Concussion Management Policy

What is a concussion?
A concussion is an injury to the brain caused by a blow to the head. This injury caused the brain not to function normally for a period of time. Concussions may be referred to as mild traumatic brain injuries and get better with time. However, occasionally there can be a more significant problem, and it is important that the symptoms from a concussion be monitored. When you suffer this injury, you may have problems with concentration and memory, notice an inability to focus, feel fatigued, have a headache or feel nauseated. Bright lights and loud noises may bother you. You may feel irritable or have other symptoms.

What are signs and symptoms of a concussion?
Concussions can affect each individual differently; however, common signs and symptoms can occur. These signs and symptoms include, but are not limited to:

1. Loss of consciousness
2. Seizure or convulsion
3. Amnesia
4. Headache
5. “Pressure in head”
6. Neck Pain
7. Nausea or vomiting
8. Dizziness
9. Blurred vision
10. Balance problems
11. Sensitivity to light
12. Sensitivity to noise
13. Feeling slowed down
14. Feeling like “in a fog”
15. “Don’t feel right”
16. Difficulty concentrating
17. Difficulty remembering
18. Fatigue or low energy
19. Confusion
20. Drowsiness
21. More emotional
22. Irritability
23. Sadness
24. Nervous or anxious

*Any athlete with a suspected concussion should be removed from play, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

Memory Function - Failure to answer all questions correctly may suggest a concussion:

1. “At what venue are we at today?”
2. “Which half is it now?”
3. “Who scored last in this game?”
4. “What team did you play last week / game?”
5. “Did your team win the last game?”

Balance Testing - Instructions for tandem stance:

“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.” Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more that 5 seconds) then this may suggest a concussion.
Concussion Management Guidelines

1. When a Sacramento State Sport or Recreation Club student-athlete shows any signs, symptoms, or behaviors of a concussion, the athlete will be removed from practice or competition until further evaluation by the club’s athletic trainer or a physician.

2. On field evaluation of an injured athlete will be assessed and treated by the club’s athletic trainer, safety officer, or coach. Initial determination must be made for disposition to sideline treatment or transport to the local emergency department. If sideline treatment is deemed appropriate, then assessment will resume off the field.

3. On the sideline, assessment may consist of the SCAT 3 assessment (comprising symptom evaluation, memory function, and balance testing with the M-BESS), cranial nerve assessment, and motor & sensory function.

4. If during the course of participation in any Sport Club or Recreation Club activity, a participant is deemed to show any signs of a concussion or other head injury, that participant shall not be allowed to return to club activity until medical clearance has been obtained from a medical doctor. This clearance in written form, signed by a medical doctor, shall be provided to the Sport Clubs Advisor (CSUS, Student Organizations & Leadership, 6000 J Street, Sacramento, CA 95819-6009) in order to reinstate Sport Club and Recreation Club participation. Once this form is approved by Sport Clubs Advisor, the participant can begin the Return to Play procedures and subsequent Graduated Return to Play Protocol (GRPP) outlined below.

Return to Play (RTP)

The participant must be symptom free for at least 24 hours before starting the Graduated Return to Play Protocol (GRPP). Each stage is about 24 hours or longer. The participant can advance to the next level only if asymptomatic for 24 hours and they cannot be on any symptom modifying medications (including Tylenol). If symptoms occur, they must drop back to the previous asymptomatic level. They may try to progress again in 24 hours after recompletion of their asymptomatic level. The participant should be monitored by the club’s Safety Officer and coaches before proceeding to each rehabilitation stage outlined below.

Graduated Return to Play Protocol (GRPP)

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage</th>
<th>Objective of each stage</th>
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<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical &amp; cognitive rest</td>
<td>Recovery</td>
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<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming, or stationary cycling keeping intensity &lt; 70% MPHR. No resistance training</td>
<td>Increase HR</td>
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<td>3. Sport-specific exercise</td>
<td>Skating drills in hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
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<td>4. Non-contact training drills</td>
<td>Progression to more complex training drills (e.g. passing drills in football) May start progressive resistance training</td>
<td>Exercise, coordination, &amp; cognitive load</td>
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<td>5. Full contact practice</td>
<td>Following medical clearance, participate in normal training activities</td>
<td>Restore confidence &amp; assess functional skills by coaching staff</td>
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<td>6. Return to play</td>
<td>Normal game play</td>
<td></td>
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