2018-2019

STETSON UNIVERSITY SPORTS[I] MEDICINE

CONCUSSION MANAGEMENT PROTOCOL

PRE-SEASON EDUCATION

Stetson University will provide a NCAA concussion fact sheet and other applicable materials annually to all student-athletes, coaches, Team Physicians, Certified Athletic Trainers, and the Director of Athletics. A signed acknowledgement of having read and understood the concussion material will be completed.

BASELNE TESTING

ImPACT testing data and a Sport Concussion Assessment Tool (SCAT V) will be obtained for ALL student-athletes during their first year at Stetson University. These results are available to Team Physicians as a part of the pre-participation physical examination prior to the student-athlete being cleared for any athletic activities. Team Physicians can combine these results with the medical history to determine if additional consultation or testing is necessary. ImPACT baseline testing for football will be repeated each year. For all other sports: baseball, basketball, cheerleading, crew, cross country, golf, lacrosse, soccer, softball, tennis, indoor volleyball, and sand volleyball, student-athletes will be re-tested on ImPACT every other year (i.e. freshman and junior year). Anyone sÿho has suffered a concussion during the previous school year will also be re-tested. Baseline tests (IinPACT and SCAT Ill or V) and future ImPACT test results are used as a tool in Stetson Sports Medicine's Concussion Management Protocol; they are not solely used to diagnose a concussion nor as a clearance test for final return to play.

RECOGNITION AND DIAGNOSIS OF CONCUSSION

Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion must be "present" at all NCAA varsity competitions in the following institutional sponsored contact/collision sports: basketball; football; lacrosse; and soccer. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team, or may be independently contracted for the event.

Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion must be "available" at all NCAA varsity practices in the following institutional sponsored contact/collisions sports: basketball; football; lacrosse; and soccer. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper, or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the student-athlete to be evaluated.

CONCUSSION ASSESSMENT

When a student-athlete exhibits signs, symptoms, or behaviors consistent with a possible concussion, he or she will be removed from practice or competition and evaluated by a Certified Athletic Trainer and/or Team Physician. After an initial assessment to rule out cervical spine trauma, skull fracture, and intracranial bleeding is performed, a SCAT V should be filled out on the sideline during assessment, when possible. If the student-athlete is still presenting with signs and symptoms typical of a concussion after completion of the evaluation, they will be held out of all physical activity for at least 24 hours. If at completion of the evaluation a concussion is not diagnosed, the student-athlete may be released back into participation by the Certified Athletic Trainer and/or Team Physician.

SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION:

Headache	Sensitivity to noise
Nausea/vomiting	Sensitivity to light
Nervousness	Visual problems/blurred vision
Drowsiness	Sleeping more than usual/ sleeping less than usual
Fatigue/low energy	Feeling mentally foggy
Feeling more emotional	Sadness
Difficulty concentrating	Numbness or tingling
Difficulty remembering	Irritability
Balance problems	Dizziness
Trouble falling asleep	Feeling slowed down

CONCUSSION MANAGEMENT

- A student-athlete should be referred to the Emergency Department and/or Team Physician based on any of the following: the severity of the signs and symptoms, loss of consciousness, the previous concussion history of the student-athlete, worsening symptoms over time, and the number of signs and symptoms present as deemed necessary by the Certified Athletic Trainer.

The Emergency Action Plan will be initiated, including transportation for further medical care, for any of the following: Glasgow Coma Scale less than 13, prolonged loss of consciousness, focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status or other neurological signs/symptoms, cervical or other spine trauma, skull fracture, and intracranial bleed.

- If signs and symptoms remain stable or decrease, then the following protocol will be followed:
- Student-athlete will be held from all physical activity for a minimum of 24 hours.
- Student-athlete and another responsible adult will be given a concussion home instruction sheet.
- An ImPACT test should be performed within the first 24 hours post-injury, when possible.
- The supervising Certified Athletic Trainer will notify the Director of Sports Medicine who in turn will notify the Athletic Academic Coordinator who in turn will notify the Academic Success Center and other appropriate academic advisors about any issues

associated with the concussion and classes. Based on the severity of the student-athlete's concussion, certain academic restrictions may be recommended. Cognitive as well as pysical rest is sometimes necessary. It is advised that there be no classroom activity on the same day as the concussion and usually up to 24 hours after the time of concussion. ▪A Symptoms Checklist will be filled out by the student-athlete every 24 hours for the first 30 days. This will then decrease to twice weekly after that if still experiencing symptoms.

- The Symptoms Checklist is to be accompanied by a discussion, reassessment, and medical interview by the Certified Athletic Trainer to further understand what the student-athlete is experiencing and how they are progressing.
  - Each student-athlete will be evaluated by and consult with a Team or Attending Physician (or their designee) during their parti ipation in the Return to Play Protocol.
  - For those student-athletes needing academic accommodations a Post-Concussion Academic Accommodations form will be completed by the Team Physician and sent to all appropriate academic personnel.
  - For those student-athletes demonstrating prolonged recovery beyond 2 weeks, further evaluation by a Team Physician and/or members of the multi-disciplinary team is needed in order to consider additional diagnosis and best management options.
- The student-athlete should refrain from driving until cleared to do so by a Team or Attending Physician and/or Certified Athletic Trainer.

▪ Once asymptomatic at rest and during daily living activities for at least 24 hours without the aid of medication, the student-athlete will begin the return to play progression. ▪ ImPACT testing will be conducted again after the completion of stage 4 with a valid test required prior to progression to stage 5.

