



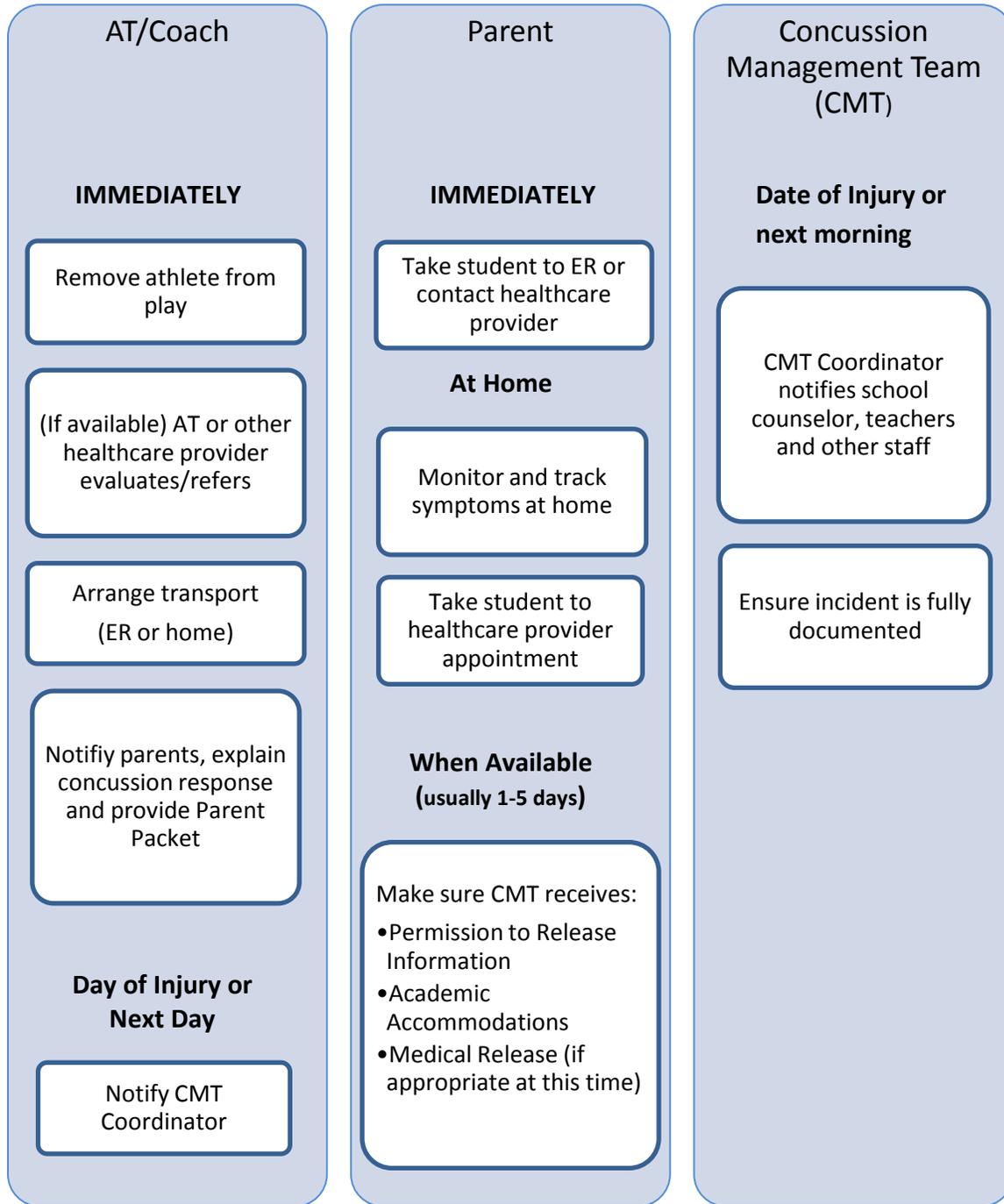
- Clipboard Sheet
 - Signs and Symptoms of Concussion
- Concussion Response Process
- Emergency and Non-Emergency Guidelines
- Return to Play Progression

Signs and Symptoms of Concussion	
Signs You May Observe	Symptoms Experienced by Athlete
<ul style="list-style-type: none"> <input type="checkbox"/> appears to be dazed or stunned <input type="checkbox"/> seems confused <input type="checkbox"/> forgets plays or instructions <input type="checkbox"/> is unsure about game, score or opponent <input type="checkbox"/> moves clumsily (altered coordination) <input type="checkbox"/> exhibits balance problems <input type="checkbox"/> answers questions slowly <input type="checkbox"/> loses consciousness, even briefly <input type="checkbox"/> shows behavior or personality changes <input type="checkbox"/> forgets events prior to hit <input type="checkbox"/> forgets events after hit 	<ul style="list-style-type: none"> <input type="checkbox"/> Headache or pressure in head <input type="checkbox"/> Foggy or hazy feeling <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Double vision, blurry vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish, fatigued or groggy <input type="checkbox"/> Problems concentrating <input type="checkbox"/> Problems remembering <input type="checkbox"/> Just not feeling right or feeling down <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Numbness or tingling

