



MOUNT VERNON PRESBYTERIAN SCHOOL

CONCUSSION PROTOCOL

The National Athletic Trainers' Association defines a concussion or mild traumatic brain injury as a "trauma induced alteration in mental status that may or may not involve the loss of consciousness. Furthermore, the sudden change in cerebral velocity elicits neuronal shearing, which produces changes in ionic balance and metabolism."

BASELINE EXAMINATION

Athletes who wish to participate in sports/athletics at Mount Vernon Presbyterian School shall undergo a bi-annual baseline examination prior to participation in the selected sport. Additionally, standard ImPACT testing procedures shall be followed when administering the baseline examination.

DIAGNOSIS OF CONCUSSION

When a physician is not readily available, the athletic trainer will perform the concussion examination. The examination should include: an injury history, observation of the patient, palpation for more severe orthopedic or neurologic injury, and special tests for mental status and motor control. Transport to a medical facility for a concussion is not required, but may be necessary if the patient is: unconscious, shows declining of mental status, or demonstrates signs and symptoms of an injury more severe than a concussion. Any athlete suspected of having a concussion shall be immediately removed from participation and a systematic injury evaluation conducted.

The athletic trainer is responsible for conducting the systematic injury evaluation when a physician is not readily available. The athletic trainer shall utilize the CSMI Concussion Screening tool for all "off-field evaluations". This includes: at time of injury, post-game, 1 day post injury, 2 day post injury, 3 day post injury, 5 day post injury, 7 day post injury, and 90 day post injury.

Once diagnosed, the athlete shall be instructed to avoid physical activity (workouts, conditioning, physical education, and sports participation) and limit cognitive activity (academic work, video games, computer use, and texting). The athlete may not begin the progressive return to play protocol until: cleared/released by a physician, no longer reports concussion-related symptoms, has a normal clinical exam, and performs at or above pre-injury levels on measures of neurocognitive function and motor control.

No student/athlete will be allowed to return to play/sport until the following have occurred:

1. Receives physician clearance to beginning of Return to Play (RTP) protocol carried out by the Athletic Trainer
2. Remains symptoms free for a full academic day of school
3. Completes the Return to Play (RTP) protocol carried out by the Athletic Trainer
4. Receives final written clearance from Physician/Athletic Trainer after completion of the Return to Play (RTP) protocol

*Note, it is vital that the athletic trainer maintain regular contact with the athlete during the recovery process and must be kept informed of any/all physician visits.

RETURN TO PLAY

Once the progressive Return to Play (RTP) protocol has been initiated, if activity at any stage results in a return of symptoms or a decline in test performance the activity shall be immediately terminated and a 24 hour rest period will be initiated before re-starting the Return to Play (RTP) protocol again. The Return to Play (RTP) protocol may consist of: symptom assessment test, motor control testing, mental-status testing, neurocognitive testing, and a repeat of the ImPACT test.

Stages of the Return to Play Protocol

1. Day 1: light aerobic activity (15 minutes of stationary bike with RPM <90)
2. Day 2: moderate aerobic activity (30 minutes of elliptical with RPM <90)
3. Day 3: Intense aerobic activity (40 minutes of "jogging" on treadmill)
4. Day 4: controlled contact training drills (if applicable/in-season)
5. Day 5: full contact training drills (if applicable/in-season)

HOME CARE

This plan shall include communication with: the family (patient and parent/guardians), school personnel (teachers, administrators, counselors, and coaches), the school nurse, and the athletic trainer. The home care plan shall consist of frequent follow-up assessments and continued monitoring of concussion signs and symptoms. The patient

and parent/guardians shall be provided with a list of signs and symptoms that would indicate deteriorating conditions and warrant immediate referral to the emergency department. The patient and parent/guardian shall also be provided with a concussion instruction form and instructed to follow-up with the athletic trainer daily until instructed otherwise.

Concussed patients should avoid taking medications containing aspirin or non-steroidal anti-inflammatory drugs. These medications are known to decrease platelet function and may increase intracranial bleeding, mask the severity and duration of symptoms, and possibly lead to a more severe injury. Acetaminophen (Tylenol) may be used sparingly to ease headaches after a concussion. The athlete shall also be instructed to eat a well balanced, nutritious diet.

A concussed athlete who returns home after the initial injury should be monitored by a responsible adult and should receive a good night's rest. The patient does not need to be awakened during the night unless he/she experience a loss of consciousness during the injury event. Activities of daily living that do not exacerbate symptoms may be beneficial to the patient's recovery and should be allowed. The goal of rest is to keep the brain from engaging in mental challenges that will increase symptoms during the post-concussion stage.

REFERENCE

This protocol was extracted from the 2014 Journal of Athletic Training and is the National Athletic Trainers' Association Position Statement: Management of Sport Concussion

GHSA By-Law 2.68 GHSA Concussion Policy: In accordance with Georgia law and national playing rules published by the NFHS, any athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include: licensed physician (MD/DO) or another licensed individual un the supervision of a licensed physician, such as a nurse practitioner, physician's assistant, or certified athletic trainer who has received training in concussion evaluation and management).

- A. No athlete is allowed to return to a game or practice on the same day that a concussion (1) has been diagnosed OR (2) cannot be ruled out.*
- B. Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.*

- C. *It is mandatory that every coach in each GHSA sport (including Community Coaches, Student Teachers, and Interns) participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years - beginning with the 2013-2014 school year.*
- D. *Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.*
- E. *Each school must distribute to every athlete and his/her parent/guardian an information sheet that includes: the dangers of concussion injuries, the signs/symptoms of concussion, and the concussion management protocol outlined in this by-law. This sheet must be signed by the parent/guardian of each athlete and a copy kept on file at the school.*