#### Reed Concussion Protocol

When a player is suspected of having a head injury under your care and supervision, or if a player or parent reports to you that their son/daughter has concussion like symptoms, please complete the following steps in the order they are listed...

- 1. Seek appropriate attention for the player. The player may not return until cleared by the Reed athletic department.
- 2. Physically hand the player/family the concussion protocol packet. Copies have been placed in your mailbox. Please have them available at practices and competitions.
- 3. Email the athletic department (Jennifer Ritch, Ryan Sims, and Cindy McDaniels) the name of the student and a description of what happened.
- 4. Call the parent the same day of the incident.
- 5. The athletic department will take it from this point. Please do not accept doctor notes. Please have the player turn the doctor note into Cindy McDaniels. The athletic department will notify you when the player has been cleared.
  - To learn more about what we do on our end please take a couple moments to read through the protocol packet.

One last thing to ask of you...

Please call home on <u>any</u> minor to major injuries. For example, a player was hit in the eye and the coach didn't see it, but saw the player crying. The player filled the coach in about what happened. The player said she was OK, but then went home and started to experience some symptoms stemming from this impact. Mom was out of town, so didn't find out for a couple of days and the coach didn't reach out to mom about the, what occurred to be, a "minor" injury. This ended up sending the player into the concussion protocol and mom felt that she was not communicated with in a timely manner. Player has been out for 3 weeks now. Please shoot a call home when a player gets nicked up or injured at practice or a game.

Thank you all for assisting in this process. <u>Please make sure all of your coaches and volunteers are aware</u> of this policy. Please always error on the side of safety.



## Reno Orthopedic Clinic Concussion Management Policy and Protocol

The Reno Orthopedic Clinic Concussion Management Program is a very conservative program for returning athletes to sports after sustaining a concussion injury. It is in line with the recommendations by the Center for Disease Control (CDC), the American College of Sports Medicine (ACSM), National Athletic Trainers Association (NATA), the American Medical Society for Sports Medicine (AMSSM), and the 2012 Zurich Consensus Statements.

Listed below is the sequence of steps the ROC Concussion Management Protocol requires of participating sports teams.

#### DAY OF INJURY

- The athlete is suspected of having a concussion. The athlete CANNOT RETURN TO PLAY ON THE SAME DAY. The athlete is taken out of play.
- The athlete will be evaluated for cervical spine injury, serious brain injury, and will be transported to a hospital emergency department for further medical evaluation if indicated. This examination on the field or sideline will be completed by a coach or certified athletic trainer (ATC) if available.
- The coach or ATC will evaluate for signs and symptoms of a concussion with the use of the ImPACT Sideline Concussion Recognition Tool.
- Review and hand out Concussion Home Care Instructions to the responsible adult/guardian who will stay with the athlete over the next 24 hours.

## Post-Injury Care (the athlete has symptoms)

- · Physical and mental rest. The athlete is not allowed to return to play or any strenuous activity.
- The coach or parent must notify school athletic trainer and/or school nurse, or assigned ROC athletic trainer of the injury. Accommodations will be made as needed.
- Post-Injury ImPACT Test completed at ROC within 2-3 days of the injury.
- Evaluation with a medical provider within 2-3 days of the injury.
- · Re-assess symptoms using the ImPACT Post Concussion Scale daily.
- When the athlete is symptom free and ImPACT scores have normalized, proceed with the return to play process.



## Return to Play Procedure

- Full medical evaluation by the athlete's medical provider overseeing the concussion.
- Re-take the ImPACT concussion test at ROC-results must be near or at normal/baseline.
- Must provide a doctor's note to the sports program releasing the athlete to non-contact Return to Play procedure (listed below). The doctor's note should have a date of return written on it and an original signature.
- The athlete proceeds with gradual return to full participation as outlined by the Return to Play Progression (CDC Guidelines). If symptoms re-occur, the athlete cannot return until symptoms subside.
- After gradual non-contact return to play, if still symptom free, the athlete may return to full participation. (Please refer to chart listed below.)

Day	Exercise	Date	Completed/ Comments	Supervised by
0	Back to school with or without academic restrictions as determined by medical provider. No significant physical exertion, light walking is ok.			
1	Light aerobic exercise (walking briskly or stationary cycling) keeping exercise heart rate below 70% of maximum predicted heart rate for up to 30 minutes. No re- sistance training.			
2	Sport-specific exercise, any activities that incorporate sport-specific skills. Moderate jogging and brief running. Weight-lifting at moderate intensity (<50% previous max ability). No use of head activities.			
3	Non-contact training drills. Full running and high-intensity stationary bicycling. Resume regular weight-lifting routine.			
4	Full contact practice. Participate in normal practice activities.			
5	Resume full participation in competition.			



# ROC Concussion Management Home Care

Your athlete was taken out of sport participation due to a suspected concussion or mild traumatic brain injury. There are several things to do at home to monitor and manage this type of injury. It is important that the athlete is observed closely for the next 24-48 hours. If the signs or symptoms worsen or change please call 911 and/or go to the nearest emergency room department.

