

## Providence Day Concussion Protocol

### **A. Educational Procedures for Concussions**

One of the most important aspects of effective concussion management is the education and dissemination of information to our athletic community. In compliance with Gfeller-Waller Concussion Awareness Act, our procedures are as follows:

1. We distribute Concussion Information Sheet to student-athletes and parents.
2. We collect signature forms (Concussion Information Sheet) from student-athletes and parents.
3. We distribute Concussion Information Sheet coaches/school nurses/volunteers.
4. We collect signature forms (Concussion Information Sheet) from coaches/school nurses/volunteers.
5. We attend parent meetings to offer concussion education, or have coach show a power point if a trainer can not be present.
6. We have athletes who participate in sports schedule and complete a baseline Sports Concussion Assessment Tool Test (SCAT), King-Devick, and an Impact test ( every two years) with an Athletic Trainer before sports participation.

### **B. Concussion Assessment and Treatment Procedure**

In the event that a student receives or is perceived to have a concussion the following procedures are administered.

1. The student is removed from activity and referred to be evaluated by an Athletic Trainer
2. The Athletic Trainer assesses the student/athlete for concussive type symptoms, motor and cognitive function using a variety of methods including but not limited to the following; Cranial Nerve Assessment, King-Devick, and the Sports Concussion Assessment Tool (SCAT)

### **C. Post-concussion Protocol/Plan Compliance**

If the student presents any symptoms during an assessment, they receive the following:

1. Cessation of any physical activity until all symptoms have absolved for at least 24 hours.
2. The Athletic Trainer then informs class designated learning specialist that the student is being evaluated/monitored for a concussion and that the student is not participating in any physical activities.
3. The student-athlete is then referred to Dr. **Wiercisiewski of Carolina Neurosurgery and Spine** or other physician trained in concussion management. The Athletic Trainer then precedes with the continued management of the concussion based off the correspondence with that office.
4. Once symptoms have resolved, the student begins a 6-day return to play protocol. (see return to play protocol on the next page.)
  - a. If symptoms return during the return to play protocol, the day that elicited the symptoms is repeated until it can be successfully completed asymptotically.
  - b. If a student fails any part of the exertional protocol 3 times total, they are referred back to the Carolina Neurosurgery Spine office.
5. Once the exertional protocol is completed successfully without reproduction of concussive symptoms and the supervising physician that was consulted the student is cleared to return to physical activity
6. A parent/ guardian is required to sign off that they are aware of the completion of the RTP protocol.



## NCHSAA Concussion Return to Play Protocol Form

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_ Date Symptom Free: \_\_\_\_\_

STAGE	EXERCISE	GOAL	DATE STAGE SUCCESSFULLY COMPLETED	COMMENTS	SUPERVISED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes. <u>Consult with physician regarding the student-athlete's progress prior to initiating contact during Stage 5.</u>	Perceived intensity/exertion: High/Maximum Effort Activity			
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
6	Resume full participation in competition.				

**\*\*Only a physician can provide final clearance to return to sport without restriction. Prior to being cleared, the athlete must be completely symptom-free 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 student-athlete has completed, without return of symptoms, the Gradual Return-to-Play Protocol.

\_\_\_\_\_  
Signature of Athletic Trainer/First Responder (Please Circle) Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

By signing below, I am aware that my child has completed, without return of symptoms, the Gradual Return-to-Play Protocol.

\_\_\_\_\_  
Signature of Parent/Legal Custodian Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

Last Updated June 2016