen during exercise, the activity will cease and the athlete should go back to the previous step. These steps are as follows:

- (1) *Step 1* – Return to learn accommodations are made as necessary, this includes mental *rest* if symptoms are severe. Individuals may perform symptom limited daily activity and be in limited high stimulus environments that do not provoke symptoms. The goal is gradual reintroduction of work/school activities.
- (2) *Step 2* – Light aerobic activities such as stationary bike, walking, jogging (keeping intensity <70% of maximum heart rate) with the goal of increasing heart rate without exacerbating symptoms.
- (3) *Step 3* – Moderate exertion, sport-specific training without pads (running, jump shots, shots on goal, etc.) No head impact activities with the goal of adding movement.
- (4) *Step 4* – Heavy exertion, non-contact drills specific to sport. May begin resistance activities. The goal is to increase exercise, coordination and increased thinking/processing requirements.
- (5) *Step 5* – Following medical clearance, participate in normal training activities with the goal of restoring confidence and assessing functional skills by coaching staff.
- (6) *Step 6* – Return to sport and normal game-level play/activity.