



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 applied to the skull, resulting in rapid acceleration and deceleration of the brain.

What are the signs and symptoms of a concussion?

Concussions can affect everyone differently; however, common signs and symptoms can occur. These signs and symptoms include, but are not limited to:

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| 1. Loss of consciousness | 13. Feeling slowed down |
| 2. Seizure or convulsion | 14. Feeling like "in a fog" |
| 3. Amnesia | 15. "Don't feel right" |
| 4. Headache | 16. Difficulty concentrating |
| 5. "Pressure in head" | 17. Difficulty remembering |
| 6. Neck Pain | 18. Fatigue or low energy |
| 7. Nausea or vomiting | 19. Confusion |
| 8. Dizziness | 20. Drowsiness |
| 9. Blurred vision | 21. More emotional |
| 10. Balance problems | 22. Irritability |
| 11. Sensitivity to light | 23. Sadness |
| 12. Sensitivity to noise | 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 concussion can return to sports participation without physician clearance from Student Health, Counseling, & Wellness Services (SHCWS) and the SHCWS Certified Athletic Trainer (ATC) 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

1. If a Sacramento State sport or recreation Club athlete sustains an injury that results in 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, & Wellness Services (SHCWS) medical provider and/or SHCWS Certified Athletic Trainer (ATC).
2. On site evaluation of an injured athlete will be assessed and managed by the following order: ATC (if on site), safety officer (SO), president, and/or coach/instructor. Initial assessment will determine if sideline treatment or transport to the local emergency department is appropriate. If sideline treatment is deemed appropriate, then assessment will resume off the field or site in which the event is taking place.
3. For sport club athletes that have completed a baseline concussion test, the club's SO or president will facilitate a post-injury test through Sway Medical on the sidelines. In addition to a sideline Sway medical post injury test, the Certified Athletic Trainer (if present) will also conduct a SCAT-6 assessment.
4. **Procedure for reporting a suspected concussion:**
 - a) The coach/instructor, president, and SO will first notify the Sport Clubs Reporting Team (SCRT)¹ or Combat U Reporting Team (CRT)² and the SHCWS ATC within 12 hours via email that a suspected concussion has occurred and include the athletes name for follow up purposes.
 - b) The SO or president will complete an online injury report detailing the injury and immediate management within 24 hours.
 - c) The injured athlete must follow up with SHCWS to be seen as soon as possible for further assessment and management by a medical provider and/or the SHCWS ATC. The medical provider and ATC will work in conjunction with one another to provide appropriate care for the athlete.
 - d) **Diagnosis: No Concussion.** Verification that the student can resume full, unrestricted practice and game activity will be included in an email to the SCRT or CRT, coach/instructor, president and SO.
 - e) **Diagnosis: Concussion.** Athletes must follow up with the SHCWS ATC to begin management protocol until completion of the Graduated Return to Play Protocol (GRPP) outlined below. Upon completion of Stage 4 of the RTP protocol, ATC will facilitate an appointment with a SHCWS medical provider for clearance to progress to Stage 5 (unrestricted practice). An email will be sent to SCRT or CRT, coach/instructor, president and SO that the athlete is cleared for unrestricted practice, but no game participation yet. After completion of a full contact practice with no return of symptoms the ATC will send out an additional email to the SCRT or CRT, coach/instructor, SO and president that the athlete is cleared for full, unrestricted practice and game participation.

Details: Return to Learn Protocol (RTL)

The Return to Learn process is a gradual approach to returning the athlete back into classroom activities. The Return to Learn process encompasses step 1 of the "Return to Play" progression.

¹ Sport Clubs Reporting Team (SCRT): Sport Clubs Professional Staff

² Combat U Reporting Team (CRT): Combat U Director of Operations

1. Once the student is diagnosed with a concussion, the treating physician will assist in outlining restrictions and/or modifications needed for the athlete academically. The ATC will help facilitate communication with the athlete's professors, with the consent and help of the athlete to access their professors' contacts.
2. There is no specific time frame for the RTL protocol. It depends mainly on how the athlete and their symptoms respond to an increase in academic load.
3. Once the student has completed the RTL protocol, they can progress into the RTP protocol.

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

Details: Return to Play Protocol (RTP)

The participant must be symptom free for at least 24 hours before starting Stage 2 of the RTP protocol. 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 SHCWS ATC before proceeding to each rehabilitation stage outlined below.

Rehabilitation Stage	Functional exercise at each stage	Objective of Each Stage
1. No Activity	Complete physical & cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, or stationary cycling keeping intensity < 70% MPHR. No resistance training	Increase HR

Rehabilitation Stage	Functional exercise at each stage	Objective of Each Stage
3. Sport-specific exercise	Skating drills in hockey, running drills in soccer. No head impact activities	Add Movement
4. Non-contact training drills	Progression to more complex training drills (e.g. passing drills in football) May start progressive resistance training	Exercise, coordination, & cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence & assess functional skills by coaching staff
6. Return to play	Normal game play	

References

[Article from the Journal of Athletic Training - National Athletic Trainers' Association Position Statement: Management of Sport Concussion](https://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf)

(https://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf)

[Sacramento State Athletics' Concussion Management Guidelines](http://www.hornetsports.com/information/sportsmedicine/Concussionupdatejuly2015.pdf)

(<http://www.hornetsports.com/information/sportsmedicine/Concussionupdatejuly2015.pdf>)

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

[Southeast Athletic Trainers' Association Website](https://www.seata.org/concussions) (<https://www.seata.org/concussions>)