Policy on Mild Traumatic Brain Injury

Policy:
All athletes sustaining a mild traumatic brain injury (mTBI) should be thoroughly examined and closely monitored to determine nature and severity of injury and appropriate course of treatment.

Procedure:
The athletic trainer (AT) will perform a complete initial mTBI evaluation. The player should not be left alone following the injury, and serial monitoring for deterioration is performed until he/she leaves the care of the on-site AT. Follow-up evaluations, either in person or by phone, should be performed until the athlete is asymptomatic.

- No athlete, regardless of age, will be allowed to return to play on the same day as initial mTBI.
- Each athlete sustaining an mTBI will be tested by the on-site AT with the Sport Concussion Assessment Tool 5 (SCAT5). It is recommended to obtain a SCAT5 test within 1-2 days following the initial injury. In cases where the AT is not able to complete the SCAT5 within 1-2 days following the injury, the on-site AT will perform a complete SCAT5 on the first day the athlete returns to the athletic training room.
- The AT will provide the Mercy Sports Medicine *Home Care for Head Injuries* sheet to the parent/guardian for appropriate delayed referrals. If communication with the parent/guardian is not possible, then the head coach and/or school administration should be fully educated on the injury and recommended home care.
- The on-site AT will document presence, severity and duration of symptoms on the Graded Symptom Checklist, within the SCAT5, during the initial evaluation and each follow-up evaluation. The Graded Symptom Checklist can be performed over the phone for follow-up evaluations if necessary.
- Once the athlete has been asymptomatic for at least 24 hours, the athlete will be reassessed with the SCAT5. Once the assessment reveals an improvement from the initial post-injury SCAT5, the graduated return to sport strategy may begin.
- In addition to an asymptomatic GSC and an improved SCAT5, a Vestibular/Ocular-Motor Screening (VOMS) must also be completed prior to Step 4 of the graduated return to sport strategy in order to further support the RTP decision-making process.
- All mTBI athletes will undergo at least one additional SCAT5 assessment upon completion of the graduated return to sport strategy.

Graduated return-to-sport strategy

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at a slow to medium pace. NO resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. NO head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg. Passing drills. My start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

- In the event of excessive symptoms, extended duration of symptoms or difficulty during the graduated return to sport process athletes may be referred to another concussion specialist for assessment.

- Athletes returning to activity should be closely monitored in order to make appropriate decisions on progressing or regressing activity level.

- If an athlete develops symptoms during a graduated return to sport strategy, the activity for that day will cease and resume the next day as long as the athlete presents asymptomatic.

- The AT will document all evaluation findings and management, as well as report all head injuries to appropriate school personnel.

- Prior to returning to full, unrestricted sport activity, athletes must:
    - Be asymptomatic for a minimum of five full days
    - Successfully complete a graduated return to sport progression
    - Receive clearance from the on-site AT

- Middle school athletes suffering an mTBI should be treated more conservatively than older athletes. They must be asymptomatic for seven days prior to initiating a graduated return to sport progression. Middle school athletes will be required to provide a note from a health care provider (MD/DO/PAC/LAT/ARNP/Neuropsychologist) before beginning a return to sport progression.

- It will not usually be feasible to follow the above procedures for those athletes who are not members of a school contracting services with Mercy Sports Medicine. In these situations, the AT providing coverage will provide a thorough initial mTBI assessment. Utilization of the SCAT5 will be at the discretion of the AT. Following the initial assessment, the AT should make the appropriate recommendations to the parent/guardian or responsible school personnel regarding home care and delayed/immediate referral.

Additional comments:

- Loss of consciousness is not a good indicator of return to sport determination.

- Notify Mercy Sports Medicine administration and school administration of any situation that does not comply with the above guidelines.

References:

- Mucha, et al. *A Brief Vestibular/Ocular Motor Screening (VOMS) assessment to evaluate concussions: preliminary findings. American Journal of Sports Medicine.* 8 Aug, 2014.
- Consensus Statement on Concussion in Sport, 5th International Conference on Concussion in Sport, Berlin, Germany, Oct. 2016.
- Consensus Statement on Concussion in Sport, 4th International Conference on Concussion in Sport, Zurich, Switzerland, Nov. 2012
- National Athletic Trainer's Association Position Statement: Management of Sport-Related Concussion 2014
- National Athletic Trainer's Association Position Statement: Preventing Sudden Death In Sports, February, 2012