

SAMPLE High School Concussion Management Policy

The recognition and treatment of athletes who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits. The data also suggests that concussions can lead to the development of dementia earlier than expected and has led to mandates by the National Federation of High Schools (NFHS), NCAA and the NFL, among others. The NFHS mandated rule states “Effective with the 2010 high school season, any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate health-care professional.”

Recovery from a concussion requires limitation of physical activity, especially sports activity such as practice, drills, games, and at times even physical education classes. In significantly symptomatic athletes, mental activity should also be limited to allow the brain to heal. These activities may include limiting assignments, allowing greater time to complete quizzes and tests or assignments and less homework. Such activities as watching TV, texting, and video games may also slow the recovery from the concussion. Neurocognitive tests like ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing) are computerized tests that documents the athlete’s cognitive and speed skills. The test has been validated as an accurate measure of brain function recovery following a sports concussion. All athletes should have a baseline test before practice or competition, and should an athlete sustain a concussion, a repeat test can be performed and compared to the baseline test. This can help show the degree of injury and help measure when recovery has occurred. SAMPLE High School has implemented ImPACT™ for our student athletes.

To better manage instances of concussion in our sports program, RANDOM High School requires the following:

1. All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices. This training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
2. Athletes suspected of having a concussion should be immediately removed from play and evaluated before being allowed to resume physical activity. All concussion evaluations should be done by a licensed health care professional (physician, physician’s assistant, nurse practitioner, athletic trainer or physical therapist) trained in the treatment and management of concussions. Before the concussed athlete can return to action, the most current standard of care of the sports concussion includes the following: (1) the athlete must

- be asymptomatic at rest; (2) the athlete must display normal cognitive function as exhibited on either a neurocognitive test such as the ImPACT™ or on postural stability (balance) testing; and (3) the athlete must provide written clearance from the evaluating medical provider. Upon return, the athlete should only be allowed to continue if he/she continues to be asymptomatic with activity. Utilizing the above standards, as well as experience and judgment, this health care professional will be able to determine when the athlete has completely recovered from the concussion;
3. Information will be provided to parents about concussion annually (including signs and symptoms and risks involved with continuing to play while symptomatic) and parents will be required to provide written acknowledgement of such information prior to their child(ren) being allowed to participate in sport activity.

Once the athlete is medically cleared to return to physical activity, coaches at RANDOM High School will be required to follow a stepwise sequence to return to full activity. Each step should be separated by 24 hours and the athlete should not be allowed to advance to the next step if symptoms reappear:

- Step 1:** Athlete may begin low-impact activity such as light jogging or riding a stationary bicycle;
- Step 2:** Athlete may initiate aerobic activity fundamental to specific sport such as running or plyometrics.
- Step 3:** Athlete may begin non-contact sport drills specific to sport (dribbling, passing, catching, batting, etc.).
- Step 4:** Athlete may resume full contact sport activity in practice setting.