CONCUSSION POLICY

POLICY
The NCAA has created guidelines stating the course of action to be followed in the event of a sports related concussion to student-athletes. Treatment of sports-related concussions will follow these guidelines, and include additional steps put in place by the UHealth Sports Medicine Concussion Team. Student-athletes will receive concussion education materials and sign an injury reporting acknowledgement stating their understanding of the responsibility they have to inform the Athletic Training Staff of concussion signs or symptoms. Each coaching staff member will sign an injury reporting acknowledgement form, and receive concussion education materials. Return to activity following concussion will follow the steps outlined in the University of Miami Department of Athletics Concussion Guidelines.

PURPOSE
To allow safe return to play for any student-athlete who has experienced concussion signs or symptoms. To follow the NCAA’s guidelines for safe management and return to activity following concussion related episodes.

PROCEDURE
See the attached University of Miami Department of Athletics Concussion Guidelines document for all concussion procedures.
University of Miami Department of Athletics

Concussion Guidelines (Updated August 1, 2014)

I. **Baseline Testing and Concussion Education**

The University of Miami Department of Athletics (UM) will follow the below guidelines with regard to concussion and concussion management of student-athletes.

A. Baseline testing will include ImPACT, a neurocognitive computerized baseline test and the Balance Error Scoring System (BESS). These baseline tests will be conducted prior to the first practice or contact activity of the student-athlete’s first semester of school at UM.

1. Per NCAA Guidelines, institutions should record a baseline assessment for each student-athlete prior to the first practice in the sports of baseball, basketball, diving, equestrian, field hockey, football, gymnastics, ice hockey, lacrosse, pole vaulting, rugby, soccer, softball, water polo, and wrestling, at a minimum. The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should consider one or more of the following areas of assessment.

   a. At a minimum, the baseline assessment should consist of the use of a symptoms checklist and standardized cognitive and balance assessments (e.g., SAC; SCAT; SCAT II; Balance Error Scoring System (BESS); Neurocom; Wii Fit Concussion Balance Testing).

   b. Additionally, neuropsychological testing (e.g., ImPact computerized, standard paper and pencil) has been shown to be effective in the evaluation and management of concussion. The development and implementation of a neuropsychological testing program should be performed in consultation with a neuropsychologist. Ideally, post injury neuropsychological test data should be interpreted by a neuropsychologist.
B. During the physical examination process each year, student-athletes must read and sign a statement acknowledging that they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process, student-athletes will be presented with NCAA Concussion educational materials.

C. All UM coaches must read and sign the attached coaches’ statement acknowledging that they have read and understand the NCAA Concussion Fact Sheet, will encourage their student-athletes to report any suspected injuries and illnesses related to concussions, and that they accept the responsibility for referring any student-athlete to the medical staff suspected of sustaining a concussion. Furthermore, the coach acknowledges they have read and understand the UM Concussion Guidelines.

D. All UM Team Physicians (Primary care and Orthopedic), Athletic Trainers, Graduate Assistant Athletic Trainers and Undergraduate Athletic Trainers must read and sign the attached medical provider statement acknowledging that they will provide the UM student-athletes with the NCAA Concussion Fact Sheet and encourage their student-athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions. Furthermore, the staff acknowledges they have read and understand the UM Concussion Guidelines.

II. NCAA Guideline Treatment Protocol That Will Be Followed

A. When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the student-athlete shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussion. If this injury occurs at a UM practice this initial examination will be conducted by the Certified Athletic Trainer. Under the orders of the UM Team Physician, the student-athlete will be examined by the Physician scheduled that day in the clinic.

B. A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and not return to activity for the remainder of that day.

C. The student-athlete will receive serial monitoring for deterioration. Student-Athletes will be provided with written instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.

D. The student-athlete will be evaluated by a Team Physician as outlined within the concussion management plan. Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play shall follow a medically supervised stepwise process.

E. Final authority for Return-to-Play shall reside with the team physician or the physician’s designee.
F. The University of Miami will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion in the NExtt Solutions Injury Database.

G. Although sports currently have rules in place; athletics staff, student-athletes and officials should continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted and current rules of play should be strictly enforced.

H. NCAA Recommendations:

The NCAA Safeguards committee reaffirms its recommendation from December 2009 that an athlete exhibiting an injury that involves significant symptoms, long duration of symptoms or difficulty with memory function should not be allowed to return to play during the same day of competition and expands upon it by stating a student-athlete diagnosed with a concussion should not return to activity for the remainder of that day. Student-athletes that sustain a concussion outside of their sport should be managed in the same manner as those sustained during sport activity. The student-athlete should be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, working on a computer, classroom work, or taking a test.

Healthcare professionals should assume a concussion when unsure and waiting for final diagnosis. When in doubt, sit the athlete out. Institutions should ensure healthcare professionals attain continuing education on concussion evaluation and management annually. Structured and documented education of student-athletes and coaches is also recommended to improve the success of the recognition and referral components of a consistent concussion management program.

III. UM Concussion Treatment and Return to Play Guidelines

A. Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management guidelines will be used for student-athletes suspected of sustaining a concussion.

B. UM Athletic Trainers will:

1. Have the student-athlete see the UM Team Physician for evaluation;

2. Complete a repeat ImPACT and BESS Test for the student-athlete (within 24-72 hours of suspected concussion);
3. Refer the student-athlete, upon the recommendation by the UM Team Physicians, for further Neurological Evaluations to Dr. Kester Nedd and Dr. Gillian Hotz Ph.D. at UMH;

4. If necessary, require the student-athlete to complete a repeat IMPACT test and then follow the recommendations of Dr. Nedd and Dr. Hotz for return to play guidelines; AND

5. Monitor the student-athlete for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, working on a computer, classroom work, or taking a test.

