

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

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| • Headache | • Sensitivity to light/sound |
| • Nausea/vomiting | • Feeling of sluggishness or foginess |
| • Balance problems or dizziness | • Difficulty with concentration, short term memory, and/or confusion |
| • Double vision or changes in vision | |

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atSNJ.org

TO: NJSIAA Member Schools and Officials' Associations
FROM: Larry L. White, Assistant Director
RE: State Concussion Policy Law

At the last meeting of the NJSIAA Medical Advisory Committee in May, 2011, the committee approved to change the NJSIAA Concussion Policy to mirror the state law as it pertains to the development of interscholastic athletic head injury safety training program, required measures to protect student athletes with concussions, and the continuing education for athletic trainers.

The major difference between the State Statute and the previous NJSIAA Concussion Policy is contained within the law and reads accordingly:

“A student who participates in an interscholastic sports program and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a sports competition or practice shall be immediately removed from the sports competition or practice. A student-athlete who is removed from competition or practice shall not participate in further sports activity until he is evaluated by a physician or other healthcare provider trained in the evaluation and management of concussions, and receives written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.” Bold added.

As this reads, written clearance may take place at game site on game day, if so given by trained physician as stated above. This is the marked difference between the prior NJSIAA Concussion Policy and the State law on Concussions, which the Executive Committee of NJSIAA has approved on June 1, 2011 and will be written in the 2011-2012 NJSIAA Constitution and Bylaws.

From the schools' perspective, written release forms, must be present at all practices and competitions. However, once a student-athlete is removed from competition or a practice, only a physician **trained in the evaluation and management of concussions** can sign off on a written clearance that would allow a concussed or suspected concussed athlete to return. NJSIAA has created a standardized written, **RTP**, form that will be available on our website. When a student athlete is evaluated by a trained physician and is **NOT** cleared to return to play or practice that day/night, the school district's Return to Play guidelines shall be followed.

Game officials will follow the protocol previously established and disseminated on September 1, 2010, namely upon observing any signs, symptoms or behaviors that are consistent with a concussion, and the signs, symptoms or behaviors are a result of an impact or contact of the player with another person, an object or the ground, the student athlete is immediately removed from play and may not return to play without a written clearance from a physician trained in the evaluation and management of concussions. The mechanics to enforce the rule are as follows:

- Using sound game management procedures and judgment, upon observing a player who exhibits the signs, symptoms or behaviors that are consistent with a concussion, the official shall follow the sport specific guidelines for handling an injured player.
- When appropriate, call time out. If the player's safety is in jeopardy, call time out immediately.
- **Beckon the physician/ATC onto the playing surface.**
- **Observe the injured player.**
- Other game officials keep players/others away from the injured player.
- Apprise the physician/ATC of your observations as to the signs, symptoms, behaviors that are consistent with a concussion, including any conversation that you had with the injured player (any questions and answers that took place prior to the physician/ATC arriving).
- Note the game time, score, period or half, player name/number, etc when injury and removal took place (for those sports that officials do not normally keep a game card on their person, begin doing so).
- If the prescribed written clearance form is signed by a physician, and the player returns to play that day/night, the official in charge must obtain a copy of the signed written clearance form and subsequently submit it to the association's keeper of records.

Schools and officials are reminded that NJSIAA is a 100% state, meaning that we follow the playing rules established by the NFHS. Every NFHS sports rule book contains the following:

...Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.

Remember that under NJ Law the only "appropriate health-care professional" who can authorize return-to-play under the rule is a physician trained in the evaluation and management of concussions.

Thank you for your attention and cooperation in the most important matter.

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 ROUTE 130 NORTH P.O. BOX 487 ROBBINSVILLE, NJ 08691-0487
NJSIAA WRITTEN CLEARANCE/RETURN TO PLAY FORM

Date of competition/practice: _____

Name of suspected concussed player: _____

Jersey number of suspected concussed player: _____

Time of day/night injury occurred: _____

Time of day/night injured player returned to play: _____

Time on game clock when injured player returned to play: _____

Period/quarter/half when injured player was removed _____

Period/quarter/half when injured player returned to play _____

Brief description of symptoms noted and sideline evaluation _____

This return-to-play is based on today's evaluation on this _____ day of _____,

201_____, I hereby authorize the above-named student to return to play and participate in today's competition without restrictions.

I hereby certify that I have received training in the evaluation and management of concussions. (N.J.S.A. 18a:40-41, 4)

Signature of physician _____ MD, DO
(circle one)

Printed name of physician: _____

Title: _____

Office address of physician: _____

Telephone No: _____