Take Action
<p>When in doubt, keep 'em out.</p> <p>Stand tall. Make the call.</p> <ul style="list-style-type: none"> • Get your player to an appropriately trained healthcare provider. • Immediately inform parents. <p>No play without OK.</p>

Important Phone Numbers
Hospital phone:
Hospital name:
<p>For Emergencies</p> <p>CALL 9-1-1</p>

RESPOND RESPONSIBILITY CHART



It is critical that the AT or coach notify parents and the CMT Communication Coordinator immediately after any suspected concussion. Failure to do so may be a violation of state law and could result in a student’s not receiving accommodations necessary for healing.

EMERGENCY GUIDELINES

The following situations indicate a medical emergency and require that a student be transported immediately to the nearest emergency room via ambulance (call 911, if available in your area):

- An athlete who loses consciousness for any duration
- An athlete who has symptoms of a concussion and is not stable (i.e., condition is changing or deteriorating)
- An athlete who exhibits any of the following symptoms:
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - any signs or symptoms of associated injuries such as spine or skull fracture or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - seizure activity

Accompany the athlete to the emergency room, if needed, and remain with the athlete until a parent arrives. The athletic trainer or coach is responsible for informing the parents of the injury and letting them know if the athlete was transported by emergency vehicle or needs to be picked up.

NON-EMERGENCY GUIDELINES

Never allow an athlete with a suspected concussion to drive home!

1. Remove the athlete from play and monitor symptoms.
2. Notify the athlete's parents.
3. Provide *Parent Packet* to the parents and refer for medical evaluation.
4. Notify CMT Communication Coordinator.

If parents cannot be reached, and the athlete is able to be sent home:

1. Make sure the athlete is accompanied by a responsible adult who can monitor the athlete and understand the information in the *Parent Packet*.
2. Keep trying to reach a parent.

If parents cannot be reached and there is no responsible adult capable of monitoring the athlete, the athletic trainer or coach will remain with the athlete until a parent or responsible adult arrives.

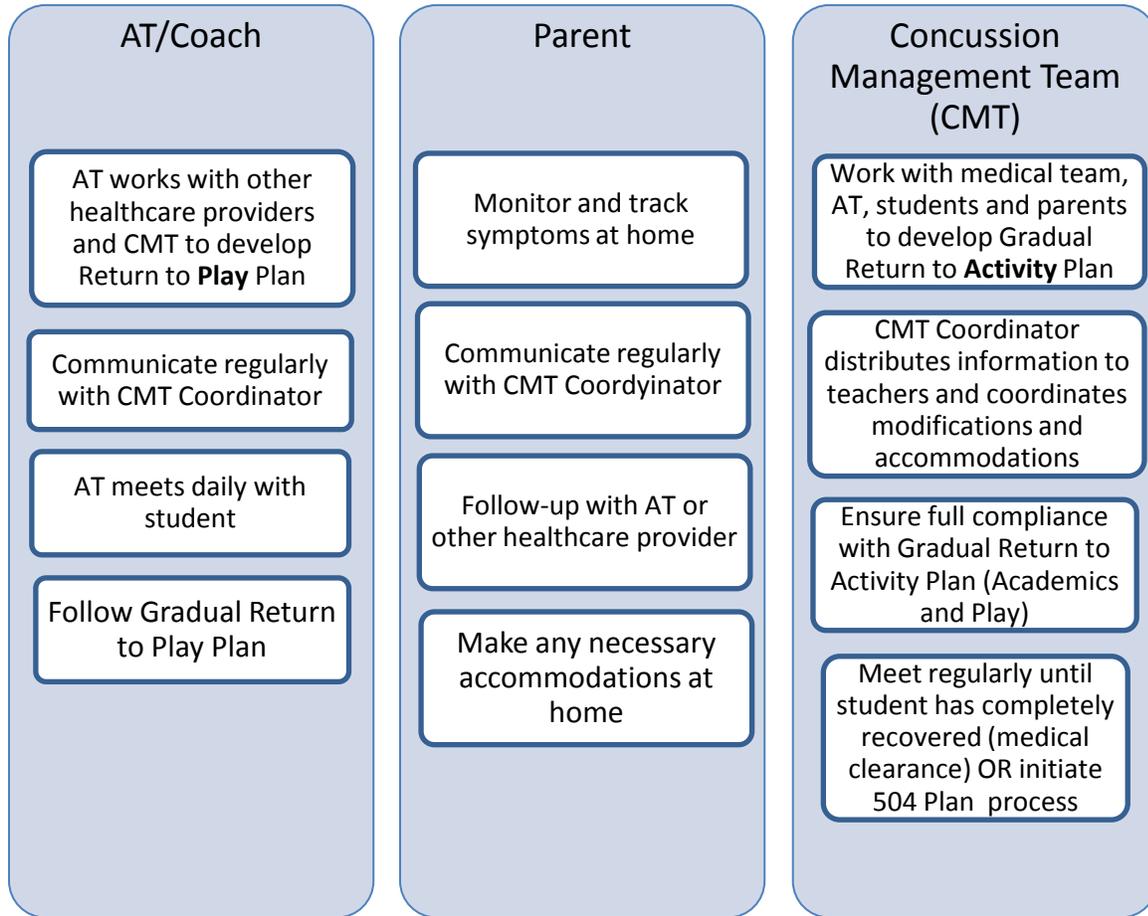
An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department or urgent care facility on the day of the injury. ALWAYS give parents the option of emergency transportation, even if you don't feel it is necessary.

