



## **ATC Concussion Management Protocol**

**POLICY STATEMENT:** This policy should be followed on a daily basis when you are involved in any contest, practice, or workout at any of the contracted schools or events covered by Optim Sports Medicine.

**PURPOSE:** To safely and appropriately manage the care of student-athletes who have sustained a concussion.

**ENTITIES TO WHOM THIS POLICY APPLIES:** All healthcare providers employed by Optim Sports Medicine.

### **PRESEASON**

1. Optim's Athletic Trainers and Physicians shall review the policy for managing sport related concussions.
2. All athletes who participate in the sports of football, softball, baseball, basketball, wrestling, competitive cheerleading, lacrosse, and soccer should be baseline tested using ImPACT, and if possible the Sports Concussion Assessment Tool 5 (SCAT 5).
3. A new baseline is required for all Freshman and transfer students. Baseline testing will be repeated every 2 years. If an athlete scores higher on a post-injury test than the original baseline, the highest value will become the new baseline score.

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### **CONCUSSION EVALUATION**

1. All Emergency Management and First Aid situations should be addressed or ruled out initially.
2. An athlete with a suspected concussion will be removed from athletic participation immediately and evaluated by a qualified healthcare provider (Physician or Athletic trainer) utilizing, but not limited to, the Sideline Assessment portion of the SCAT 5 and SAC test.
3. An athlete should not be permitted to return to sport the same day if a concussion is suspected or diagnosed.
3. The athlete's parents (or guardian) should be notified if they are on-site (i.e. during/after a game or practice) or should be called if not present.

4. A general concussion information handout and the Optim concussion evaluation/RTP form should be given to the parents (or guardian).
  5. Recommend to the parents (or guardian) that the athlete should be evaluated by the team physician (although we are unable to require it) at the earliest convenience.
  6. If the athlete decides to or is required to see an outside physician, inform the parents that we have the right to hold the athlete out longer if the clearance does not meet our concussion policy standards and advise them to seek a provider who has specialized training in concussion management.
  7. A full SCAT 5 will be performed within 24-48 hours or the next day that the athlete returns to school.
  8. A post-injury ImPACT test will be administered within 24-48 hrs or the next day that the athlete returns to school.
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### **CONCUSSION MANAGEMENT**

1. The Athletic Trainer will assist the parents or guardian in scheduling the first available appointment with the team physician.
2. The ATC will attend the Physician clinic visit if possible or if absent will send a PDF copy of the ImPACT baseline test and concussion evaluation/RTP form to the team physician. The ATC will follow-up with the MD as soon as possible after the clinic visit if they were unable to attend.
3. The ATC should communicate with the academic contact at the school and academic care or modifications will be carried out as prescribed by the MD.
4. The athlete will complete the symptom checklist a minimum of 2x/week, which may include each time ImPACT is administered, and each time activity is advanced.
5. The gradual Return to Play (RTP) progression can begin once the athlete is asymptomatic at rest, ImPACT scores return to baseline or higher, and the athlete no longer requires academic modifications. (all 3 of these must occur before beginning RTP progression)
6. If an athlete becomes symptomatic during any stage of RTP progression, he/she must immediately stop the activity for the remainder of the day and regress back to the previous step (that was completed without recurrence of symptoms) the following day, when symptoms have resolved.
7. There will be no return to full practice or play (stage 5-6) without physician clearance (ATCs are cleared to administer first 4 stages of RTP progression).
8. If the athlete experiences prolonged symptoms or an additional referral is required the team physician will be responsible for this decision.

**\*(Updated May 2017)**