



The Cumberland University Sport Concussion Policy

Developed by the Sports Medicine staff at Cumberland University



Implemented August 1, 2011

The Cumberland University Sports Medicine staff, made up of team physicians and certified athletic trainers is committed to treating potentially catastrophic brain injury in the safest manner. Our *concussion policy* and *concussion management protocol* have been developed and derived from the most recent literature on sport-related concussion.

The CU Sports Medicine staff will utilize a three-fold approach when determining an athlete's readiness to return to play following a concussion. In the event that the CU Sports Medicine staff suspects that an athlete has sustained a concussion, the *concussion management protocol* requires the evaluation of the athlete's symptoms, neurocognitive function, and balance which will provide the sports medicine staff the necessary information to return the athlete to play safely. The findings of these post-injury assessments are then compared to pre-season baseline assessments. Pre-season baseline assessments are conducted through the ImPACT Concussion Management system and by utilizing the Balance Error Scoring System . ImPACT is a computer based program that helps to objectively evaluate an athlete's cognitive status. ImPACT can also be used as a post-injury assessment tool by evaluating the athlete until they are symptom free and back to baseline. In the first year of implementation (2011-2012) of The Cumberland University Sport Concussion Policy, all CU athletes, newcomers and returners, will be baseline tested. Starting in the second year of implementation (2012-2013) only newcomer athletes will be baseline tested at the beginning of the season; unless, an athlete sustains a concussion during the previous season in which they will be re-baseline tested at the start of the next season.

The following *concussion policy* and *concussion management protocol* has been adopted by CU Sports Medicine and is to be followed by all teams for managing athletes suspected of sustaining a concussion.

CU Concussion Policy

- 1) All CU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:
 - a) they have read and understand the NCAA Concussion Fact Sheet
 - b) they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
- 2) All CU coaches (head coaches and assistant coaches) must read and sign the attached coaches statement acknowledging that they:
 - a) have read and understand the NCAA Concussion Fact Sheet

- b) will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility of referring any athlete to the medical staff suspected of sustaining a concussion.
 - c) Have read and understand the CU Concussion Management Protocol
- 3) All CU team physicians, athletic trainers, graduate assistant athletic trainers, and undergraduate athletic trainers, must sign the attached medical provider statement acknowledging that they:
 - a) will provide athletes with the NCAA Concussion Fact Sheet and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
 - b) have read, understand, and will follow the CU Concussion Management Protocol
 - 4) The Head Athletic Trainer will coordinate the distribution, educational session, signing, and collection of the necessary documents. The signed documents will be kept in the student-athlete's medical file which is kept in the main athletic training room.
 - 5) The Director of Athletics and the Head Athletic Trainer will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and coaches. The signed documents, along with the established *CU Concussion Policy* will be kept on file in the main athletic training room. A copy of the *CU Concussion Policy* will also be distributed to every coach, athletic trainer, and graduate assistant athletic trainer at the beginning of every school during the athletic department in-service day, which is held at the beginning of every August.
 - 6) The Director of Sports Medicine will coordinate an annual meeting to review and update the Concussion Policy with the medical staff. Any changes made to the policy will go into effect on August 1 of that year.

CU Concussion Management Protocol

A concussion occurs when there is a direct or indirect trauma to the brain. As a result, momentary impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

- 1) Concussion management begins with **pre-season baseline testing**. Every student-athlete in the sports baseball, basketball (men and women), cheerleading, cycling, football, golf, soccer (men and women), softball, tennis, volleyball, and wrestling must receive a pre-season baseline assessment for concussion involving a Balance Error Scoring System (BESS) and neuropsychological testing (computerized ImPACT test).
 - a. BESS and ImPACT testing will be conducted by the athletic training staff as part of every student-athletes pre-participation physical exam.
 - b. In the event of a suspected concussion, the student athlete will be re-assessed and compared to pre-season baseline measures according to the outlined protocol below.

- c. The respective team's athletic trainers will keep a copy of baseline BESS and ImpACT scores on file so they can have easy access for to them at all times.
- 2) An athlete suspected of sustaining a concussion will be evaluated by the team's athletic trainer using a general signs and symptoms concussion evaluation, a symptom checklist, and BESS. Should the team physician not be present, the athletic trainer will notify the team physician ASAP to develop an evaluation and treatment plan. Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post injury, 24 hours, 48 hours, etc.). The presence or absence of symptoms will dictate the inclusion of additional neurocognitive and balance testing.
 - a. Athletes will be provided with written home instructions upon discharge; preferably with a roommate, guarding, or someone that can follow the instructions.
- 3) Any student-athlete diagnosed with a concussion **shall not return** to activity for the remainder of that day. Medical clearance will be determined by the team physician or combination of team physician and athletic trainers involved with management of the concussion.
 - a. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.
- 4) Once asymptomatic for 1 day and post-concussion ImpACT and BESS scores have returned to 95% of baseline scores, the physician can instruct the athletic trainer to begin the *exertional return to play (ERTP) protocol* (see below).

If at any point during this process the athlete becomes symptomatic the athlete will be required to be asymptomatic for 1 additional day before they can begin the ERTP again.

Exertional Return to Play Protocol

This exertional protocol allows a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs/symptoms during and after each exertional activity.

The following steps are not ALL to be performed on the same day. In some cases, steps 1-6 may be completed on the same day, but typically will occur over multiple days. Steps 6 and 7 will each be performed on separate and subsequent days.

- 1) 10 min on stationary bike (10-14 mph)
- 2) 10 min continuous jogging on treadmill (4-6 mph)
- 3) Strength training (i.e. push-ups, sit-ups, squat thrusts)
- 4) Advanced cardiovascular training: sprint activities
- 5) Advanced strength training: weight lifting exercises
- 6) Sport specific agility drills (no risk of contact)
- 7) Limited, controlled, Non-contact return to practice
- 8) Full sport participation return to practice

No athlete can return to full activity or participation in practice or competitions until they are asymptomatic and cleared by the team physician.

References

1. University of North Carolina at Chapel Hill Sport Concussion Policy. Available at http://www.ncaa.org/wps/wcm/connect/50fd868043a7aa0aa3a9a36bc87ae7/UNC+Concussion+Policy_8-1-10.pdf?MOD=AJPERES&CACHEID=50fd868043a7aa0aa3a9a36bc87ae7
2. University of Georgia Concussion Management Guideline. Available at <http://www.ncaa.org/wps/wcm/connect/d9194f804351dec387f8876bc87ae7/UGAA+concussion+management+guidelines+2010.pdf?MOD=AJPERES&CACHEID=d9194f804351dec387f8876bc87ae7>