



Delaware State University

University Area(s) Responsible: Athletics

Policy Number & Name: 11-02: Sport Concussion Policy

Approval Date: 1/30/2013

Revisions: _____

Reviewed: _____

Related Policies & Procedures: Athletics Injuries and Blood-Borne Pathogens

I. Purpose

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol has been established for DSU student-athletes suspected of sustaining a concussion.

II. Scope and Applicability

All DSU Varsity Student-Athletes, Cheerleaders and any other students deemed to be under the jurisdiction of the Delaware State University ("DSU") Department of Intercollegiate Athletics.

III. Definitions

- A. Coach** is any person who is designated by the DSU Athletic Department to give feedback or direction during practice, games or organized activities related to a sport and who serves in that capacity on a volunteer or paid basis.
- B. Concussion** is a direct or indirect jarring injury or insult to the brain resulting in disturbance of cerebral function.
- C. Student-athlete** - A student-athlete is a student currently enrolled at DSU whose enrollment was solicited by a member of the athletics staff or other representative of athletics interests with a view toward the student's ultimate participation in the

intercollegiate athletics program. Any other student becomes a student-athlete only when the student reports for an intercollegiate squad that is under the jurisdiction of the Athletics Department, as specified in the NCAA Constitution 3.2.4.5. A student is not deemed a student-athlete solely on the basis of prior high school athletics participation.

IV. Policy

- A. All DSU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached *student-athlete statement* annually acknowledging that:
 1. they have read and understand the *NCAA Concussion Fact Sheet*
 2. they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

- B. All DSU coaches (head coaches and assistant coaches) must read and sign the attached *Coaches Concussion Statement* annually acknowledging that they:
 1. have read and understand the *NCAA Concussion Fact Sheet*
 2. will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
 3. have read and understand the *DSU Concussion Management Protocol*

- C. All DSU team physicians (primary care), athletic trainers, graduate assistant athletic trainers, and undergraduate athletic trainers, must read and sign the attached *Medical Provider Statement* acknowledging that they:
 1. will provide athletes with the *NCAA Concussion Fact Sheet* and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
 2. have read, understand, and will follow the *DSU Concussion Management Protocol*

- D. The Associate Head Athletic Trainer or his or her designee will coordinate the distribution, educational session, signing, and collection of the necessary documents. The associate head athletic trainer will provide the signed concussion forms to each team's respective athletic trainer. It is the responsibility of each athletic trainer to file the concussion document in each student-athlete's chart.

- E. The Senior Associate Athletic Director and Director of Sports Medicine will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and coaches.

- F. The Director of Sports Medicine and or his or her designee will coordinate an annual meeting with each team – prior to the beginning of the season – to review and update the Concussion Policy with the medical staff. Any changes to the policy will be effective August 1 of that year.

V. Procedure

A. DSU Concussion Management Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for DSU student-athletes suspected of sustaining a concussion.

A *concussion* occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of his/her condition or potentially be trying to hide the injury to stay in the game or practice.

1. Concussion management begins with *pre-season baseline testing*. Every new (first-year or transfer) student-athlete will take the ImPACT computer test.
 - a. The respective team’s athletic trainers will be responsible for ensuring that all members have been baseline tested, prior to the first contact practice or contest.
2. A student-athlete suspected of sustaining a concussion will be evaluated by the team’s athletic trainer using the Standardized Assessment of Concussion (SAC), SCAT 2 and / or a post concussion ImPACT computer test. Should the team physician not be present, the athletic trainer will notify the team physician as soon as possible to develop an evaluation and treatment plan.

Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post-injury, 24 hours, 48 hours, etc).

3. Any student-athlete diagnosed with a concussion **shall not return** to activity for the remainder of that day and shall remain out of activity until cleared by a team physician. Medical clearance will be determined by the team physician in

combination with the athletic trainers. In NO case may a student-athlete return to activity while symptomatic from a concussion.

4. In the rare event that an athlete does not have baseline scores, age-matched normative percentile scores will be used for comparison to post-injury scores.

B. Concussion Assessment

The following assessment and return to play plan will be used for all concussions:

NO STUDENT-ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY, NOR WHILE SYMPTOMS REMAIN. ALL ATHLETES MUST BE CLEARED BY THE TEAM PHYSICIAN PRIOR TO RETURN TO PLAY.

1. Baseline ImPACT testing: conducted on each new student-athlete (first-year or transfer) at the beginning of their participation in sport at DSU
2. At time of injury: clinical evaluation & symptom checklist
3. 1-3 hrs post-injury: repeat evaluation & symptom checklist; referral to team physician
4. When available, ImPACT testing will be performed within 48 hours of concussion, preferably prior to being seen by the team physician.
5. Next Day: follow-up clinical evaluation & symptom checklist.
6. All student-athletes with concussion are to be seen by a team physician as soon as possible.
 1. If next available office hours are not within 1 calendar day, ATC will discuss with physician.
7. Follow-up evaluations daily to track symptom recovery.
8. Once athlete becomes *asymptomatic*: Determine athlete's status relative to baseline on the following measures.
 - a. Symptom Assessment (Graded Symptom Checklist)
 - b. SCAT 2
 - c. ImPACT post injury score

The team physician will take into consideration both the clinical exam and a student-athlete's performance on ImPACT testing to determine when the athletic trainer may be instructed to

begin advancing the 6-step graduated return to play (RTP) protocol (see below). This protocol is based upon the 2008 consensus statement on concussion at the Zurich international conference.

