Concussion Safety Protocol
The Binghamton University Sports Medicine Department recognizes that head injuries, particularly sport-induced concussions, pose a significant health risk for those student-athletes participating in intercollegiate athletics at the University. Consequently, Binghamton University has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion.

These policies and procedures are directed and overseen by the Team Physicians for Binghamton University Athletics. The Team Physician(s) or designee has final say over all return-to-play decisions. The following components have been identified by the NCAA as a recommended best practice for a Concussion / Traumatic Brain Injury Management Plan.

**What is a Concussion?**
Concussions are the most common form of head injury suffered by student athletes. Current medical consensus is that a concussion is a brain injury induced by biomechanical forces and causing a complex pathophysiological process that transiently disrupts brain function. A concussion can be caused directly by an impact to the head or indirectly from forces transmitted from an impact to the body. When a student-athlete sustains a concussion, linear and/or rotational acceleration forces cause microscopic damage to brain tissue, which in turn initiates a biochemical cascade. Together, these cause the symptoms of a concussion.

Just as the brain is responsible for a wide variety of functions, concussions can present with a wide variety of symptoms. Most concussions do not cause a loss of consciousness. The most common symptoms are headache, dizziness, and photophobia. Sometimes symptoms begin immediately after the concussion while other times symptom onset is delayed. The time frame for recovery from concussion varies substantially, and although there are some prognostic factors, there is no reliable way to predict how long it will take to recover from a concussion.

**Some Signs and Symptoms:**

<table>
<thead>
<tr>
<th>Signs:</th>
<th>Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Vomiting</td>
<td>- Nausea</td>
</tr>
<tr>
<td>- Inappropriate playing behavior</td>
<td>- Dizziness</td>
</tr>
<tr>
<td>- Decreased playing ability</td>
<td>- Confusion</td>
</tr>
<tr>
<td>- Inability to perform daily activities</td>
<td>- Fatigue</td>
</tr>
<tr>
<td>- Cognitive and memory dysfunction</td>
<td>- Headaches</td>
</tr>
<tr>
<td>- Sleep disturbances</td>
<td>- Irritability</td>
</tr>
<tr>
<td>- Vacant stare</td>
<td>- Disorientation</td>
</tr>
<tr>
<td>- Loss of bowel and/or bladder control</td>
<td>- Seeing bright lights/stars</td>
</tr>
<tr>
<td>- Personality change</td>
<td>- Feeling of being stunned</td>
</tr>
<tr>
<td>- Unsteadiness of gait</td>
<td>- Depression</td>
</tr>
<tr>
<td>- Slurred/incoherent speech</td>
<td>- Ringing in the ears</td>
</tr>
<tr>
<td>- Loss of consciousness</td>
<td>- Difficulty concentrating</td>
</tr>
<tr>
<td></td>
<td>- Reduced attention</td>
</tr>
<tr>
<td></td>
<td>- Light headedness</td>
</tr>
</tbody>
</table>

**Notification of Injury/Symptoms:**
Due to the serious nature of this injury and potential dangerous results of returning to activity, concussions need to be recognized and diagnosed as soon as possible. It is required that student-athletes be truthful and forthcoming about their symptoms as soon as they are present. If/when he or she is diagnosed with a concussion, the student-athlete must report symptoms each day until he or she is cleared for full activity by the Team Physician or designee.

**Concussion Education:**
In accordance with NCAA recommendations; Student-Athletes, Coaches, Director of Athletics and Sports Medicine personnel will be annually presented with educational materials that provide information about the mechanisms of head injury, as well as the signs and symptoms of a concussion.
Subsequently, it will be required that all student-athletes sign the Binghamton University Assumption of Risk Form, which acknowledges the responsibility for truthfully reporting of his or her injuries and illnesses, including signs and symptoms of a concussion as well as indicating that concussion educational materials have been provided.

