Preseason Education:

Kent State University Athletics provides the NCAA concussion fact sheet annually to all student athletes, coaches, team physicians, all athletic trainers on staff and the Director of Athletics. Everyone that receives a concussion fact sheet also signs an acknowledgement form, that they have received and read and understand the material.

Pre-participation management plan.

First year student-athletes complete an Initial Health Appraisal which is a health history form, that asks about different injuries/conditions, including previous head injuries.

All student athletes complete a Pre-participation Clearance Exam, which asks about previous head injuries and dates of occurrences.

All student athletes perform a SCAT5 concussion assessment annually, including symptoms, balance exam, cognitive function. All student-athletes, except golfers and runners, perform ImPACT test annually or bi-annually.

Team physician determines clearance and/or the need for additional consultation or testing annually.

Recognition and Diagnosis of Concussion:

Kent State University Athletic Training staff is present at every NCAA competition for all varsity sports and present for all official practices. Official practices means that coaches are present and the Athletic Training staff means that they are medical personnel trained in the diagnosis, treatment and initial management of acute concussion.

Any student athlete that exhibits signs and symptoms of a concussion is removed from activity for the remainder of that calendar day and until evaluated by a physician.

A student-athlete that exhibits signs and symptoms of a concussion is removed from the practice/competition environment and a SCAT5 exam is performed by an ATC or physician. Included in the SCAT5 exam is a symptom score, a neurological exam, a cognitive assessment, a BESS test and a neck exam. Also gross cranial nerve assessment is performed. All cervical spine injuries are clinically assessed and treated by calling for paramedic squad. If skull fracture or intracranial bleed is suspected, paramedic squad is also called to transport to hospital.

Post concussion management:

When treating a concussion, the student-athlete will be evaluated for symptoms. There is an Emergency Action Plan in place to deal with a student athlete that has a Glasgow Coma Scale < 13, has prolonged loss of consciousness, has focal neurological deficits, repetitive emesis, persistently diminished/worsening mental status or other neurological signs/symptoms, spine injury symptoms, and transportation via ambulance to the nearest trauma center.

The student-athlete, if conscious and coherent, will be removed from the playing/practice environment and taken to a quiet environment for evaluation by Athletic Training staff or physician. This is the mechanism for serial evaluation and monitoring.
Head injury instruction sheet is given and read to student-athlete and a roommate or parent if available. Both parties will initial a copy of the sheet and it will be kept in their individual chart.

A physician will evaluate the student athlete within the first week of having concussion symptoms and again as needed if symptoms persist or if there continues to be setbacks through the return to play progression. This is considered evaluation by a physician for student athlete with prolonged recovery to determine additional diagnosis and best management options. Other diagnoses include post-concussion syndrome, sleep dysfunction, migraines, mood disorders, ocular or vestibular dysfunction.

Return to play:

When the student athlete is asymptomatic, or back to baseline symptoms, a repeat of ImPACT test will be performed and will be reviewed by team physician as well as neuropsychologist. The team physician will give clearance to initiate the return to play progression which is a six step program including periods of rest, followed by light activity, then more intense aerobic activity and resistance training, sport specific non-contact activity, full practice and then full return to game competition.

The athletic academic advisor assigned to each team will assist with the return to learn aspect of recovery and will be able to communicate with professors as well as Student Disability Services, as needed. The use of Student Disability Services will ensure the compliance of ADAAA.

A team, consisting of physicians, athletic trainers, academic advisors, sport administrators, neuropsychologist, dietician, FAR, student disability services, sport performance coach, and sport coach is available to assist with recovery.

All student athletes with concussion symptoms are instructed not to go to class until evaluated the next morning and are instructed not to communicate with professors or academic advisors that day. The communication to academic advisor will be done by the Athletic Trainer and then the academic advisor will communicate with the professor.

As the student-athlete is reintroduced to mental activity, including classroom activity, they will be granted assistance, as needed, from the university’s disability services department. There are also learning specialists and tutors within the athletic department for their assistance.

Each student athlete will be given individualized instructions for recovery as it relates to their symptoms. These instructions include remaining at home if they cannot tolerate light cognitive activity and gradual return to classroom/studying activity. All concussions are not equal and all student athletes are not equal.

After initial evaluation by team physician, a repeat evaluation will be made for any setbacks, either academically or with physical activity, or if symptoms persist longer than 2 weeks. The academic staff will assist in coordination of additional assistance, including extra time to complete coursework, as needed.

University resources, including disability services, learning specialist, academic advisors, and the university ombudsman will be utilized to communicate or assist in the student-athlete’s extension of coursework. This entails that modification to schedule/academic accommodations for up to two weeks will be made.
In regards to reducing head trauma, all student athletes and coaches sign an annual concussion acknowledgement sheet, which states that they are aware of signs and symptoms of concussions and how to manage those symptoms. They are given the NCAA fact sheet on concussion signs and symptoms. Specifically, with the sport of football, there is emphasis by the coaches to practice proper tackling techniques and there is adherence of the practice rules with regard to contact. We also understand that contact is a part of sport but treating the symptoms related to that contact is important.