6-Step Graduated Return to Play (RTP) Protocol

This RTP protocol allows a gradual increase in activity amount and intensity during the return to play process. The athlete is monitored for any concussion-like signs / symptoms during and after each exertional activity.

In general, each step requires a 24 hour observation period to document the student-athlete's response to the challenge. The student-athlete may only progress to the next level if he or she remains asymptomatic in the 24 hours following the last completed step.

IF AT ANY POINT DURING THIS PROCESS THE ATHLETE BECOMES SYMPTOMATIC, the athlete should return to the previous asymptomatic level and only re-attempt the symptom-provoking step once asymptomatic for 24 hours.

Step 1: Rest

Complete physical and cognitive rest. May try academic activities when asymptomatic and progress to RTP step 2 following participation in classes without return of symptoms.

Step 2: Light aerobic activity

Walking, stationary cycling or swimming keeping intensity < 70% predicted maximum heart rate (eg, 20 minute stationary bike ride at 10-14 MPH). May start attending team meetings / observing practice if asymptomatic during/after aerobic challenge.

Step 3: Sport-specific exercise

60 yard shuttle run x10; Interval bike riding (30 sec sprint at 18-20 MPH with 30 sec recovery at 10-14 MPH x 10). Body-weight circuit (squats / push ups / sit up x 20 x 3). No contact.

Step 4: Non-contact training drills

Are to be performed on sideline or a controlled & monitored area separated from unrestricted team practice. The following are examples of allowable activities.

All

- Agility drills (cones or tires)
- Progressive resistance training & plyometric workouts (10 yard bounding /10 medicine ball throws / 10 vertical jumps x 3)

Baseball / Softball

- Throw arounds
- Slow-toss / tee batting drills

- Light bullpen session.
- Fielding drills NOT involving live batting
- NO base-running

Basketball

- Dribbling / lay ups / shooting drills NOT facing live defense
- NO live defensive drills

Bowling

- Ok for activities

Cheerleading

- NO stunting (flyer or base)
- NO tumbling
- Other routines acceptable

Equestrian

- Walking horses (no riding)
- Horse / stable care.

Football

- Can wear shells, NO helmets
- Passing / receiving / RB / DB drills
- Light 1:1 OL / DL drills
- Kicking / punting drills
- Walk-throughs

Golf

- Ok for activities

Lacrosse

- Passing / shooting drills NOT facing live defense
- NO taking live shots by goalie

Soccer

- Dribbling / shooting drills
- NO taking shots by goalie
- NO heading

Tennis

- Serving drills
- Light volleying
- NO returning regular serves

Track & Field

- Routine sprinting / distance work-outs
- NO hurdles

- NO long jump / high jump / pole vault, other field activities ok

Volleyball

- Serving / setting / bumping drills
- Spiking drills NOT facing live defense
- NO digging / blocking drills

Step 5: Full contact practice

Following medical clearance, unrestricted full contact practice. Assessment of functional skills by athletic training and coaching staff, and monitoring for return of symptoms.

Step 6: Return to game play

Unrestricted play in game

No athlete can return to full activity or competitions until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by the team physician.

VI. Responsibility

It shall be the responsibility of all DSU team physicians (primary care), athletic trainers, graduate assistant athletic trainers, undergraduate athletic trainers, student-athletes and coaches to comply with the provisions of this policy and to encourage student-athletes to report any suspected concussion injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

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Coaches Concussion Statement

- I have read and understand the *DSU Concussion Management Protocol*.
- I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet and reviewing the DSU Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the
Initial medical staff

_____ A concussion can affect the athlete's ability to perform everyday
Initial activities, initial reaction time, balance, sleep and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury

_____ I will not knowingly allow the athlete to return to play in a game or
Initial practice if he / she has received a blow to the head or body that results in concussion related symptoms.

_____ Athletes shall not return to play in a game or practice on the same day
Initial that they are suspected of having a concussion.

_____ If I suspect one of my athletes has a concussion, it is my responsibility
Initial to have that athlete see the medical staff.

_____ I will encourage my athletes to report any suspected injuries and
Initial illnesses to the medical staff, including signs and symptoms of concussions.

_____ Following a concussion, the brain needs time to heal. Concussed
Initial athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that every first-year and transfer student-athlete
Initial participating on a DSU teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms and neuro-cognition, if the athlete were to become injured.

_____ I am aware that athletes diagnosed with a concussion will be assessed
Initial by a DSU team physician and once cleared the athletes will begin a graduated return to play protocol following full recovery of neuro-cognition.

Signature of the coach

Date

Print name of coach

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Medical Provider Concussion Statement

I have read and understand the *DSU Concussion Management Protocol*.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet and reviewing the DSU Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the
Initial medical staff

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Initial athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that every first-year and transfer student-athlete
Initial participating on a DSU teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, and neuro-cognition, if the athlete were to become injured.

_____ I am aware that athletes diagnosed with a concussion will be assessed
Initial by a DSU team physician and, once cleared, the athletes will begin a graduated return to play protocol following full recovery of neuro-cognition.

Signature of the Medical Provider

Date

Print name of the Medical Provider

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Student-Athlete Concussion Statement

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and / or team physician.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to
Initial my athletic trainer.

_____ A concussion can affect my ability to perform everyday activities,
Initial reaction time, balance, sleep, and classroom performance.

_____ I cannot see a concussion, but I might notice some of the
Initial symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for
Initial reporting the injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow
Initial to the head or body that results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. I am much
Initial more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Print name