



## Concussion Protocol

**Purpose:** Provide a systematic comprehensive post-concussion care procedure that will directly assist with the implementation of the most appropriate treatment plan; which will promote a more effective recovery, provide educational resources related to concussion management, and reduce the risk of sustaining a more significant brain injury from occurring.

### 1. Pre-Season Baseline Neurocognitive Testing & Education:

- Schedule pre-season team ImPACT testing.
- Educate student-athletes in recognizing the potential symptoms of a concussion and reporting symptoms to a coach or certified athletic trainer.
- Educate student-athletes in the risks of continuing to play while experiencing any symptoms that may be associated with a concussion.
- Provide educational resources for parents to assist with the recognition of concussions and protocol for care.
- Ensure that all coaches have completed concussion education.

### 2. Identification, Diagnosis, & Evaluation of Concussions:

- Early recognition of the signs & symptoms observed by a student-athlete that may be associated with a concussion.
- If no medical personnel are available, it is the coach's responsibility to immediately remove any student-athlete suspected of sustaining a concussion from competition or practice. The student athlete may not be allowed to return until evaluated by athletic trainer or team physician.
- If ATC is on site they will provide an appropriate sideline evaluation utilizing concussion assessment tools; such as the Sport Concussion Assessment Tool-3<sup>rd</sup> Edition (SCAT 3) to assist with the diagnosis and to determine the most appropriate plan of care.
- No student-athlete should Return to Play (RTP) or practice the same day of a concussion (24 Hours), and may not return until evaluated and cleared by a medical provider (MD or ATC) to begin a graduated return to activities.

### 3. Post-Injury Management & Treatment Plan:

- Acute Injury:
  - i. The student-athlete should not be allowed to return to play in the current game or practice. **“When in doubt, sit them out.”**
  - ii. The student-athlete should not be left alone, and regular monitoring for deterioration is important over the initial few hours post injury.
  - iii. The student-athlete should be medically evaluated after the injury.
  - iv. Provide home-care instructions to parents/legal guardians of concussed student-athlete
  - v. Refer for immediate medical care if symptoms are indicating a possible concussion or symptoms are worsening.
- Follow up Treatment Plan:
  - i. ATC continues to coordinate ongoing care with between student- athlete, parents, MD, teachers, and coaches throughout the recovery process.
  - ii. Student-athletes who have been diagnosed with a concussion require physical and cognitive rest to prevent a more prolonged recovery.
  - iii. The medical provider will contact student-athlete’s teachers, coaches, school health staff, AD, and provide recommendations for the implementation of Academic Accommodations (Physical & Cognitive).
  - iv. Post-Injury Neurocognitive Testing (ImPACT) will be administered to assist with the most appropriate plan of continued post-concussion care.
  - v. If prolonged recovery is indicated by continued post-concussion symptoms lasting for more than 7 days a referral to Bethesda Health East Concussion Clini is recommended to determine the most appropriate therapy needed to assist with a more effective recovery.

### 4. Return to School Activities: Academic & Sports

- When a student-athlete presents without symptoms, at rest, for a 24 hour period the medical provider(s) may indicate that he/she can begin a graduated return to activities.
- Student-athletes should be monitored by staff members (ATC, Teachers, Coaches, and Parents) following each progressive physical or cognitive task to identify any return of symptoms associated with their concussion.

- The student-athlete may progress to the next level of cognitive and physical activities if they do not present with any return of symptoms for a 24 hour period; otherwise, they need to drop back to the previous level of activity and re-start the progression.
- The medical provider(s) may implement a more gradual progression of activities if indicated by an individual's duration of post-concussion symptoms (physical & cognitive), concussion history, or any other circumstances that may indicate it is in the best interest of the health and safety of the individual.

### **MSHSL Return to Play Protocol:**

1. No Activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light, aerobic exercise such as walking or stationary cycling. No resistance training.
3. Sports Specific Exercise (e.g. skating in hockey, running in soccer). Progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills
5. Full contact training after medical clearance.
6. Game play.

**Note:** The final return to competition decision is based on clinical judgment and the student-athlete may return only with written permission from a medical provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice. The athletic trainer at each respective school has the authority to extend the length of time for the RTP if they deem it in the best interest of the student-athlete.