

BRSC Concussion Policy & Protocol



January 2018

BRSC has a full-time, certified Athletic Trainer on staff that provides immediate care for concussed athletes. BRSC also requires coaches at our competitive and recreational levels, parents, and officials to complete a concussion education course focused on recognizing a concussion. This education enables all members of our organization to identify and reduce the harmful effects caused by concussions.

BRSC has designed its concussion policy similarly to U.S. Soccer protocols. The United States Soccer Federation's website details concussion education and provides links to the USSF concussion recommendations, evaluation, testing, and management protocols. Please use the following link to go to the U.S. Soccer website and learn more about concussions www.recognizetorecover.org/head-and-brain/#concussions

Concussions are defined as a mild traumatic brain injury (MTBI) that alters the function of the brain. A MTBI can occur at any point during trainings or games as a direct force/blow to the head or body from contact with the ground, the ball, or another player that causes a force to the head that bounces the brain uncontrollably inside of the skull. A fall where the player lands on his/her head can result in a MTBI, as well. If at any time a BRSC player suffers a blow to the head or body, they should be immediately removed from play and should not return to play until s/he is evaluated by an ATC or other appropriate health care provider. If there is no health care professional present, and there is uncertainty about if the player has suffered a concussion, the player should be held out until they can be evaluated by an appropriate health care professional.

Initial Evaluation/Management

When a BRSC athlete is suspected of having sustained a concussion, they will be removed from play immediately, and evaluated by BRSC medical staff (e.g. ATC and/or a BROCC physician, if available). A loss of consciousness is not necessary for the player to be concussed. The concussion evaluation will consist of a standardized acute concussion evaluation tool such as the SCAT3 or SCAT5 (will be implemented in 2018/2019 season). All players suspected of having suffered a concussion must be seen by a physician. All assessments, including daily assessments once a diagnosis of concussion has been made, and all components of the Return to Play (RTP) protocol, should be documented and included in the player's medical record. Once the player has been initially evaluated, and the player is diagnosed with a concussion, he or she will not be permitted to return to play on the same day. If a concomitant

cervical spine injury or more serious brain injury is suspected, the athlete will be immobilized and transported to the nearest emergency department according to the BRSC Emergency Action Plan (EAP) for that venue. If the player is medically stable and additional testing is unnecessary, initial concussion management should detail patient education/home care instructions, physical rest, and cognitive rest.

Post-Evaluation/Management

Once the BRSC player has returned to a baseline level of symptoms, or a physician/appropriate health care provider has deemed the player fit enough, the player will undergo post-injury testing. Once the athlete has been asymptomatic 24-48 hours, s/he will be allowed to return to class/academic activities and/or work. The graded RTP will be individualized to each player. Any BRSC player that suffers a concussion must have a physician/approved healthcare provider clearance prior to starting the graded RTP, and must have a written physician/approved healthcare provider clearance prior to being permitted for full competitive play without restriction. Per Louisiana state law, an appropriate health care provider is defined as a physician (MD or DO as defined in LS 37:1262(2)), a licensed nurse practitioner, licensed physician assistant, or a licensed psychologist who is trained in neuropsychology or concussion evaluation and management.

Once the player has been cleared by the appropriate health care provider, the player may begin the graded RTP protocol detailed below. There is no mandatory period of time that a player is withheld from play/activity after suffering a concussion, or how long each step in the RTP protocol should take. Each decision is individualized to the player as they progress through the healing process, and varies due to several factors including: the nature of the injury, the player's age, concussion history, and psychological status. Players under the age of 18 should be managed more conservatively than older players. Graded RTP protocols should not be rushed because the player will be at a significantly higher risk for future problems in the RTP and future concussions.

Graded RTP Protocol

Step 1 Rest: Athlete must be asymptomatic for at least 24-48 hours after participating in school while remaining asymptomatic.

Step 2 Light aerobic exercise: Twenty minutes of cardio activity; walking or stationary bike. NO resistance training. Light activity; <70% of Heart Rate Max (HRM).

Step 3 Moderate aerobic exercise: Twenty to thirty minutes of cardio activity; elliptical, stationary bike, jogging at a medium pace. Light resistance training can begin; body weight resistance exercise (push-ups, lunges) with minimal head rotation. Moderate activity; <85% HRM.

Step 4 Sport-specific, non-contact drills, exercise: Individual sport-specific drills WITHOUT contact, agility drills; NO head impact activities; continue LIGHT resistance training. High activity HRM reached.

Step 5 Non-contact training session: Progression to more complex, sport-specific training drills with NO defensive pressure. Progressive return to normal resistance training.

Step 6 Full contact training session: Participate in full, normal training session with contact.

Step 7 full competitive return to play: Return to full sports participation as tolerated pending clearance from physician (MD or DO) or appropriate health care provider; monitor recurrence of symptoms.

Head Injury Home Instructions

I believe that _____ may have/has sustained a concussion on _____. To make sure s/he recovers, please adhere to the following important recommendations:

1. Please **remind** _____ to report to the athletic trainer for a follow-up evaluation.
2. Set an appointment for the athlete to be seen by a physician.
3. If any of the symptoms below develop or worsen before doctor visit, please contact your local emergency medical system or your family physician.
 - a. Vomiting
 - b. Unequal pupils
 - c. Restlessness
 - d. Inability to move limbs equally
 - e. Temperature above 100 degrees Fahrenheit
 - f. Severe headache
 - g. Unstable or stumbling walking patterns
 - h. Mental confusion
 - i. Drainage of blood or fluid from ears or nose
 - j. Forgetfulness
 - k. Acting out of character
4. If these symptoms do not develop or worsen, you can follow the instructions outlined below until the physician's visit.

