



Trumansburg School District Sports Related Concussion Protocol

The following guidelines are intended to guide the evaluation and management of any student who is suspected of having suffered a sports related concussion (SRC).

Sport related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized in clinically defining the nature of a concussive head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg, psychological factors or coexisting medical conditions).

Management of sports related concussions at Trumansburg School District is a multidisciplinary approach. An SRC is broken down into recognition, communication, removal, diagnosis, return to sport strategy, and clearance. The members and their roles are as follows.

- **Physician** – Full say and final decision making on every aspect of the SRC; recognition, communication, removal, diagnosis, return to sport strategy, and clearance
 - The physician's written orders may override any part of this SRC protocol
 - **The School Medical Director** must review each case and provide the final clearance for all return to sports
- **Athletic Director** - Communication, recognition, removal, return to sport protocol
 - Determines "appropriate personnel" qualified to aid in the return to sport strategy and neurocognitive test administration¹
 - Required to undergo CDC Heads-Up training every 2 years⁴
- **Coach** – Communication, recognition, removal, return to sport strategy
 - Required to undergo CDC Heads-Up training every 2 years⁴
- **School Nurse** – Communication, recognition, removal
 - Will maintain all medical records available for student athletes
 - Required to undergo CDC Heads-Up training every 2 years⁴
- **Athletic Trainer** – Communication, recognition, removal, return to sport strategy
 - Available on a weekly basis per T-burg contract
- **Physical Education Teacher** - Communication, recognition, removal, return to sport strategy
 - Required to undergo CDC Heads-Up training every 2 years⁴

Recognition, Communication and Removal

Recognizing a student athlete who has suffered an SRC can be performed at the site/moment of the injury or after the event has already taken place. In the event that a SRC is suspected the athlete should be removed from participation. Necessary personal (Parents, Coaches, Athletic Director) should be communicated with verbally or electronically with records of conversations kept. The student athlete should not be left alone and be handed off to a responsible adult who will assume the care of the individual until seen by an appropriate health care professional. An information sheet should be provided to the student/parent at their request.⁵

When a player shows any symptoms or signs of an SRC:

- The player should be evaluated by a physician or other licensed healthcare provider on site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury.
- The appropriate disposition of the player must be determined by the treating healthcare provider in a timely manner. If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.
- Once the first aid issues are addressed, an assessment of the concussive injury should be made using the SCAT5 or other sideline assessment tools.
- The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.
- A player with diagnosed SRC should not be allowed to return to play on the day of injury.

An athlete who has a concussion may exhibit the following:

- Symptoms- headache, dizziness, double or fuzzy vision, confusion, sensitivity to light or noise
- Physical signs- loss of consciousness, amnesia, nausea/vomiting
- Behavior changes- irritability
- Cognitive- slowed reaction time, feels foggy, sluggish, concentration/memory problems



Players who exhibit severe symptoms including any of the following “red flags” require immediate transport to an emergency room or immediate physician evaluation:

- Seizures
- Prolonged loss of consciousness over 1 minute
- Repeated vomiting
- Focal neurologic signs (asymmetric use of body or face)
- Increasing confusion or irritability
- Neck pain
- Decreasing level of consciousness or can’t be awakened
- Can’t recognize people or places

Return-To-Sport (RTS) strategy

The process of recovery and then return to sport participation after an SRC follows a graduated stepwise rehabilitation strategy, an example of which is outlined in table below. This return to play strategy may be implemented with written permission from physician. After a brief period of initial rest (24–48 hours), symptom-limited activity can be begun while staying below a cognitive and physical exacerbation threshold (stage 1). Once concussion-related symptoms have resolved, the athlete should continue to proceed to the next level if he/she meets all the criteria (eg, activity, heart rate, duration of exercise, etc) without a recurrence of concussion-related symptoms. Generally, each step should take 24 hours, so that athletes would take a minimum of 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest. This return to sport checklist will be initialed each day by the appropriate personnel who oversaw the activity.

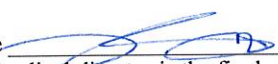
Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (eg, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.²

Clearance

Clearance must be granted by a licensed physician with a final review and approval by the school medical director prior to a student athlete suspected of suffering an SRC to begin the return to sport strategy and ultimately cleared for sport. Written permission to begin the return to sport strategy without physician follow up needed unless symptoms return is acceptable. If follow up is requested by the physician prior to any stage in the return to sport strategy the student-athlete will be withheld from advancing until follow up occurs.

Prevention of sports related concussions is a main priority of Trumansburg School District. Personnel associated with this policy will be required to perform biyearly Center for Disease Control Heads-Up Concussion education. Together the athletic director and coaches, and appropriate personnel will enforce that all interscholastic athletic competition rules are followed, appropriate safety equipment is used, and the rules of sportsmanship are enforced.¹

MD Signature  Date 1/20/2023

*The district medical director is the final person to clear a student to return to athletic activities (interscholastic sports). It is at the discretion of the district medical director to accept a private health care provider clearance or to require the student to complete a gradual return to play protocol prior to permitting the student to return to participation in interscholastic athletics.

1. NYSED Guidelines for Concussion Management In Schools 2018
2. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016, McCrory, Paul
3. National Athletic Trainers ‘Association Position Statement: Management of Sport Concussion 2014 , Steven P. Broglio,
4. <https://www.cdc.gov/headsup/youthsports/training/index.html>
5. https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheets_parents-508-a.pdf



Name _____ DOB _____ Date of Injury _____

Sport _____ Coach _____

Date cleared by physician to begin RTP _____ Is F/U with clearing physician requested? (Y/N) _____

Stage	Aim	Activity	Goal of each step	Activity Performed	24hr Symptom free?	Initial / Date
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities			
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate			
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement			
4	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination and increased thinking			
5	Full contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff			
6	Return to sport	Normal game play	If asymptomatic. Full release to PE and sport			

Has the student initiated the RTP with a physician's clearance and completed Day 5 without a return of symptoms? (Y/N) _____ Initials _____

Per Trumansburg School District Sports Related Concussion Protocol, the student may return to full PE and Sport.

This Return to Play Strategy has been adopted by the TCSD Medical Director

MD Signature _____ Date 1/26/2023

These guidelines are based on the latest research, task forces, committees and are in accordance with:

- National Federation of State High School Association
- NYS Athletic Administration
- NYS Public High School Athletic Association