

Rectory Concussion Protocol

We take great pride here at Rectory to ensure your child's health and safety with athletics, however, injuries do happen in sport. One injury is a concussion. Concussions have gained a lot of publicity in the media recently as doctors and researchers learn more about this potentially debilitating injury. Simply put, a concussion is a traumatic brain injury that affects how the brain operates "normally." Concussions may be caused by direct or indirect trauma to the head, this can be a direct hit to the head or a jolting back and forth like whiplash. It is important to know a "ding," "getting your bell rung," or other mild symptoms could become much worse if not managed correctly.

Signs and Symptoms of a Concussion

- Headache
- Nausea
- Vomiting
- Balance Problems
- Dizziness
- Fatigue
- Trouble Falling Asleep
- Sleeping more than usual
- Sleeping less than usual
- Drowsiness
- Sensitivity to Light
- Sensitivity to Noise
- Irritability
- Sadness
- Nervousness
- Feeling more emotional
- Numbness or Tingling
- Feeling slowed down
- Feeling mentally foggy
- Difficulty concentrating
- Difficulty remembering

- Visual Problems

Prevention

The best way to treat a concussion is to try to prevent them. This is helpful by not having purposeful or performing activities that involve contact with the head. Certain types of protective equipment may help to prevent a concussion; however, their main role is to prevent skull fractures (i.e skull fractures, face shields, eye protection, and other protective equipment). It is important to understand the brain is “like an ice cube in a glass of water,” whereas the glass is the skull, and the ice cube is the brain. Any quick jostling back and forth will cause the ice to crash into the side of the glass, this is the basic mechanism of a concussion.

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The most important step in treating a concussion is immediate removal from sport or activity the individual is participating in. Rectory’s Head Athletic Trainer along with school physician, manages all Rectory student concussions. It is important to know if the student is not immediately removed from play, the symptoms could potentially become exponentially worse if struck again; second impact syndrome will be addressed in its own section. Here at Rectory, we baseline each student every other year (to prevent test fatigue) using SCAT5/ Child Scat5 and VOM testing.

Rectory’s Concussion Protocol is broken down into 6 stages.

-Stage 1: Removal from play. The student is removed from play by self, athletic trainer, coach, referee, or away school’s team athletic trainer.

-Stage 2: Rest. The student is instructed to “rest their brain.” This is a very crucial stage, and the student should be on limit/ no screen time, in classes, playing sport, reading, or any other activity that requires them to stress their brain. For day students, they should remain home from school and parents should be in contact with the athletic trainer each day with progress updates. If the student is a boarder, they will rest in the Infirmary each day until light’s out. During Stage 1/2, they will partake in SCAT5/ Child Scat5 and VOM testing to compare their post-injury scores with their baseline to get a feel for where they are. Once the symptoms begin to improve or completely dissipate, they can move to Stage 3.

-Stage 3: Return to learning. The student may return to class. It is important to note that during Stage 3, class time may have to be taken in small bites since screens and reading may develop symptoms. If this should happen, the student is instructed to go to the Infirmary and rest until the symptoms subside and then return to class and try again. In doing so, this will raise the “symptom ceiling.” Once they are completely symptom free, they may progress to Stage 4.

-Stage 4: Full return to academics. During Stage 4, they may return to the classroom like they usually would, but still no sports. At this time, they will report to the athletic training room each day to work on balance, visual, or other vestibular training. Once they are doing well in class and therapy, they can progress to Stage 5.

-Stage 5: Students begin the Rectory Return-to-play Protocol. The Rectory Return-to-play Protocol involves a gradual increase of intensity and time with physical activity, this typically takes 3 days to complete.

-Stage 6: Full return to athletics. The student must participate in one full practice until returning to competition. The first question that most students, parents, and coaches have is, “how long will they be out for?” The answer is different for everyone, but a full recovery from a concussion typically lasts between 7-10 days. If a student does not get better after 2-weeks, we will recommend the student see a specialist for further evaluation and treatment.

Second Impact Syndrome

As previously stated, most concussions “typically” resolve in 7-10 days. If a student experiences another mechanism of concussion while they are symptomatic, they could make the symptoms exponentially worse and experience second impact syndrome. The symptoms of second impact syndrome are much worse than the original symptoms and last much longer. It is important to know that the second traumatic hit or jostling could seem minor in nature, but the lasting impact can be detrimental for the well-being of the student. Therefore, it is important to maintain good communication with the athletic trainer during the concussion protocol and adhere to each stage’s guideline.

Literature For more information on concussions, please visit these links:

National Athletic Trainers’ Association Position Statement on Concussions:

https://www.nata.org/sites/default/files/concussion_management_position_statement.pdf

2022-23 Concussion and Head Injury Annual Review for Coaches Required for all School Coaches in Connecticut.

https://portal.ct.gov/-/media/SDE/Concussion/2022-23_Concussion_and_Head_Injury_Annual_Review_for_Coaches.pdf

Connecticut Athletic Trainers’ Association Website with additional links:

<https://www.ctathletictrainers.org/concussion-information>