- Further evaluation by a Physician for any student-athlete with prolonged recovery is needed in order to consider additional diagnosis and best management options. Additional diagnoses include, but are not limited to: post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, and ocular or vestibular dysfunction.

RETURN TO PLAY GUIDELINES

A physical exertion progression should be started once the student-athlete is asymptomatic. Generally, each step should take 24 hours. If the student-athlete begins to exhibit symptoms during any stage of the progression, they shall cease activity for the rest of the day. After 24 hours if the student-athlete is asymptomatic they will resume to the previous asymptomatic stage and try to progress again.

If the student-athlete is still symptomatic the following day, the protocol will be discontinued and the student-athlete must resume physical rest until asymptomatic for 24 hours and they will start the protocol over at stage 1.

The Certified Athletic Trainer will monitor the progression and will test the student-athlete after the stages for memory, concentration, and balance techniques. This information will be made available for review and assessment by the team or attending physician.
* *If at any time during the return to play progression the student-athlete sustains a hit to the head, they should be referred to the Emergency Department and/or Team Physician* *

Graduated Return to Play Progression

Stage 1: No Activity: Student-athlete is asymptomatic for 24 hours at rest, in class, and during daily living activities without the aid of medication.

Stage 2: Light Aerobic Exercise: Walking, swimming, stationary cycling; <70% maximum heart rate (mild-moderate intensity); No resistance training.

- Must demonstrate progression out of stage 1 of the Return to Learn program.

Stage 3: Sport-Specific Exercise: Running/movement drills without the threat of contact or head impact.

Stage 4: Non-contact training drills: Progression to more complex training drills; may add progressive resistance training.

- Complete ImPACT at least an hour and a half post- non-contact practice. ImPACT should not be taken if symptomatic. No more than two ImPACT tests shall be taken within one week with at least 72 hours passing before he or she may re-test if results have not returned to baseline scores.
- Must have progressed to stage 3 of the Return to Learn Program.

Stage 5: Full practice participation with no limitations on contact and equipment use.

Stage 6: Return to Play: Normal game play.

- Team Physician and/or Certified Athletic Trainer must certify that all stages have been completed in compliance with the above guidelines.

A Stetson University Sports Medicine Concussion Return to Athletic Activity Acknowledgement Form will be completed to confirm student-athlete patient education, acknowledgement of completing the Concussion Return to Play Program, and the agreement to immediately report any return of or changes in signs and symptoms to his/her coach, supervising Certified Athletic Trainer, or Team Physician.

RETURN TO LEARN GUIDELINES

Cognitive rest means avoiding potential cognitive stressors such as school work, video games, reading, texting, and watching television. The rationale for cognitive rest is that the brain is experiencing an energy crisis, and providing both physical and cognitive rest allows the brain to heal more quickly. Data from small studies suggest a beneficial effect of cognitive rest on concussion recovery. For the collegiate student-athlete, cognitive rest following concussion means avoiding the classroom for at least one day.

Any student-athlete that sustains a concussion should not return to a classroom environment on the same day as the recorded injury. The gradual return to cognitive activity is based on the return of concussion symptoms following cognitive exposure. Modification of schedule and academic accommodations for up to two weeks is often indicated. A post-concussion academic accomm dations form will be provided to the Athletic Academic Coordinator for distribution to all appropriate academic personnel as indicated.

Assistance will be provided by the Athletic Academic Coordinator and other members of the Academic Success Center as deemed necessary for cases that cannot be managed through schedule modification or other academic accommodations.

The point person in the return to learn program will be the Athletic Academic Coordinator assigned to the Department of Athletics by the Academic Success Center. This individual will be notified of the student athlete's medical status by the Director of Sports Medicine or his/her designee in his/her absence. In the case of more complex return to learn cases, a multidisciplinary team may include, but is not limited to: the Team Physician, Certified Athletic Trainer, psychologist/counselor, neuropsychologist consultant, faculty athletic representative, academic counselor, course instructor(s), college administrators, office of disability representatives, and coaches.

Other campus resources may be necessary for cases that cannot be managed by schedule and academic accommodations. Such resources must be consistent with ADAAA and include at least one of the following: Academic Success Center, learning specialist, Office of Disability Services, or ADAAA Office.

* *If at any time during the return to learn protocol, the student-athlete develops increased symptoms due to academic rigor, they should be referred to a Team Physician or his/her designee* *

Graduated Return to Learn Progression

Stage 1: If the student-athlete cannot tolerate 30 minutes of light cognitive activity (reading, television, homework, etc.) he or she should remain at home or in the residence hall and engage in complete cognitive rest.

Stage 2: Once the student-athlete can tolerate 30-45 minutes of cognitive activity without return of symptoms, he/she should return to the classroom in a step-wise manner with maximum academic accommodations. Such return should include no more than 30-45 minutes of cognitive activity at one time, followed by at least 15 minutes of rest.

Stage 3: Once the student-athlete can tolerate all cognitive and classroom activity up to 45 minutes without return of symptoms, he or she should resume full attendance in classes with moderate academic accommodations.

Stage 4: Full return to all academic activity without the necessity of academic accommodations.

REDUCNG HEAD TRAUMA EXPOSURE MANAGEMENT

- Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines or the Ivy League Football Contact Recommendations

- Adherence to NCAA Inter-Association Consensus: Independent Medical Care Guidelines

Reducing gratuitous contact during practice

- Taking a "safety first" approach to sport

Taking the head out of contact

Reducing gratuitous contact during practice

- Coaching and student-athle