It is OK to:

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck for comfort
- Follow a light nutritional intake
- Return to school
- Go to sleep
- Rest (no strenuous activity or sports)

There is NO need to:

- Check eyes with flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Eat spicy foods
- Practice sport/exercise (until cleared by physician)

5. Athlete is not eligible to practice or play any sport or physical activity until cleared by a physician.

Recommendations provided by: _____

Date: _____

Physician Clearance Form

This form must be completed and signed by the athlete's treating physician or appropriate health care provider pursuant to Louisiana State Law that specializes in concussion management. This signed form must be on file with the Director of Sports Medicine in order to begin and complete the BRSC Concussion Return-to-Play protocol.

Name of Athlete: _____ Date of birth: _____ Date of
Concussion: _____

The above named athlete was referred due to having signs and/or symptoms of a concussion/mild traumatic brain injury (MTBI). It is in my professional judgment:

_____ the athlete **IS CONCUSSED**.

_____ the athlete **IS NOT CONCUSSED**.

_____ the athlete **IS NOT PERMITTED** at this time to participate in sports/activity or the BRSC Concussion Return-to-Play protocol. Athlete is to return to physician for further evaluation on: _____

_____ the athlete **IS PERMITTED** to begin the required BRSC Concussion Return-to-Play Protocol under the supervision of the Athletic Trainer. ****Once the athlete completes the protocol successfully, s/he MUST RETURN FOR RE-EVALUATION BEFORE BEING CLEARED FOR FULL, UNRESTRICTED SPORTS PARTICIPATION.****

Physician notes:

Physician signature: _____ Date: _____

Physician Address: _____

Physician Telephone: _____ Physician Fax: _____

Graded Return-to-Play Protocol (Athlete will only advance ONE step per day):

The athlete should be held out of all activities until asymptomatic at rest for at 24-48 hours. This asymptomatic period includes mental exertion in school to help reduce the re-emergence of symptoms once initiating the return-to-play protocol.

If any concussive symptoms occur while performing the return-to-play protocol, the athlete will stop all activity until asymptomatic for another 24-48 hours. Once symptoms resolve, resume with the step in which the athlete was previously asymptomatic (back to the previous successful step).

Step 1 Rest.

Step 2 Light aerobic exercise. 20 mins. of cardio activity, NO resistance training.

Step 3 Moderate aerobic exercise. 20-30 mins. of cardio activity, light resistance training/body weight resistance exercise with minimal head rotation.

Step 4 Sport-specific, non-contact drills, exercise. Agility drills, NO head impact activities, continue light resistance training.

Step 5 Non-contact training session. Complex sport-specific training drills with NO defensive pressure, progressive return to normal resistance training.

Step 6 Full contact training session. Normal training session with contact. No games or competition play.

Step 7 Full return to competitive play

Gradual Return-to-Play Protocol

Name of athlete: _____ Date of injury: _____ Date asymptomatic: _____

DO NOT PROGRESS MORE THAN ONE STEP PER DAY. Each step should take a minimum of ONE day (24 hour period) to complete in order to evaluate for any post-concussion symptoms that may occur during aerobic activity or between exertional sessions. Proceed to the next level ONLY if asymptomatic at the current level AND throughout the recovery period. If symptoms return, the athlete must go back to the previous step in the protocol.

Step	Description/Objective	Date completed & AT Initials and Comments
1 Rest	Athlete must be asymptomatic for at least 24-48 hours, and participating in school before beginning the RTP	
2 Light aerobic exercise	20 minutes of cardio activity; walking or stationary bike. NO resistance training. Light activity; <70% of HR Max. Increase HR.	
3 Moderate aerobic exercise	20-30 minutes of cardio activity; elliptical, stationary bike, jogging at medium pace. Light resistance training can begin; body weight resistance exercise (push-ups, lunges) with minimal head rotation. Moderate activity; <85% HR Max. Increase HR, cardiovascular endurance.	
4 Sport-specific, non-contact drills, exercise	Individual sport-specific drills WITHOUT contact, agility drills; NO head impact activities; continue LIGHT resistance training. High activity; HR Max reached. Add movement, change of direction.	
5 Non-contact training session	Progression to more complex, sport-specific training drills with NO defensive pressure. Progressive return to normal resistance training. Exercise, coordination, and cognitive load	
6 Full contact training session	Participate in full, normal training session with contact. Restore confidence, increase cognitive load, increase physical activity, and assess functional skills	
7 Full competitive return to play	Return to full sports participation as tolerated pending clearance from physician (MD or DO) or appropriate health care provider; monitor for recurrence of symptoms	

The athlete may not return to play until evaluated by an appropriate health care provider and receives a written medical clearance for an unconditional return to play. Louisiana law defines an appropriate health care provider as a physician (MD or DO as defined in LS 37:1262(2)), a licensed nurse practitioner, licensed physician assistant, or a licensed psychologist who is trained in neuropsychology or concussion evaluation and management. **The health care provider must not be related to the athlete.** Prior to being cleared, the athlete must be asymptomatic both at rest and with full cognitive stress, AND with full physical exertional stress (i.e. completed the Return-to-Play Protocol).

By signing below, I attest that the above named athlete has completed the Gradual Return-to-Play Protocol

Signature of Athletic Trainer

License #

Date

Print Name

By signing below, I am aware that my child has completed the Gradual Return-to-Play Protocol.

Signature of Parent/Legal Guardian

Date

Print Name

By signing below, the athlete has been evaluated by an appropriate health care provider, pursuant to Louisiana state law, and is deemed medically cleared by such provider for full, competitive sports participation without ANY restriction.

Signature of Health Care Provider

Date