Each coach (including volunteer coaches) at Binghamton University will annually undergo concussion education as part of our annual First aid/CPR/AED and emergency action plan training. They must sign the acknowledgement form that proves they have received a copy of the NCAA Concussion Fact Sheet for Coaches and the Binghamton University Concussion/Traumatic Brain Injury Protocol. Also, further acknowledge that they have read the policy; that it has been outlined to them, and that they fully understand and will adhere to the provisions of the policy.

Sports Medicine personnel (Team Physicians and Certified Athletic Trainers) and the Binghamton University Athletic Director must sign the acknowledgement form that they have received a copy of the Binghamton University Concussion/Traumatic Brain Injury Protocol. Also, further acknowledge that they have read the policy; that it has been outlined to them, and that they fully understand and will adhere to the provisions of the policy.

Due to the severe nature of a concussion, Binghamton University believes in a conservative approach for treatment. This includes the student-athlete self-reporting his or her symptoms after suffering a concussion. Self-reporting of symptoms plays an integral role in tracking the severity and subsequent recovery of a concussion. Therefore, the student-athlete is responsible for reporting his or her signs and symptoms completely and honestly to the staff Certified Athletic Trainer and/or Team Physician as soon as they present and each day following the injury.

**Baseline Testing:**
A baseline assessment consisting of concussion and brain injury history, both subjective and objective tests, standardized cognitive and balance assessments, and physical evaluation will be performed on all student-athletes before the start of their competitive careers. If any student-athlete has a complicated or multiple concussion history the Team Physician has the authority to request for a new baseline, additional consultation or testing, and may disqualify a student-athlete from intercollegiate athletics.

Student-athletes will be baseline tested using the:

- Symptom Checklist (IMPACT)
- Neuropsychological testing (IMPACT)
- Postural sway test (SWAY)

**Reducing Exposure to Head Trauma:**
Binghamton University will take steps to reduce student-athlete exposure to head trauma and otherwise act in the best interest of student-athlete health and safety by taking a safety first approach. All coaches are encouraged to educate student-athletes in their respective sport on how to take the head out of contact.

**Recognition, Evaluation and Confirmation:**
Sports Medicine personnel with training in the recognition, evaluation and initial management of an acute concussion will be available at all NCAA varsity practices for the following contact/collision sports, including but not limited to: basketball, lacrosse, pole vault, soccer, and wrestling. The Sports Medicine personnel will be available and contacted via telephone, messaging, email, or other immediate communication means, if not in person at said practice. Should an incident occur where a possible concussion is suspected, this communication will be used to make immediate arrangements for the student-athlete to be evaluated.

Sports Medicine personnel with training in the recognition, evaluation and initial management of an acute concussion will be present at all NCAA varsity competitions for the following contact/collision sports, including but not limited to:
basketball, lacrosse, pole vault, soccer, and wrestling. The Sports Medicine personnel will be on site of the competition, whether the competition is on campus or at an off campus venue. The personnel can be from either team or a person that is independently contracted to work the competition.

When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the student-athlete shall be immediately removed from athletic participation until a thorough sideline head injury assessment can be performed by the Team Physician and/or staff Certified Athletic Trainer. The sideline head injury assessment to determine the presence of a concussion will include:

- SCAT3 (Sport Concussion Assessment Tool – 3rd Edition)
- SWAY Balance (Postural sway test)

The Team Physician and/or staff Certified Athletic Trainer should suspect a concussion if any non-baseline symptoms are detected after a blow to the head. In addition, SCAT3/SWAY scores inconsistent with baseline scores should be interpreted as a possible concussion resulting in the removal of the student-athlete from athletic participation. If a staff Certified Athletic Trainer determines that a student-athlete has or may have a concussion, the staff Certified Athletic Trainer must report that fact to the student-athlete’s head coach and the Team Physician. The student-athlete must be evaluated by the Team Physician and/or appropriate qualified medical personnel acceptable to the Team Physician as soon after the concussion as is practical.

**Same Day Return-to-Play:**
A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and will not return to any athletic activity for the remainder of that day and until cleared by the Team Physician and/or appropriate qualified medical personnel acceptable to the Team Physician.

