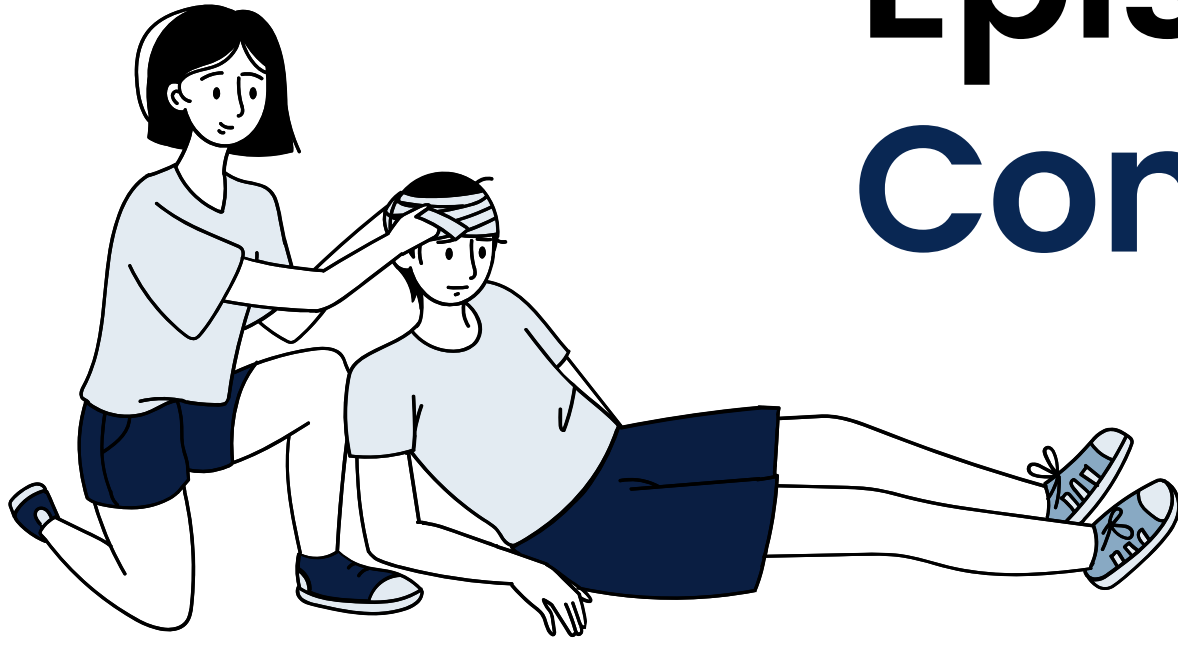


# Episcopal Academy Concussion Protocol



Questions? Please send an email to any of the following:

Laura Hurst (MS/US Nurse) - lhurst@episcopalacademy.org

VJ Crouse (Athletic Trainer) - vcrouse@episcopalacademy.org

Julia Vollmer (Athletic Trainer) - jvollmer@episcopalacademy.org

## Suspected Concussion?

- Immediately remove athlete from play.
- Monitor for signs and symptoms.
- Seek medical evaluation.\* (Required if symptoms persist more than 48 hours.)

\*Daily symptom scores may be assessed by athletic trainers when appropriate.

## Red flags - Go to ER right away!

- Loss of consciousness
- Severe headache/neck pain
- Numbness/weakness in extremities
- Extreme confusion
- Unusual behavior
- Worsening vision
- Loss of balance
- Slurred speech
- Vomiting



## Medical Assessment

To be completed by a MD or DO.

Documentation must specifically state student has been assessed for a head injury.

## Concussion Ruled-Out

Clearance documentation must be shared with the health services team.

## Positive for Concussion

Documentation shared with school nurse, learning specialist, and athletic trainers.

\*EA Athletics on hold until sports clearance received.

## Return to Academia

Learning accommodations are overseen by EA's learning specialists:

- MS - Ivy Harris
- US - Alyson Kurz/Leigh Martin

## Return to Activities/Play

Return-to-play progression overseen by athletic trainers and dictated by physician's orders.

- If return to play criteria is unspecified, a gradual 5 step return to play protocol will be administered by the athletic trainers in accordance with best practice.
- Impact testing may be used as an additional objective measure to determine participation status per discretion of the athletic trainers

**Together, let's do our part to keep our students healthy.**

# Episcopal Academy Concussion Return to Play Guidelines



These guidelines have been developed based on the recommendations of the American Academy of Pediatrics. No more than 1 step should be completed per day. If any symptoms worsen during exercise, the athlete should return to the previous step.

Phase 2 can begin as tolerated as the athlete's symptoms begin to improve.

**Phase 1:  
Symptom  
Management**

**GOAL: Symptom management and return to school.**

Daily activities that do not provoke symptoms, no organized athletic activity

**Phase 2:  
Light cardio**

**GOAL: Increase heart rate, maintain overall health**

Light aerobic activity (walking/jogging/biking) at slow to medium pace for up to 30 minutes

**Phase 3:  
Sport-specific  
training**

**GOAL: Reintroduce sport-related movements**

Non-contact sport specific drills at reduced speed, moderate aerobic activity encouraged

**Phase 4:  
Non-contact  
practice**

**GOAL: Test endurance, coordination, & cognitive requirements of sport**

Non-contact practice, normal aerobic activity encouraged, may begin resistance training

**Phase 5:  
Full-contact  
practice**

**GOAL: Restore confidence in sport by reintroducing contact with other players**

Participation in full regular training activities with team

**Phase 6:  
Return to sport**

**GOAL: Full return to normal activity**

**Regular game participation may begin**