C. Return to play Guidelines
   In order to be considered for return to play, the student-athlete must:
   
   1. Follow the outlined guidelines by the physician for management of his/her injury;
   
   2. Be fully asymptomatic at rest, with exertional testing, and with supervised non-contact and contact sports-specific activities. (See examples below of Graduated exertional testing);
   
   3. Be within normal baseline limits on all post-exertion assessments as determined by the team physicians; AND
   
   4. Be cleared for participation by the University of Miami Team Physician and/or his/her designee.

D. Graduated Exertional Exercise Testing and Return to Play

Exertional guidelines allow for a gradual increase in volume and intensity during the return to play process. The athlete will be monitored for any concussion-like signs/symptoms during and after each exertional activity. If at any point during the process the student-athlete becomes asymptomatic the student-athlete should be re-assessed daily until asymptomatic. Once asymptomatic, the student-athlete should then begin the gradual increase in exertional exercise again. Each step should take approximately 24 hours.

Graduated Return to Play from ZURICH Consensus Statement:

1. No Activity: Complete and cognitive rest until asymptomatic. Objective is rest and recovery.

2. Light aerobic exercise: Walking, stationary bike at >70% intensity. Objective is to increase heart rate. Example: 20 minute stationary bike ride – evaluate for symptoms.

3. Sport-specific exercise: Running, soccer/football drills etc. Objective is to add movement. Examples: Interval bike ride: 30 sec sprints 30 sec rest x 10 sprints - evaluate for symptoms; Bodyweight circuit: Squats, Push Ups, Sit-ups x 20 sec x 3 - evaluate for symptoms.
4. Non-contact training drills: More advance drills like passing drills, etc. May add resistance training. Objective is to add coordination and cognitive load with exercise. Examples: 60 yard shuttle run x 10 (40sec rest) and plyometric workout: 10 yard bounding, 10 medicine ball throws, 10 vertical jumps x 3, non-contact sport specific drills for approximately 15 minutes – evaluate for symptoms.

5. Full contact practice: Participate in normal training activities. Objective is to restore confidence and allow assessment of functional skills by coaching staff. Example: Limited, controlled return to full contact practice and monitoring for symptoms.

6. Return to Play: No student-athlete can return to full practice activity or competitions until the student-athlete is asymptomatic in limited, controlled, and full-contact activities, and cleared by the Team Physician. Example: Full sport participation in a practice.
Concussion and Injury Reporting Acknowledgement
Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and or team physician.

☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
Initial

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
Initial

_____ You cannot see a concussion, but you might notice some of the symptoms right away.
Initial

_____ Other symptoms can show up hours or days after the injury.
Initial

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
Initial

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
Initial

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

__________________________________________   __________________________
Signature of Student-Athlete                        Date

______________________________________________
Printed name of Student-Athlete
Concussion and Injury Reporting Acknowledgement
Coaches Concussion Statement

☐ I have read and understand the UM Concussion Guidelines.
☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the UM Concussion Guidelines, I am aware of the following information:

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

_____ A concussion can affect the 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 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

_____ 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 athletes has a concussion, it is my responsibility to have that athlete see the medical staff.
Initial

_____ I will encourage my 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 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 UM teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition and balance if the athlete were to become injured.
Initial

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

_____________________________________________  ________________________
Signature of Coach                               Date

_____________________________________________
Printed name of Coach
Concussion and Injury Reporting Acknowledgement

Medical Provider Concussion Statement

☐ I have read and understand the UM Concussion Guidelines.
☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the UM Concussion Guidelines, I am aware of the following information:

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

_____ A concussion can affect the athlete’s ability to perform everyday activities, and affect reaction
time, balance, sleep, and classroom performance.
 Initial

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other
 Initial symptoms can show up hours or days after the injury.

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

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

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

_____ Following concussion the brain needs time to heal. Concussed athletes are much more likely to
 Initial 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.

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

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

________________________________________________________________________

Signature of Medical Provider                              Date

________________________________________________________________________

Printed name of Medical Provider
**Balance Error Scoring System (BESS) Procedures**

**Athlete Position**
- Shoes off
- Roll pant legs above ankles
- Feet narrowly together
- Hands on the iliac crests
- Eyes closed

**Test Procedures / Patient Instructions**
- Test begins when the patient closes his/her eyes
- Patient is instructed to make any necessary adjustments in the event that they lost their balance and to return to the testing position as quickly as possible
- Test #1-Double Leg Stance (feet together)
- Test #2-Single Leg Stance (non-dominant foot; free leg should be bent to 90 degrees)
- Test #3-Tandem Stance (non-dominant foot in the rear; weight evenly distributed)
- 20 seconds per test
- Each test is performed on a firm surface (grass, turf, court, etc.) and a 10-cm-thick foam / unstable surface

**Balance Errors**
- Hands lifted off of iliac crests
- Opening eyes
- Step, stumble, or fall
- Moving hip into more than 30 degrees of flexion or abduction
- Lifting forefoot or heel
- Remaining out of testing position for more than five (5) seconds

**BESS Scoring**
- The number of balance errors (1 point per error) on each of the six (6) tests are added together for a total BESS Score

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Sub-Totals

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