**Referrals:**
Upon removal from athletic participation, the student-athlete will receive serial monitoring (approximately every 5 minutes) for signs of deterioration which can cease when the student-athlete stabilizes and improves or in the event the student-athlete’s condition warrants a referral according to the guidelines set forth herein.

**On-the-Field Immediate Referral:**
Upon initial evaluation, activation of the appropriate Emergency Action Plan and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:
- Glasgow Coma Scale < 13
- Prolonged loss of consciousness
- Deteriorating level of consciousness
- High index of suspicion of spine or skull injury
- Seizure activity
- Evidence of hemodynamic instability/deterioration of vital signs

**Off-the-Field Immediate Referral:**
In the event that the student-athlete shows signs of deterioration from the status originally assessed on the field, an emergency off the field assessment is required and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:
- Deterioration of neurological signs such as motor, sensory and cranial nerve deficits subsequent to initial on-field assessment
- Documented loss of consciousness
- Deteriorating level of consciousness
- Persistent vomiting
- Post-concussion symptoms that worsen
Non-Immediate Referral:
All student-athletes who have been diagnosed with a concussion will be evaluated by the Team Physician or designee under the direction of the Team Physician prior to return to unrestricted activity.

Follow-Up Care:
In the event of a concussion, student-athletes will receive serial monitoring for deterioration. Student-athletes will be provided with written home instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions. Pertinent contact information will be provided in addition to scheduled follow up appointments.

Subsequent Testing:
Concussed student-athletes will be assessed daily with the assistance of a symptom checklist until released by the Team Physician or designee. Postural sway, balance, and reaction time will also be tested daily using the SWAY Balance test until baseline levels are reached. Student-athletes will be given an IMPACT test once they are asymptomatic and the test will be repeated every 48-72 (if appropriate) until results return to baseline levels.

Return to Learn:
When a student-athlete sustains a concussion, the Sports Medicine staff works in conjunction with the Binghamton University Student-Athlete Academic Success Center for all of the student-athlete’s academic needs. Once a student-athlete is diagnosed with a concussion, the student-athlete’s academic advisor and the Services for Students with Disabilities Office (SSD) are notified. The academic advisor acts as a liaison for the Athletic Department to communicate with SSD and faculty, after obtaining the consent of the student-athlete. Communication from the academic advisor will be in conjunction with, and not in place of, direct communication between the student-athlete and SSD staff or faculty. Student-athletes will be copied on all communication.

The academic advisor may reach out via e-mail on behalf of the student-athlete to instructors explaining the potential acute symptoms of the concussion, which may impact their academics. The academic advisor will assist in scheduling an initial appointment for the student-athlete with SSD to explore supports (e.g. assistive technology) and services available for acute symptoms. Should the student-athlete continue to experience symptoms beyond 5-10 days, the academic advisor will assist in scheduling a follow-up appointment for the student-athlete with SSD to explore continued reasonable accommodations, supports, and services.

Initial accommodations may include, but are not limited to the following:

1. No classroom activity for the student-athlete on the same day as a suspected concussion.
2. If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall.
3. Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.

Prolonged Recovery:
Should the student-athlete have prolonged symptoms (greater than two weeks) or worsening of symptoms due to physical or academic demands, the student-athlete would be re-evaluated by the Team Physician. The Team Physician would consider differential diagnoses and then order further testing by a neuropsychologist or any other medical professional that the Team Physician deems necessary. The recommendations from the medical professional following any visit or testing would be followed accordingly for the student-athlete in regards to their physical or academic needs. The SSD office may need additional documentation and potentially testing if reasonable academic accommodations are requested beyond a single semester.
Return to Play Guidelines:

Return-to-play is the process of deciding when an injured or ill student-athlete may safely return to practice or competition. It is the goal of Binghamton University to return an injured or ill student-athlete to practice or competition without putting the individual or others at undue risk for injury or illness.

