# SUNY Cobleskill – Depart of Sport and Exercise Concussion Management Policy

SUNY Cobleskill team physician-directed concussion management plan:

The following protocol has been established to adequately protest the athlete from further harm following a concussion in accordance with the International Conference on Concussion in Sport, Zurich 2008.

SUNY Cobleskill maintains a standardized physician-directed concussion management plan that can be rapidly implemented in the advent of need. Athletes who sustain a witnessed traumatic head injury or who are suspected to have sustained a concussion will initially be evaluated by one of the certified athletic trainers employed through SUNY Cobleskill. If the athlete meets criteria (as mandated by the ImPACT guidelines), the athletic trainer will then directly communicate with Barb Perry, PA., who will oversee the initial phases of medical evaluation and formulation of progressive treatment strategies. If further neurologic workup or medical evaluation is deemed necessary, this will be requested at the supervising physician's discretion. Providers who are eligible to participate in ongoing care of the head injured athlete include medical providers, as delegated by the overseeing physician. If ongoing care is deferred to collaborative physicians or specialists, the SUNY Cobleskill team physician will remain involved in any significant decisions regarding that athlete's return to play or ongoing restrictions.

Prior to the start of each season:

SUNY Cobleskill student-athletes are required to sign a statement in which the student-athletes accept the responsibility for reporting their injuries and illnesses to the athletic training staff including signs and symptoms of a concussion.

All incoming freshman and transfer student-athletes are required to complete a concussion baseline assessment prior to the start of their first practice with Health Care Professionals trained to administer this testing. This testing will be done by completing an ImPACT Baseline and Sway Baseline. If a concussion occurs, follow-up exams will be given once asymptomatic to compare the results to the baseline exams. This software enables the athletic healthcare team to track and document the injury and the recovery process more efficiently.

Prior to the start of each academic year the concussion policy will be reviewed with the coaching staff. The coaching staff will be provided with educational materials regarding concussions and observe a video on concussions. Coaches will be educated that in situations where a concussion is suspected, their primary role in the process, if an athletic trainer is not present, is to remove the student athlete from activity and ensure that the athlete is seen by a certified athletic trainer or physician.

# Time of injury:

An evaluation will be completed by a qualified athletic healthcare staff member and will include assessment of airway, breathing and circulation followed by an assessment of the cervical spine and skull. The sideline evaluation will also include a SCAT 3 neurological assessment, mental status examination and symptom checklist and neurocognitive testing with SWAY Balance assessment.

Once the initial assessment has been made a plan of action will be made. An athlete with a concussion should be referred to a physician on the day of injury if he or she lost consciousness, experienced amnesia lasting longer then 15 minutes, or meets any of the criteria outlined below:

# **Physician Referral Checklist**

#### Day-of-injury referral

- 1. Loss of consciousness on the field
- 2. Amnesia lasting longer than 15 min
- 3. Deterioration of neurologic function\*
- 4. Decreasing level of consciousness\*
- 5. Decrease or irregularity in respirations\*
- 6. Decrease or irregularity in pulse\*
- 7. Increase in blood pressure
- 8. Unequal, dilated, or un-reactive pupils\*
- 9. Cranial nerve deficits
- 10. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding\*
- 11. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation\*
- 12. Seizure activity\*
- 13. Vomiting
- 14. Motor deficits subsequent to initial on-field assessment
- 15. Sensory deficits subsequent to initial on-field assessment
- 16. Balance deficits subsequent to initial on-field assessment
- 17. Cranial nerve deficits subsequent to initial on-field assessment
- 18. Post concussion symptoms that worsen
- 19. Additional post concussion symptoms as compared with those on the field
- 20. Athlete is still symptomatic at the end of the game

#### Delayed referral (after the day of injury)

- 1. Any of the findings in the day-of-injury referral category
- 2. Post concussion symptoms worsen or do not improve over time
- 3. Increase in the number of post concussion symptoms reported
- 4. Post concussion symptoms begin to interfere with the athlete's daily activities (i.e., sleep disturbances or cognitive difficulties)

# \*Requires that the athlete be transported immediately to the nearest emergency department

A SUNY Cobleskill student athlete that is evaluated and is determined to have a concussion shall be withheld from competition or practice and will not return to activity for the remainder of that day. The athlete will be monitored by the athletic training staff for the deterioration of condition. All athletes that sustain a concussion will be provided with written home instructions upon discharge.

#### **Evaluation documentation:**

A record of what happened will be documented on the injury tracking system, SPORTSWARE as well as impact/Sway. This will include history of event, LOC, amnesia, confusion, post concussion symptoms and time to resolution.

#### Follow up evaluation:

The athlete will complete an ImPACT post-injury test and SWAY Balance within 24-48 hours of injury once asymptomatic. From that point forward the athlete will be re-assessed daily by the athletic healthcare staff, this will include completion of the symptom checklist until athlete is completely asymptomatic and scores return to baseline. Once the athlete is asymptomatic, ImPACT testing posttests and SWAY balance testing will be done to ensure that both neurocognitive function and balance have returned to baseline.

