Concussions

The NCAA and Stevens Institute of Technology are committed to the prevention, identification, evaluation, and management of concussions.

“Institutions shall have a concussion management plan on file that states student-athletes who exhibit signs and symptoms or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in evaluation and management of concussion. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan.

In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.”

What is a concussion?
A concussion is a brain injury that:
1. Can be caused by a blow, or jolt to the head or body
2. Can change the way your brain normally works
3. May have a delayed onset of signs/symptoms
4. Can occur during practice or competition in ANY sport
5. Can happen even if you do not lose consciousness

What are symptoms of a concussion?
1. Memory loss
2. Confusion
3. Headache
4. Loss of consciousness
5. Balance problems or dizziness
6. Double or fuzzy vision
7. Sensitivity to light or noise
8. Nausea
9. Feeling sluggish, foggy, or groggy
10. Feeling unusually irritable
11. Concentration or memory problems
12. Slowed reaction time
   a. Feeling “off”

What should you do if you think you have a concussion?
1. Don’t try to hide it- this will prolong your recovery and can be life threatening
2. Be honest about your symptoms
3. Report it to your athletic trainer, coach, or team physician
4. Get checked out by the proper medical professional
5. Take the time to recover-repeat concussions can cause permanent damage
6. Do not neglect your basic needs, such as eating well and getting enough rest
WHEN IN DOUBT, GET CHECKED OUT
Concussion Protocol Compliance Statement

Name: (Print) ____________________________________

Sport(s): ________________________________________

Date: __________________________________________

I have been informed of the NCAA and Stevens Institute of Technology’s policy regarding concussions. ________ (initial)

I understand that if I exhibit the signs, symptoms, or behaviors consistent with a concussion I shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussion. ________ (initial)

I understand that if I suspect a teammate has a concussion, I am responsible for reporting the injury to the sports medicine staff ________ (initial)

I understand that if I am diagnosed with a concussion I shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan. ________ (initial)

The Sports Medicine Office at Stevens Institute of Technology has given me information detailing what a concussion is, the signs and symptoms, and what to do if you suspect you have a concussion. ________ (initial)

By signing my name below, I accept responsibility for reporting my; injuries, illnesses, testing results, and medications to the institutional sports medicine staff, including the signs and symptoms of concussions right away.

If the sports medicine office is closed, these items should be reported as soon as the sports medicine office opens for the next shift. After office hours if you have an emergency please call 911 or if on campus 201-216-3911.

Choosing not to follow these protocols can result in suspension from your team and each case will be evaluated individually.

_____________________________________________ (Signature)