When an asymptomatic status has been established and neurocognitive scoring and balance testing has returned to the baseline level, a progression will be utilized for return to play. The progression is a step-by-step procedure where an asymptomatic level is maintained as functional exercise is slowly added to the activity level. In severe cases progression to each subsequent stage occurs roughly every 24 hours, based on each individual’s status. Progressions are individualized on a case by case basis. The student-athlete may not progress to the next step until they are completely symptom free in the current step. The staff Certified Athletic Trainer will be in direct contact with the Team Physician while progressing the student-athlete through the return to play protocol. Only the Team Physician or designee under the direct supervision of the Team Physician can give the student-athlete clearance to return to athletic participation. It is important to note that this timeline could last over a period of days, weeks, months or ultimately result in potential medical disqualification from the participation in Binghamton University Athletics.

The return to play progression is a 6 step process.

1. Limited physical activity- Directly after being diagnosed with a concussion, the student-athlete should have physical and mental rest. Once the student-athlete is asymptomatic at rest and baseline scores for IMPACT and SWAY have normalized in comparison to their baseline scores (if available), the student-athlete may progress to the next step.
2. Light aerobic exercise- Walking, swimming, or biking while keeping heart rate below 70% of max.
3. Sport-specific exercises- Basic low impact drills associated with the athletes sport. Can include the progressive addition of weight room activity. (No head impact activities)
4. Non-contact training drills- Progress to more complex drills.
5. Full contact Practice- After receiving medical clearance, athlete may resume normal training activities.
6. Return to Game Play

Special Considerations:

Every student-athlete responds and heals from a concussion differently. Recent research suggests that low, sub threshold aerobic activity may aid in the healing and reduction of symptoms from a concussion. In cases that the Team Physician deems appropriate, a student-athlete may participate in low aerobic activities (i.e., stationary cycling, walking on a treadmill) within the parameters set through the Buffalo Concussion Bike Test (BCBT) and Buffalo Concussion Treadmill Test (BCTT). These parameters include, but are not limited to, heart rate and energy expenditure. If at any time in the low aerobic activity a student-athlete has a recurrence of symptoms or cannot continue exercise, it is the responsibility of the athletic trainer who is monitoring to end the exercise. The exercise will not be continued until the student-athlete has seen a Team Physician for a follow up appointment or symptoms have subsided. No additional exercise will occur on the same day of symptom recurrence. Once symptom free, the student-athlete will follow the return to play progression protocol as dictated in the previous section, beginning at the second phase.

Conclusion:

The Binghamton University Sports Medicine Department recognizes that head injuries, particularly sport-induced concussions, pose a significant health risk for those student-athletes participating in intercollegiate athletics at the University. Consequently, Binghamton University has implemented the above policies and procedures to assess and identify those student-athletes who have suffered a concussion.
Dear Student-Athlete & Parents(s)/Guardian:

This is to advise you regarding the risks of injury and the medical requirements for those students who compete in intercollegiate athletics at Binghamton University.

1. ASSUMPTION OF RISK – Participation in Intercollegiate Athletics may constitute a dangerous activity involving risk of injury. Those dangers and risks of playing or practicing include but are not limited to death, severe neck and spinal injuries that may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in activities of normal daily living.

2. ATHLETIC MEDICAL ELIGIBILITY - All freshmen, transfer students, and new team candidates must complete and pass a physical examination scheduled through the sports medicine staff and administered by a Binghamton University team physician or his/her designee. The physical exam will be arranged after preliminary academic eligibility and insurance information has been provided. The physical examination is effective for the duration of the student-athletes career, however, at any time the team physician and/or Director of Sports Medicine may re-examine the student-athlete and change his or her status should the situation warrant. All returning student-athletes must complete a Medical Update Form at the start of each academic year. A physical examination will not be needed unless the team physician or Director of Sports Medicine feels it is necessary after reviewing the Medical Update Form.

3. MEDICAL TREATMENT - NCAA rules restrict the Binghamton University Sports Medicine staff to care for only injuries sustained while practicing or playing in your selected intercollegiate sport during the academic year. Binghamton University is not permitted to provide medical treatment for illness or injury resulting outside your intercollegiate sport. The student-athlete must report all injuries and illnesses occurring as a result of practice or competition to an athletic trainer within three days from the occurrence. Binghamton University will not be responsible for payment of charges resulting from injuries/illness not reported within this designated time frame.

