



## **PRESEASON**

Athletes will complete a baseline test using the ImPACT concussion-testing Program (freshman and junior year).

## **SUSPECTED CONCUSSION AND HEAD INJURY**

If an athlete has a suspected concussion the following procedure will be used to determine playing status:

- On the field assessment at the time of injury including: reported symptoms, physical evaluation, SCAT5
- Return to play (RTP) will be based on reported symptoms and signs through physical assessment.
- Each suspected injury will be handled on a case-by-case basis

## **RETURN TO PLAY/ DISQUALIFICATION GUIDES**

If an athlete is suspected of a possible head injury they will be removed from play for evaluation. If an athlete is able to pass all physical and cognitive tests and does not report or display any outward signs or symptoms of a head injury the athlete may be allowed to return to play. If an athlete is allowed to RTP the same day the athlete will be monitored by the athletic training staff and coaches and will be required to follow-up with ATCs. If an athlete is not allowed to return to participation the same day the following steps will be taken to care for the athlete:

- Athletes will be monitored by ATCs/coaches while with the team
- Parents will be notified that their athlete has a possible head injury. Parents will be given warning signs to watch for with their child and any other pertinent information (should a doctor be seen, care instructions, etc.)
- Athlete is instructed to follow up with ATCs the next possible day for reevaluation (this may include symptoms checklist, physical exam, ImPACT testing, etc.)
- Athlete will be reevaluated on a daily basis until they meet criteria to begin the return to play protocol

## **DOCTOR VISITS**

Each injury and athlete will be handled individually. The following guidelines may require immediate referral to physician:

- Athlete becomes or was unconscious for greater than 1 minute
- Athlete showing significant signs of head injury or reporting significant symptoms
- Athlete showing significant change/decline in mental status
- Signs and symptoms show a more significant neurological/ orthopedic injury

Parents will be instructed and encouraged to see a physician if they feel necessary at any time.

## **RETURN TO PLAY GUIDELINES**

The following list is what will be used to determine an athlete's return to play status.

- Athlete must report as symptom free for a minimum of 24 hours
- Athlete's ImPACT scores must be 90%+ of pretest scores
- Athlete must be able to pass physical test/clinical exam
- When an athlete is seen by a physician (emergency or primary care) a written doctor's release MUST be present prior to return to play
- Sports medicine staff can choose to hold an athlete from play if they feel the athlete has not sufficiently recovered from their injury
- Athletes will still be required to complete the return to play protocol after physician release. This may be modified based on orders given by physician.

## **RETURN TO PLAY PROGRESSION**

Each athlete and their injury are unique and will be handled on a case-by-case basis. Athletes will progress through the stages in 24-hour periods. If symptoms return the progression will be halted and restarted again when the athlete is symptom free for 24 hours. The following daily progression will be used when allowing an athlete to return to play following a head injury:

1. Light aerobic activity (stationary bike, light jogging/walking)
2. Moderate activity (may include weight lifting)
3. Heavy, non-contact activity (may include non-contact sport drills)
4. Practice and full contact (full practice allowed)
5. Competition

A clinical exam will also be used in determining an athlete's return to play status including: athlete's injury history, reported symptoms, physical exam.

## **GLENBARD EAST SPORTS MEDICINE TEAM CONTACT INFORMATION**

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