# Signs & symptoms that may be observed:

- Severe headache (deep throbbing)
- Dizziness or loss of coordination
- Temporary loss of memory; confusion
- Ringing in the ears (Tinnitus)
- Blurred or double vision
- Unequal Pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- · Slurred Speech
- Convulsions or tremors
- Sleepiness or grogginess
- Emotional changes
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused from sleep
- Neck pain, extremity numbness or tingling or loss of function, back pain (call 911, do not move)

#### Home Care:

- Avoid taking medications except Acetaminophen (Tylenol).
- Rest, but resume normal activities of daily living as tolerated. Try to follow a regular sleep routine (no napping).

- Avoid activities involving exertion or that increase symptoms.
- Avoid television, video games, cell phone use, or time in front of a computer.
- Academics may need to be modified if they cause symptoms.
- Avoid ingesting alcohol, illicit drugs, or other substances that interfere with cognitive function (including caffeine).
- Parents may check in on the athlete while sleeping but allow him/her to rest. There is no need to wake up your son/daughter during regular sleep.

## Long Term Care:

- The athlete must obtain a doctor's note stating it is safe for the athlete to begin a progression toward full participation.
- The ImPACT test will be administered 2-3 days post injury. Results will be read and interpreted by the CIC ImPACT physician, Dr. Naomi Albertson.
- Once both the exam by the athlete's doctor AND the Impact test are normal the athlete will begin a five day progression into full participation.
- If the athlete remains symptom free during this progression, he/she may return to full sport activity.



## ImPACT Sideline Reference

## On-field Cognitive Testing

#### Orientation

Ask the athlete the following questions:
What stadium/rink is this?
What city is this?
What

What month is it? What day is it?

Who is the opposing team?

Anterograde amnesia

Have the athlete repeat the following words: 
 girl, dog, green 
 Cat, blue, boy

#### Retrograde amnesia

Ask the athlete the following questions:
What happened in the most recent quarter/period?
What do you remember Just before you were hit?
What was the score of the game just before you were hit?
Do you remember the hit?

#### Concentration

Ask the athlete to...

Repeat the days of the week backward, starting with today.

Repeat these numbers backwards; © 63 (36 is correct) 419 (914 is correct) 971 (17 is correct) 956 (659 is correct)

#### Word list memory

Ask the athlete...

Can you tell me the three words I asked you to remember earlier? . 

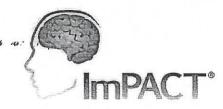
girl, dog, green cat, blue, boy

- Any fallure should be considered abnormal.
- Consult a physician following a suspected concussion.



Flip for Concussion Signs & Symptoms





## **Concussion Signs and Symptoms**

## Signs observed by the staff

- Appears to be dazed or stunned
- · s confused about assignment
- Forgets plays
- Is unsure of rules, scores, or opponent
- Moves clumsily
- · Answers questions slowly
- Loses consciousness, even briefly
- Shows behavior or personality change
- Forgets events prior to being hit (retrograde)
- Forgets events after being hit (anterograde)

## Symptoms reported by athlete

- · Headache
- · Nausea
- · Dizziness or lightheadedness
- · Problems with balance
- · Double or fuzzy vision
- · Sensitivity to light or noise
- · Feeling sluggish
- · Feeling "foggy"
- · Change in sleep pattern
- Problems with concentration or memory
- Symptoms may worsen with exertion.
- Athlete should not return to play until symptom-free.





1.877.646.7991













Flip for ImPACT Sideline Reference





VALID | RELIABLE | SAFE

SEVERITY RATING

Please use this scale to rate each symptom.

Total

Moderate Severe

DA	TI	F	N	T	5	NA	M	E:	
8 6		1	1 4		~	3 4 1 3			-

# POST-CONCUSSION SYMPTOM SCALE

0 , 1 2 3 4 5 6	D. (-)	Date:	Date:	Date:	Date:	Date:	Date:
Symptoms	Date:	Date.	Jaco				
Headache							
Nausea							
Vomiting					The state of the same of		
Balance Problems	1			MALE E E			
Dizziness (spinning or movement sensation)							
Lightheadedness		agent as a state of the	The state of the s				
Fatigue				W Ass		r en	100
Trouble falling asleep			2.98.05				
Sleeping more than usual					- 184 July 1	-7-15	
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Drowsiness				1.23 4.9			
Sensitivity to light	la de la	Light Shirthan This is -					
Sensitivity to noise							
Irritability	4						
Sadness					ole Albatech	. n.	
Nervous/Anxious		THE STREET					
Feeling more emotional				- 33	and the second	an	1-1
Numbness or tingling						1	
Feeling slowed down							
Feeling like "in a fog"							
Difficulty concentrating							The Date of the Control
Difficulty remembering							
Visual problems		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Other							
Takal					ı		

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