4. INJURY AND ILLNESS REPORTING - Student-athletes are required to be an active participant in their own healthcare. As such, you have the direct responsibility for reporting all of your injuries and illnesses to the sports medicine staff of Binghamton University (e.g., team physician, athletic training staff). Your true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. You are required to fully disclose in writing any prior medical conditions and will also disclose any future conditions to the sports medicine staff at Binghamton University.

5. CONCUSSIONS / HEAD INJURIES By signing below, you further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. You have been provided with educational materials on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my sports medicine staff. This information is also provided in your team’s orientation meeting.

6. MEDICAL INSURANCE – All Binghamton University Students are required to have personal health insurance coverage. In the event that you suffer an athletic injury that results in medical bills, claims must FIRST be submitted through YOUR primary and secondary insurances. Binghamton University has an excess insurance plan that will pay the difference of what your personal insurance does not cover. In order to process a claim under BU’s excess insurance plan, itemized bills from the healthcare provider and an explanation of benefits (EOB) from your personal insurance carrier must be provided to BU’s Sports Medicine Department. Our excess insurance company will not make payments until your private insurance company has made a payment or denial. Enclosed is a letter further detailing our insurance policies and procedures.

Further information is enclosed detailing Binghamton University's Sports Medicine Department's Illness, Injury, and Medical procedures as well as NCAA information on concussions and sickle cell trait. Please read this information very carefully. After you have the opportunity to do so, kindly indicate your understanding and approval by signing below and returning this form along with the other requested information as soon as possible. Of course, should you have any questions, please bring them to our attention 607-777-7011 or 607-777-5571.

Sincerely,

The Department of Sports Medicine
Binghamton University

<table>
<thead>
<tr>
<th>Student-Athlete</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian (if under 18)</td>
<td>Date</td>
</tr>
</tbody>
</table>
Concussion Safety Protocol

I hereby acknowledge that I have received a copy of the NCAA Concussion Fact Sheet for Coaches and Binghamton University Concussion Safety Protocol. I further acknowledge that I have read the policy; that it has been outlined to me, and that I fully understand and will adhere to the provisions of the policy.

Any further inquiries or questions should be referred to the Director of Sports Medicine at Binghamton University.

After reading the NCAA Concussion Fact Sheet for Coaches and Binghamton University Concussion Safety Protocol, I am aware of the following information:

_____ A concussion is a brain injury, which student-athletes should report to the medical staff.
Initial

_____ A concussion can affect the student-athlete’s ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_____ I will not knowingly allow the student-athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ Student-athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
Initial

_____ If I suspect one of my student-athletes has a concussion, it is my responsibility to have that student-athlete see the medical staff.
Initial

_____ I will encourage my student-athletes to report any suspected injuries and illness to the medical staff, including signs and symptoms of concussions.
Initial

_____ Following concussion the brain needs time to heal. Concussed student-athletes are much more likely to have a repeat concussion if they return to play before your symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

_____ I am aware that every first-year student-athlete participating on specified Binghamton University teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition and balance if the student-athlete were to become injured.
Initial

_____ I am aware that student-athletes diagnosed with a concussion will be assessed by the medical staff. Once symptoms have resolved the student-athlete will begin a graduated return to play guideline, following full recovery of neurocognition and balance.
Initial

_____________________________________________    ____________________
Signature of Coach                                      Date

_____________________________________________
Printed name of Coach
Concussion Safety Protocol

I hereby acknowledge that I have received a copy of the Binghamton University Concussion Safety Protocol. I further acknowledge that I have read the policy; that it has been outlined to me, and that I fully understand and will adhere to the provisions of the policy.

Any further inquiries or questions should be referred to the Director of Sports Medicine at Binghamton University.

