

Concussion Recognition Policy & Procedure



Without the presence of an athletic trainer:

An athlete that endures any type of head trauma is to be removed from practice, competition, or any other physical activity for evaluation & monitoring.

Coach, physical education teacher, athletic director, or school faculty or staff member present at time of injury begins evaluation, acting as first responder.

First responder surveys the athlete for presence of concussion signs & symptoms; the CDC Checklist should be referred to if the first responder is not confident in his or her evaluation.

First responder surveys the athlete for presence of **red flags**.

- differences in pupil size
- excessive drowsiness
- worsening headache
- weakness, numbness, decreased coordination
- repeated vomiting
- slurred speech
- convulsions or seizures
- difficulty recognizing people or places
- increasing confusion, restlessness, agitation
- unusual behavior
- fluid draining from nose or ears

If athlete presents with **any signs or symptoms**, he or she is *not permitted to return to practice or competition*.

If athlete presents with **red flags**, he or she is *not permitted to return to practice or competition and emergency action plan should be activated*.

If athlete **does not present with any immediate signs or symptoms**, he or she should be *held out of physical activity and monitored for at least 10 minutes*.

If athlete **still does not present with signs or symptoms**, he or she is *permitted to return to play, but should continue to be carefully monitored*.

With the presence of an athletic trainer:

An athlete that endures any type of head trauma is to be removed from practice, competition, or any other physical activity for evaluation & monitoring.

Athletic trainer acts as first responder.

The athletic trainer makes a return to play decision based on signs and symptoms, prior knowledge and experience with concussion recognition, and athlete medical history.

If athlete is not permitted to return to play, but does not present with red flags, he or she must *complete a SCAT2 form prior to leaving practice or competition*.

If athlete is not permitted to return to play due to **red flags**, *emergency action plan should be activated*.

If athlete is permitted to return to play, he or she should *continue to be carefully monitored*.

Concussion Signs & Symptoms

Symptoms:		
Physical	Cognitive	Emotional
<ul style="list-style-type: none"> • headache • "pressure in head" • nausea • balance problems • dizziness • fatigue or feeling tired • blurry or double vision • sensitivity to light • sensitivity to noise • numbness or tingling sensations • neck pain • "don't feel right" 	<ul style="list-style-type: none"> • difficulty thinking clearly • difficulty concentrating • difficulty remembering • feeling slowed down • feeling sluggish, hazy, foggy, or groggy • confusion 	<ul style="list-style-type: none"> • irritable • sad • nervous • more emotional than normal

Signs:

- appears dazed or stunned
- is confused about events
- repeats questions
- answers questions slowly
- can't recall events prior to trauma
- loss of consciousness
- demonstrates behavior or personality changes

Concussion Management Policy & Procedure

If an athlete is suspected to have sustained a concussion, the following procedure is to be followed to assure that the athlete safely returns to play:

Strongly urge the athlete to seek further evaluation from a physician.

<i>Athlete is evaluated by a physician:</i>	<i>Athlete is not evaluated by a physician:</i>
Athlete is immediately restricted from all forms of physical activity including athletics and physical education.	Athlete is immediately restricted from all forms of physical activity including athletics and physical education.
Athlete is evaluated by a physician, and athlete receives required documentation of evaluation including: <ul style="list-style-type: none"> • student's name, date of birth, and date of visit • specification of which type of injury was treated (in this case: concussion, TBI, etc.) • date and guidelines for student's return to play guidelines 	Athlete is administered a SCAT2 symptom evaluation or CDC Checklist to analyze symptom severity, either daily or every other day, immediately following injury.
The physician's return to play progression and the district's return to play progression are compared, and the <i>more cautious progression is followed.</i>	This symptom evaluation is administered by any one of the following: athletic trainer, coach, physical education teacher, athletic director, or school nurse.
Once the athlete is symptom free for at least 24 hours, he or she may begin the more cautious return to play progression.	The district physician, given all available injury documentation, determines when the athlete is able to begin the district's return to play progression.
	Once the athlete is symptom free for at least 24 hours, he or she may begin the district's return to play protocol.

RCSD's Return to Play Progression:

1. Low impact, non-strenuous, light aerobic activity; 5-10 minute intervals, 3 times; no resistance training
 - a) *examples: easy walking, easy biking, easy swimming*
2. Moderate impact, moderate exertion; 10 minute intervals, 3 times; no resistance training
 - a) *examples: jogging, moderate biking, moderate swimming*
3. Normal impact, normal exertion; 15 minute intervals, 2 times; addition of 10-15 minutes, non-contact, stationary skill work; light weight-lifting
 - a) *football, lacrosse, baseball, & softball examples: throwing or catching drills*
 - b) *soccer & basketball examples: dribbling, passing, or shooting drills*
 - c) *cheer examples: jumping, leaping, or shouting*
 - d) *volleyball & tennis examples: serving or volleying drills*
4. Normal impact, normal exertion for 30 minutes; addition of 10-15 minutes, non-contact, skill work with movement; light weight-lifting

Athlete must receive clearance from the district physician to progress to phase 5.

The district physician makes a return to play decision based on comparison of pre and post-concussion ImPACT test and collaboration with the ATC and school nurse.

5. Repeat phase 4 as a warm-up; addition of 10-15 minutes of contact drills; normal weight-lifting routine
6. Warm-up followed by full-participation in normal play; normal weight-lifting routine

Notes:

- The athlete must be symptom free prior to, during, and after each phase.
- If the athlete experiences any symptoms, he or she must discontinue the current phase; when the athlete is symptom free for 24 hours, he or she must continue the progression at the previous phase.



Monitored Return to Play Progression Following Suspected & Diagnosed Concussions

Student Name: _____

Date Injury Sustained: _____

Sport & Level/School: _____

Date of Physician Clearance: _____

Rochester City School District requires that an athlete suspected of or diagnosed with a concussion completes the six-phase return to play progression, as detailed below, to ensure the athlete safely and gradually resumes physical activity. This progression is to be carefully monitored by the coach and athletic director, with direction from the athletic trainer. Once the athlete has received **clearance from a private physician or clearance from the district physician** and has been **symptom free for at least 24 hours**, he or she may begin the return to play progression. A 24 hour symptom free period is required after each phase completion, in order to advance to the next phase. If the athlete experiences any symptoms, at any phase, he or she must discontinue the current phase and stop all physical activity. When the athlete is symptom free for at least 24 hours, he or she will repeat the previous return to play phase.

Phase 1:

Low impact, non-strenuous, light aerobic activity; 5-10 minute intervals, 3 times; no resistance training.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

Phase 2:

Moderate impact, moderate exertion; 10 minute intervals, 3 times; no resistance training.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

Phase 3:

Normal impact, normal exertion; 15 minute intervals, 2 times; addition of 10-15 minutes, non-contact, stationary skill work; light weight-lifting.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

Phase 4:

30 minutes normal impact, normal exertion; addition of 10-15 minutes, non-contact, skill work with movement; light weight-lifting.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

Athlete must receive clearance from the district doctor to progress to phase 5

Date:

Phase 5:

Repeat phase 4 as a warm-up; addition of 10-15 minutes of contact drills; normal weight-lifting routine.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

Phase 6:

Warm-up followed by full-participation in normal play; normal weight-lifting routine.

Date:

Supervising
Initials & Title:

Post Exertion Symptom Review:

____ No Symptoms

____ Symptom Recurrence

If initial clearance is received from a private physician, please attach physician's note to this form.