



Policy Area: Sports Related Injury	Subject: Concussion
Title of Policy: Concussion Policy	Effective Date: 9/1/2024
Approved Date: 8/27/2024	Revision Date: N/A

Concussion Policy

Definition:

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Signs and Symptoms:

- Balance problems
- Blurred vision
- Confusion
- Difficulty concentrating
- Dizziness
- Don't feel right
- Drowsiness
- Fatigue or low energy
- Feeling like “in a fog”
- Feeling slowed down
- Headaches
- Irritability
- More emotional
- Nausea
- Neck pain
- Nervous or anxious
- Pressure in head
- Sadness
- Sensitivity to light
- Sensitivity to noise
- Sleeping less than usual
- Sleeping more than usual
- Trouble falling asleep
- Trouble sleeping soundly

Education:

All BRSC coaches are required to complete the most current HEADS UP to Youth Sports: Coaches Online Training on an annual basis. Concussion information sheets are available on Healthy Roster in the Resource section for parents and athletes. Concussion resources are also available on at brsoccer.org.



Initial 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. Athletic trainer 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, vestibular oculomotor screening, balance error scoring system, and/or C3Logix. 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 or most appropriate 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.

Return to Activity:

The graded return to activity 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 return to activity and should 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. There should be 24 hours between each step of the progression where symptoms do not increase or return. Modifications to this timeline may come from the direction of the treating physician. If this cannot be achieved, the patient will remain at the same step or go to the previous step until it can be completed without the exacerbation or return of symptoms.

Graded Return to Activity Template:

Stage 1: Twenty minutes of light cardiovascular activity; walking or stationary bike. NO resistance training. Light activity; <70% of Heart Rate Max (HRM).

Stage 2: Twenty to thirty minutes of mild cardiovascular activity. Light resistance training can begin; body weight resistance exercise (push-ups, lunges) with minimal head rotation. Moderate activity; <85% HRM

Stage 3: Participate in a sport specific, non-contact training session for 45-60 minutes.

Stage 4: Participate in a full, noncontact training session.

Stage 5: Participate in a full training session, contact must be included in the training session. No heading the ball during this stage.