Dr. Micah Lissy
Team Physician

Dr. Stanley Hunter
Team Physician

Dr.
Team Physician

Christopher Downey
Director of Sports Medicine

Noel Zeh
Associate Athletic Trainer

Will Dunn
Assistant Athletic Trainer

Brittany Buchheit
Assistant Athletic Trainer

Kara Gorgos
Assistant Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer
# Post-Concussion Symptom Checklist

Name: ___________________________ Date: __/__/____

Instructions: For each item please indicate how much the symptom has bothered you over the past 2 days

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pain other than Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Mentally Foggy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping Less than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping More than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervousness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling More Emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Exertion: Do these symptoms worsen with:
- Physical Activity  ○ Yes  ○ No  ○ Not applicable
- Thinking/Cognitive Activity  ○ Yes  ○ No  ○ Not applicable

Overall Rating: How different is the person acting compared to his/her usual self?
- Same as Usual 0 1 2 3 4 5 6  Very Different

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been _____% of what it would be normally.
Concussion Information: Home Instruction Sheet

Name: ____________________________ Date: __________________

You have a head injury or concussion and need to be watched closely for the next 24-48 hours. This Sheet should be read by you and given to your roommate or family member that will be with you for the next 24 hours.

<table>
<thead>
<tr>
<th>It IS OK to:</th>
<th>There is NO need to:</th>
<th>DO NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use Tylenol (Acetaminophen)</td>
<td>• Check eyes with a light</td>
<td>• Drink Alcohol</td>
</tr>
<tr>
<td>• Use and ice pack to head or neck for comfort</td>
<td>• Wake up every hour</td>
<td>• Drive a car</td>
</tr>
<tr>
<td>• Eat a light meal</td>
<td>• Stay in Bed</td>
<td>• Use aspirin, Aleve, Advil, ibuprofen or other NSAID products</td>
</tr>
<tr>
<td>• Go to sleep</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations:

_______________________________________________________________

_______________________________________________________________

WATCH FOR ANY OF THE FOLLOWING PROBLEMS:

- Worsening Headache
- Vomiting
- Decreased level of consciousness
- Dilated pupils
- Increased confusion
- Stumbling / loss of balance
- Weakness in one arm/leg
- Blurred vision
- Increased irritability

If any of these problems develop, call your athletic trainer immediately. If there is any question that there is a true medical emergency, call for an ambulance at 607-777-2222 on campus or 911.

You need to be seen for a follow-up examination

REPORT TO: The Events Center or West Gym Athletic Training Room

ON: ____________________________ AT: __________________ AM / PM

PHONE NUMBERS:

Office: ____________________________ Cell: ____________________________

Department of Sports Medicine Office: 607-777-7011
Concussion Awareness Letter

Dear Faculty Member:

The Binghamton University Sports Medicine Department and the Student-Athlete Academic Success Center would like to inform you that __________________ sustained a concussion during __________________ on ____ / ____/ _____. He / she was evaluated by __________________, Certified Athletic Trainer and __________________, Team Physician. __________________ is being monitored daily and will undergo further concussion testing. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to severe, but they all share one common factor - they temporarily interfere with the way the brain works. We would like to inform you that during the next few weeks, this student-athlete may experience one or more of these signs or symptoms:

- Headache
- Nausea
- Balance Problems
- Dizziness
- Double Vision
- Confusion
- Light Sensitivity
- Noise Sensitivity
- Difficulty Sleeping
- Feeling sluggish
- Blurred Vision
- Memory Problems
- Difficulty Concentrating

As a department, we wanted to make you aware of this injury and the related symptoms that the student-athlete may experience. Although we are hopeful the student will be able to attend class, please be aware that the side effects of the concussion may adversely impact their academic performance. Any consideration you may provide academically during this time would be greatly appreciated, we will continue to monitor the progress of this student and anticipate a full recovery. If a severe concussion dictates a prolonged absence from class, a letter from our team physician will be forthcoming.

Thank you in advance for your time and understanding with this circumstance. Should you have any questions or require further information, please do not hesitate to contact us.

Respectfully,

Department of Sports Medicine
607-777-7011