

Return to Sports Protocol Following a Head Injury for Athletes

- A. When a student shows ANY signs or symptoms of a head injury:
 - a. The student will not be allowed to return to sports in the current game or practice.
 - b. The athlete should not be left alone, and regular monitoring for deterioration is important over the initial few hours following injury.
- B. The coach or athletic trainer will provide the student/guardian with a physician evaluation form and CDC fact sheet.
- C. Coaches will notify the athletic trainer of the suspected concussion. The athletic trainer will notify the school nurse and medical director. The school nurse will notify the student’s guidance counselor.
- D. A head injury diagnosis should be made by a medical care provider and final clearances are made by the BSCSD medical director.
- E. The graduated return to sport is outlined below, and an ImpACT test will be utilized throughout the protocol. Use of ImpACT will be decided by medical personnel.
- F. Coaches must wait for clearance to progress through each step from the athletic trainer or school nurse due to possible discrepancies between the medical director and diagnosing/managing physician.

Student-athletes are encouraged to check in with the athletic trainer or school nurse daily for symptom monitoring to ensure optimal management of their head injury.

Graduated Return to Sport Strategy- Adapted from “Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022”

| Step | Exercise Strategy | Activity | Goal |
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| 1 | Symptom limited activity | daily activities that do no exacerbate symptoms | gradual reintroduction to school |
| 2 | Aerobic exercise 2a-light (55% max HR) then 2b-moderate (70% max HR) | team warm up or similar activities that does not result in more than mild and brief exacerbation of concussion symptoms | increase heart rate |
| 3 | Individual sport specific exercise | running, change of direction, agility. No activities that include risk of contact | add movement, change direction |
| steps 4-6 begin after resolution of any symptoms, abnormalities in cognitive function, including with and after physical exertion. Clearance by BSCSD medical director needed | | | |

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| 4 | Non-contact-training | exercise to high intensity including more challenging drills, should include more team activities | resume usual intensity and concentration |
| 5 | Full contact practice | participate in normal training activities | restore confidence and assess skills |
| 6 | Return to sport | normal game play | |

Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than two points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

maxHR, predicted maximal heart rate according to age (i.e., 220-age) or as directed by the healthcare provider