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Management of Sports-Related Concussions

Medical management of sports-related concussion continues to evolve. New information regarding concussions in athletes, and the effects of concussions is continually becoming available. Wellington Recreation has established this protocol to provide education about concussion for coaches, staff, parents, and athletes.

Wellington Recreation seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow up medical care during the school day and are fully recovered prior to returning to activity.

This protocol shall be reviewed annually by the Recreation Department. Any changes or modifications will be reviewed and given to staff, including coaches and other appropriate personnel in writing.

All coaches and youth activities staff will take a yearly concussion awareness course.

Recognition of Concussion

Some common signs and symptoms of sports related concussion. The athlete may exhibit one or more of the symptoms listed. This list is not meant to be an all inclusive list of symptoms.

Signs (observed by others):

- Athlete appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

Symptoms (reported by athlete)

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feel sluggish
- Feel "foggy"
- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately

removed from the contest or practice and shall not return to play until cleared by an appropriate health care professional (per Jake Snakenburg Youth Concussion Act, effective January 1, 2012).

Management and Referral Guidelines for All Staff and Coaches

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
 - Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle.
 - Any athlete who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.
 - An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
 - o Deterioration of neurological function
 - o Decreasing level of consciousness
 - o Decrease or irregularity in respirations
 - o Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - o Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - o Seizure activity
2. 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, on the day of the injury.

Guidelines and Procedures for Coaches and Staff:

RECOGNIZE • REMOVE • REFER

Recognize concussion

1. All coaches should become familiar with the signs and symptoms of concussion that are described above.
2. Annual training will occur for coaches and all youth staff

Remove from activity

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.

When in doubt, sit 'em out

Refer the athlete for medical evaluation

1. The coach is responsible for notifying the athlete's parents of the injury.
 - a. Contact the parents to inform them of the injury. Depending on the injury, either an emergency vehicle will transport or parents will pick the athlete up at the event for transport. (see Section II)
 - b. Within twenty four hours, coach will email recreation department with notice that player may have sustained a concussion and confirm that parents have been notified.
 - c. A medical evaluation is required to begin the process of "Return to Play".
2. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to an MD):
 - a. The coach should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
 - b. The coach should continue efforts to reach a parent.
 - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an Emergency Department for evaluation. A coach should accompany the athlete and remain with the athlete until a parent arrives.

Athletes with suspected head injuries should not be permitted to drive home.

Follow Up Care of Athlete During the School Day

Parents should contact the athlete's school in order to inform them that the athlete may have sustained a concussion. Parent should inform school of any restrictions or accommodations recommended by their health care provider.

Return to Play (RTP) Procedures After Concussion

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

Asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from a health care provider. Athlete may also be required to provide a note from teachers stating that athlete has been asymptomatic.

2. Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below. This progression must be closely supervised by the coach. The coach must have a very specific plan to follow as directed by the athlete's health care provider.
3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or who is participating in a collision or contact sport may be progressed more slowly.
4. Stepwise progression as described below:

Step 1. Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2. Return to school full time.

Step 3. Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared, in writing, by a health care provider for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight lifting.

Step 4. Running in the gym or on the field. No helmet or other equipment.

Step 5. Non-contact training drills in full equipment. Weight training can begin.

Step 6. Full contact practice or training.

Step 7. Play in a game. Must be cleared by health care provider before returning to play.

The athlete should spend twenty four hours symptom free at each step before advancing to the next. If post concussion symptoms occur at any step, the athlete must stop the activity and the treating medical care provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for twenty four hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.

Potential Problem Areas

Current Colorado Law defines "a Health Care Provider" as a doctor of medicine, doctor of osteopathic medicine, licensed nurse practitioner, licensed health care provider assistant, or licensed doctor of psychology with training in neuropsychology or concussion evaluation and management.

Serious consideration must also be given as to what coaches and parents will do in the case where an athlete is clearly still having concussion symptoms, yet given return to play clearance by a health care provider.