### **Injury – Return to play timeline**

- ➢ Injury/Incident
  - Refer to physician if athlete meets any referral requirements.
- ImPACT Testing & SWAY Balance testing within 24-48hrs of incident once asymptomatic.
  Results are reviewed by athletic training staff & team physician.
- > Athlete presents asymptomatic with: symptom score, ImPACT, & SWAY.
  - Results are reviewed by athletic training staff & team physician.
- ➢ 6 Step return to play progressive exertion
  - Results are reviewed by athletic training staff & team physician
  - Athlete is asymptomatic following full contact practice.
- > Return to participation/competition with no restrictions.

If athlete's symptoms do not resolve within 7 days of initial concussion, a referral to a specialist/neurologist will be made. Referral to specialist will be required of any athlete who sustains a  $2^{nd}$  concussion within 3 month period of previous concussion.

# **Return to Play:**

Once the athlete completes an ImPACT follow up post-test & SWAY and is shown to be completely asymptomatic for 24 hours, the return to play progression shall occur. This will include graded steps of progressive physical exertion. See Guideline below.

# **Guidelines for Return to Play after a Concussion**

The athlete must remain symptom free from one step to the next in order to progress with a minimum of 24 hours between each step. Upon completion of each step the athlete is to complete the symptom checklist. If at any point in the return to play progression the athlete reports symptoms they will return to STEP 1 of the return to play progression.

- 1. No activity- Asymptomatic for 24 hours ImPACT Testing will be done along with SWAY to establish athlete being asymptomatic.
- 2. Low intensity aerobic exercise for 15-20 minutes (i.e. stationary bike, elliptical). No resistance training.
- 3. Moderate intensity aerobic exercise 15-20 minutes (i.e. jog) and "sport specific" noncontact/head impact training.
- 4. Non-Contact practice with progressive resistance training
- 5. Unrestricted training
- 6. Return to full participation/competition.

Previous concussions and factors that would seem to place an athlete at risk for reoccurrence must be considered in return to play decisions. These can be any of the following; previous history of concussions, a concussion 3 months prior to current incident, a concussion resulting in any or a prolonged loss of consciousness, and an athlete's specific sport/position. If the athlete digresses at any point in time, return to play/practice may be delayed upon further review.

### SUNY Cobleskill Concussion Management Policy Coaches Information Sheet

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Coaches will be educated that in situations where a concussion is suspected, their primary role in the process, if an athletic trainer is not present, is to remove the student athlete from activity and ensure that the athlete is seen by a certified athletic trainer or physician.

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Previous concussions and factors that would seem to place an athlete at risk for reoccurrence must be considered in return to play decisions. These can be any of the following; previous history of concussions, a concussion 3 month prior to current incident, a concussion resulting in any or prolonged loss of consciousness, and an athletes sport/position. If any athlete meets any of criteria that raise a concern by the athletic healthcare team that the safety of the athlete could be jeopardized by participating, there may be additional delay/testing necessary prior to return to play at the discretion of the healthcare team.

It is the priority of the athletic healthcare team to maintain the safety of all the student-athletes participating at SUNY Cobleskill. We appreciate all the coaches'/administration's support and cooperation in following all of our policies and procedures related to the management of concussions.

# SUNY Cobleskill Athletic Training Concussion Information: Home Instruction Sheet

Name
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Date\_\_\_\_\_

You have sustained a traumatic brain injury or concussion and need to be monitored closely for the next 24-48 hours.

It is NOT RECCOMENDED to: EXERCISE Drink Alcohol Drive a car/motorcycle Take Aspirin/Aleve/Advil or any other NSAID Play video games Watch excessive amounts of television Read or work on computer, cell phone usage Stay up late

#### It is **RECOMMENDED** to:

REST until all symptoms resolve Take breaks in doing school work Eat well and Hydrate Get a good nights sleep Wear sunglasses Take Tylenol (If necessary to sleep) Remove all stimulus: visual and auditory Rest in a dark room

# Additional Considerations/Recommendations:

Contact your professors regarding any upcoming: Assignments, Examinations, Tests, and/or Quizzes. Inform them that you have sustained a concussion which may require some additional time to fulfill any classroom obligations. If your professors require any additional documentation regarding your condition speak with your athletic trainer. You can also provide your professors with the following email addresses for them to express any concerns or questions regarding your condition.

Mary J. Irving: <u>irvingmj@cobleskill.edu</u> Kyle Liang: liangke@cobleskill.edu

You need to be seen for a follow-up examination at: \_\_\_\_\_ AM/PM at: \_\_\_\_\_.

WATCH FOR ANY OF THE FOLLOWING PROBLEMS:		
Worsening headache	Stumbling/loss of balance	
Vomiting	Weakness in one arm/leg	
Decreased level of Consciousness	Blurred Vision	
Dilated Pupils	Increased irritability	
Increased Confusion	•	

If you have any concerns or if any of these symptoms worsen, contact your athletic trainer or physician. Athletic Trainer \_\_\_\_\_ Phone \_\_\_\_\_

**\*\***If there is a situation that requires immediate medical attentions DO NOT call your athletic trainer, Contact Campus Safety. (518) 255-5555. Or Ext 5555\*\*