Concussion Management Policy

What is a concussion?

A concussion is defined as a "trauma-induced alteration in mental status that may or may not involve loss of consciousness". This can be caused by a bump, blow or jolt to the head or by a hit to the body. The impact produces a force that is applied to the skull, which results in a rapid acceleration and deceleration of the brain.

What are the 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 must 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 suspected of a concussion can return to sports participation without physician clearance from Student Health & Counseling Services (SHCS) at Sacramento State.

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?”
Concussion Management Guidelines

6. 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 a Student Health and Counseling Services (SHCS) medical provider and/or SHCS athletic trainer.

7. On field evaluation of an injured athlete will be assessed and treated by the athletic trainer on site, safety officer, president, or coach/instructor. 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.

8. For sport clubs, on the sideline, the club’s safety coach will facilitate a post-injury test through Sway Medical.

For sport clubs and recreation clubs, an additional assessment may also take place and consist of the SCAT 5 assessment, which would be administered by a certified athletic trainer. The certified athletic trainer administered sideline assessment will include: Recognition of any red flags; Recording of observable signs, memory assessment, Glasgow coma scale (GCS), and cervical spine assessment.

9. The sport and recreation club must report the suspected head injury to the Student Organization and Leadership office and the SHCS Athletic Trainer:

   a) The coach/instructor, president, and safety officer will first notify the Sport Clubs Professional Staff and the SHCS Athletic Trainer as soon as possible and within 12 hours via email.

   b) The safety officer or president will complete and turn in an injury report and any other supplemental assessment paperwork (e.g. SCAT 5 assessment) detailing the injury and immediate management to the Sport Clubs Office within 24 hours. If the injury occurs on a Saturday, the injury report is due the following Monday.

   c) Athlete must go to Student Health and Counseling Services at Sacramento State and see one of their medical providers or their athletic trainer. The medical provider and athletic trainer will work in conjunction with one another to provide appropriate care for the athlete.

   d) Diagnosis: No Concussion. Verification that the student can resume sports activity will be included in an email to the coach/instructor, president and safety officer.

   e) Diagnosis: Concussion. Athlete is required to follow up with the SHCS athletic trainer and follow management/treatment protocol until completion of the Graduated Return to Play Protocol (GRPP) outlined below. Upon completion of the GRPP, SHCS Athletic Trainer will facilitate an appointment with a SHCS medical provider for clearance.

   f) Clearance letters: This clearance in written form, signed by a SHCS medical provider, shall be provided to the SHCS athletic trainer in order to initiate reinstatement to sport club and recreation club participation. Verification that the student can resume sports activity will then be included in an email to the coach/instructor, president and safety officer once the student is officially cleared to resume participation. This email is to ensure there is a closed loop communication from the initial incident to the clearance for full RTP.
Return to Learn Protocol (RTL)

1. The Return to Learn process is a gradual approach to returning the student-athlete back into classroom activities. The Return to Learn process encompasses step 1 of the “Return to Play” progression. The process is very individualized based on the evaluation and presentation of the student athlete.
2. Once the student is diagnosed with a concussion the treating physician will give a written note stating the restrictions and/or modifications needed for the student, both physically and academically.
3. There is no specific time frame for each step or progression. The progression is dependent primarily on how student responds symptomatically to increase in cognitive load.
4. Once the student has completed the RTL protocol, they will be able to progress into the RTP protocol.

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Classroom/Coursework Activity</th>
<th>Objective of Each Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full cognitive rest/academic rest</td>
<td>None</td>
<td>Cognitive rest and recovery</td>
</tr>
<tr>
<td>2. Light academic activity</td>
<td>Limited attendance, light assignment completion</td>
<td>Slow increase in cognitive stress with no symptoms</td>
</tr>
<tr>
<td>3. Increased academic activity</td>
<td>Increased attendance, increase in assignment completion</td>
<td>Slow increase in cognitive stress with no symptoms</td>
</tr>
<tr>
<td>4. Full-time attendance</td>
<td>Single class exceptions as necessary (i.e.; P.E., labs)</td>
<td>Slow increase in cognitive stress/increase in confidence with no symptoms</td>
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<tr>
<td>5. Full academic program (full time attendance of classes, testing resumes)</td>
<td>Full return</td>
<td>Full return with no symptoms</td>
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Graduated Return to Play Protocol (GRPP)

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 Certified Athletic Trainer with Student Health & Counseling Services before proceeding to each rehabilitation stage outlined below.
<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Functional exercise at each stage</th>
<th>Objective of Each Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Activity</td>
<td>Complete physical &amp; cognitive rest</td>
<td>Recovery</td>
</tr>
<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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<tr>
<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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<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>6. Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

**References**


- Sacramento State Athletics’ Concussion Management Guidelines  

- Sway Medical Website  
  [https://swaymedical.com/](https://swaymedical.com/)

- Southeast Athletic Trainers’ Association Website  
  [https://www.seata.org/concussions](https://www.seata.org/concussions)