REFERRING WHEN AWAY FROM HOME

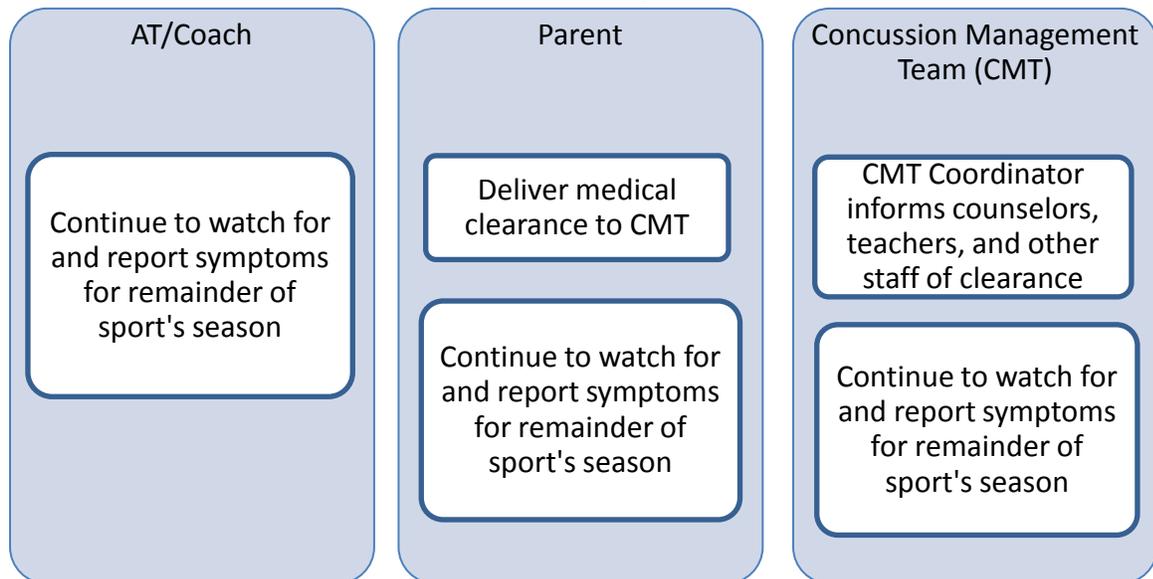
Athletic trainers and coaches should seek assistance from the host site certified athletic trainer or team medical provider, if available, at an away contest.

RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan



After student is medically cleared for full activity



RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see Clipboard Sheet), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	No physical activity as long as there are symptoms (this step could take days or weeks)	<ul style="list-style-type: none"> Complete physical rest

Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.

2	Light aerobic activity Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none"> Walking Swimming Riding an exercise bike
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Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.

3	Sport-specific exercise Add movement (increased attention to coordination required)	20–30 minutes supervised play, low risk activities <ul style="list-style-type: none"> Running in gym, on the field or on treadmill NO weightlifting NO head impact activities NO helmet or other equipment
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Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.

4	Non-contact training drills Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none"> Progression to more complex training drills May start progressive resistance training May run/jump as tolerated Non-contact training drills in full equipment
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Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.

5	Full-contact practice Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none"> Normal training activities, under adult supervision Full contact practice or training
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Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.

6	Return to play Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion—Journal of Clinical Neuroscience 16 (2009) 755–763