

COMMUNITY HEALTH NETWORK
Community Sports Medicine (CSM)
Date of Original:

CSM MPP#: 009

EFFECTIVE:

Approved For:

CSM

Title: Protocol for management of athletes suspected of having sustained a concussion

Performed by: ATC

Purpose: To establish guideline for care for Community Sports medicine to maximize care while maintain compliance with Indiana state concussion laws and legislation.

Education and Awareness:

1. Athlete and parent will be given an informational sheet on head injuries and their role in the prevention and management of such an injury.
2. Athlete and parent will sign the Concussion Acknowledgement and Signature Form indicating they have received the informational sheet and understand their role in the prevention and management of head injuries. This form will be returned to the school's athletic department prior to the start of athletic participation and remain on file for the duration of the school year.
3. Community Sports Medicine administer a baseline neurocognitive test to athletes utilizing the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) management software upon their first year of competition and retested every two years prior to the start of their sports season.
4. Any athlete presenting any of the signs and symptoms should be thoroughly assessed by a medical professional regardless of severity of head injury.

Referral Guidelines:

1. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle:
 - a. a seizure occurs
 - b. loss of consciousness or progressive confusion
 - c. unequal pupils
 - d. facial drooping
 - e. difficulty with speech or use of arms or legs.
 - f. or if uncertain of the severity of the situation or if it appears to be worsening
2. Any athlete who has symptoms of a concussion and who is not stable (i.e., condition is changing or deteriorating) is to be transported immediately to the nearest emergency department via emergency vehicle.
3. An athlete who is symptomatic but stable may be transported by his/her parents. The parents should be advised to seek care at the nearest emergency department or contact a licensed health care provider trained in the evaluation and management of concussions

Management of Concussions:

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional” (National Federation of State High School Associations). Any athlete diagnosed with a concussion will not be allowed to return to play until cleared by a licensed health care provider trained in the evaluation and management of concussions (ImPACT Certified Physician).

1. The athletic trainer or team physician will assess athlete’s level of consciousness, mental status, and neurological status.
2. A follow-up appointment with a concussion trained physician should occur within 48-72 hours. Post-injury ImPACT Neurocognitive Testing will be done when the patient is asymptomatic or is tolerating cognitive activities such as school without worsening symptoms.
3. Community Sports Medicine ATC will monitor athlete and note any on-going signs or symptoms in the electronic medical records. This information will be communicated to members of the sports medicine team, as necessary.
4. The athlete’s teachers and coaches will be notified of the injury and encouraged to provide feedback to the athletic trainer regarding the athlete’s physical and mental behavior.
5. The athletic trainer will maintain proper documentation at every stage of this evaluation and follow-up process.
6. Record of academic accommodations per the physician will be scanned in to SportsWare and turned in to the school nurse’s office. signs and symptoms of a concussion.
7. Return to Play protocols will follow the Zurich 2008 recommendations.

Gradual Return to Play Criteria:

All concussed athletes must be asymptomatic for a 24-hour period, complete post-injury ImPACT testing compared to baseline or other normative data, and obtain medical clearance by a physician. If any signs and symptoms return at any of the following stages, then the athlete must return to the first stage and be asymptomatic for 24 hours.

Day 1 - No physical activity

Day 2 - Low level of physical activity. This includes walking, light stationary biking, light jogging, light weightlifting (lower weight, higher reps, no bench, no squat).

Day 3 - Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity stationary biking, moderate intensity weightlifting (reduced time and/or reduced weight from typical routine).

Day 4 - Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport specific drills (in 3 planes of movement).

Day 5 - Full contact in controlled practice.

Day 6 - Full game play.

*Per IHSAA Rule 9-14 any athlete missing 10 or more consecutive days of practice must have 6 practices before participating in a sanctioned competition. Any athlete missing 5-10 days of consecutive practice must have 4 practices before participating in a sanctioned competition.

Multiple Concussions:

1. Any athlete who has sustained multiple concussions will be referred to neurologist or other appropriate medical staff for further evaluation and testing at the recommendation of the team physician.
2. Any athlete who has sustained multiple concussions will return to play on a case-by-case basis in conjunction with the physician, athletic trainer, and parent/guardian(s).

References:

P McCrory, W Meeuwisse, K Johnston, J Dvorak, M Aubry, M Molloy, R Cantu. Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008

http://bjsm.bmj.com/content/43/Suppl_1/i76.full.pdf+html

Formulated by: Community Sports Medicine Leadership **Date:**

Approved by: CSM Director **Date:**
Medical Director **Date:**