

Return to play Protocol following a concussion.

Return to Play Progression

This progression should be followed by all, coaches, healthcare providers and parents and at the basic steps below. To go to the next step the student/athlete must be symptom free. If the athlete has signs/symptoms, the progression must be stopped and the concussion team, coach and therapist/trainer notified. The number of days on each step may vary and duration questions referred to the Therapist/trainer, and Concussion Team. Typically, each stage is 24 hours and is a seven (7) day progression to full *game* play.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

Symptom Free Return to Play Progression

1. No Exertion activity until asymptomatic and clearance from treating Physician, Good ImPACT test and Trainer/Therapist. (as outlined in protocol)
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport specific exercise such as running, drills etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting.
6. Return to competition Scrimmage/ Game approval

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

CONCUSSION CHECKLIST(NYSPHSAA, Inc.)

Name: _____ Age: _____ Grade: __ Sport: _____

Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No		
Was there a loss of consciousness?	Yes	No	Unclear	
Does he/she remember the injury?	Yes	No	Unclear	
Does he/she have confusion after the injury?	Yes	No	Unclear	

Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringin g in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/ Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: Parents Notified Sent to Hospital

Evaluator’s Signature: _____ Title: _____

Address: _____ Date: _____ Phone No.: _____

Physician Evaluation

Date of First Evaluation: _____

Time of Evaluation: _____

Date of Second Evaluation: _____

Time of Evaluation: _____

Symptoms Observed: First Doctor Visit

Second Doctor Visit

Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia (after impact)	Yes	No	N/A	N/A
Retrograde Amnesia (backwards in time from impact)	Yes	No	N/A	N/A

* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

First Doctor Visit:

Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)

**** Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.

Additional Findings/Comments: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Print or stamp name: _____ Phone number: _____

Second Doctor Visit:

***** Athlete must be completely symptom free in order to begin the return to play progression. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

- Athlete is asymptomatic and is ready to begin the return to play progression.
- Athlete is still symptomatic more than seven days after injury.

Signature: _____ Date: _____

Print or stamp name: _____ Phone number: _____



GUIDELINES FOR MANAGEMENT OF HEAD TRAUMA IN SPORTS

Even A Minor Concussion Without Loss of Consciousness Can Have Devastating Results

Head trauma is a common problem in sports and has the potential for serious complications if not managed correctly. Use these guidelines as a protocol, but not in place of, the central role physicians and certified trainers must play.

1. PROBLEMS IN BRAIN FUNCTION:

- a. **Confused state** - Dazed look, vacant stare, confusion about what happened or is happening.
- b. **Memory problems** - Can't remember assignment on play, opponent, score of game, or period of the game. Can't remember how or with whom he or she traveled to the game, what he or she was wearing, what was eaten for breakfast, etc.
- c. **Symptoms reported by athlete** - Headache, nausea or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in ears, feeling foggy or groggy.
- d. **Lack of Sustained Attention** - Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.

2. **SPEED OF BRAIN FUNCTION:** Slow response to questions, slow slurred speech, incoherent speech, slow body movements, slow reaction time.

3. **UNUSUAL BEHAVIORS:** Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.

4. **PROBLEMS WITH BALANCE AND COORDINATION:** Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

reference: www.nfhs.org - sports medicine -
information on concussion - pdf

SIDELINE MANAGEMENT OF ACUTE HEAD INJURY

- 1. Did a head injury take place?** Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness (LOC), assume a concussion has occurred if the head was hit.
- 2. Does the athlete need immediate referral for emergency care?** If confusion, unusual behavior or responsiveness, deteriorating condition, LOC, or concern about neck and spine injury exist, the athlete should be referred at once for emergency care.
- 3. If no emergency is apparent, how should the athlete be monitored?** Every 5-10 minutes mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours.
- 4. No athlete demonstrating symptoms of concussion should return to practice or play (RTP) the day of injury. RTP should be on a following day after appropriate neurological testing and the school physician's clearance.**
- 5. Close observation of athlete should continue for a few hours. Parents or guardians of the athlete should be made aware of proper protocol, symptoms to watch for - contact medical personnel if concerned.**
- 6. After medical clearance, RTP should follow a stepwise protocol with provisions for delayed RTP based on return of any signs or symptoms.**

MEDICAL CLEARANCE RTP PROTOCOL

- 1. No exertional activity until asymptomatic.**
- 2. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.**
- 3. Initiate aerobic activity fundamental to specific sport such as skating, running, etc.**
- 4. Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.**
- 5. Then full contact in practice setting.**
- 6. If athlete remains without symptoms, he or she may return to play.**
 - a. Athlete must remain asymptomatic to progress to the next level.**
 - b. If symptoms return, the athlete must return to the previous level.**
 - c. Medical check should occur before contact.**

