



Management of Sports-Related Concussions for Southeast Soccer Club

Medical management of sports-related concussion continues to evolve. Southeast Soccer Club (SESC), in collaboration with the Providence Concussion Management Program (PCMP), has established this protocol to provide education about concussion for coaches, school personnel, parents, and athletes. This protocol outlines procedures for staff to follow in managing concussions, and outlines SESC’s policy as it pertains to return to play issues following a concussion. For the purposes of this document, parent refers to parents, guardians, or emergency contacts as listed in the player’s file.

SESC seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, and are fully recovered prior to returning to activity.

This protocol shall be reviewed annually by the SESC to ensure the information is the most current available. Any changes or modifications will be reviewed and given to all coaches and other appropriate SESC personnel.

Concussion Signs/Symptoms

Common signs and symptoms of sport-related concussion

Signs (Observed by others)	Symptoms (reported by athlete)
• Athlete appears dazed or stunned	• Headache
• Confusion	• Fatigue
• Forgets Plays	• Nausea or vomiting
• Unsure about game, score, opponent	• Double vision, blurry vision
• Moves Clumsily (altered coordination)	• Sensitive to light or noise
• Balance Problems	• Feels sluggish
• Personality changes	• Feels “foggy”
• Responds slowly to questions	• Problems concentrating
• Forgets events prior to hit	• Problems remembering
• Forgets events after the hit	
• Loss of consciousness (any duration)	

These signs and symptoms following a witnessed or suspected blow to the **head or body** are indicative of probable concussion. Any athlete who exhibits even one of these signs, symptoms, or behaviors consistent with a suspected concussion shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health care professional (per Max’s Law for school athletics, approved by Oregon Legislature in 2009; non-school athletics; see Senate Bill 721, effective January 2014).

Management and Referral Guidelines for All Staff

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System (EMS) by calling **911**:
 - a. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
 - b. Any athlete who has symptoms of a concussion, and who is not stable (i.e. condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.
 - c. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle.
 - i. Deterioration of neurological function
 - ii. Decreasing level of consciousness
 - iii. Decrease or irregularity in respirations
 - iv. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - v. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - vi. Seizure activity
2. An athlete who is symptomatic but stable, may be transported by his or her parent. All staff will be instructed to advise the parent to consult an appropriate healthcare professional on the day of the injury.

Guidelines and Procedures for Coaches - RECOGNIZE, REMOVE, REFER

Recognize concussion

All coaches should become familiar with the signs and symptoms of concussion that are described above. Annual training will occur for coaches of every sport as required by the SESC.

Remove from activity

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest and shall not return to play **until medically cleared** by an MD, DO, PA or NP per the provided concussion forms (i.e., Sideline Concussion Documentation with physician form on reverse side immediately after a concussion to start graded return to participation protocol, and then the Graded Return to Participation form with physician release on the reverse side for clearance for full participation).

Refer the athlete for medical evaluation

1. A witness (i.e., coach, assistant coach, parent, etc.) of the impact will immediately fill the **Sideline Concussion Documentation** provided in the concussion information/management kit.
2. The coach is responsible for **immediately** notifying the athlete's parents of the injury.
 - a. Contact the parents to inform them of the injury. Depending on the injury, either an emergency vehicle will transport or parent will pick the athlete up at the event for transport.
 - b. A medical evaluation is required to begin the process of "Return to Participation"
3. In the event that an athlete's parents cannot be reached and the athlete does not need immediate transport:
 - a. The coach should continue efforts to reach a parent.
 - b. The coach will be responsible for transporting the athlete if he/she is symptomatic but stable. The coach will remain with the athlete until a parent arrives.

Athletes with suspected concussions should not be permitted to walk or ride their bike home alone.

4. The coach will provide the parent with **Sideline Concussion Documentation** that was filled out and review it with the parent.
5. The parent should then take the **Sideline Concussion Documentation** to an appropriate healthcare provider who will evaluate the athlete for a concussion, provide an appropriate plan of action, and sign the form (page 2 of the **Sideline Concussion Documentation**).
 - a. NOTE: IF IT IS DETERMINED THAT THE ATHLETE HAS SUFFERED A CONCUSSION, THEY WILL NOT BE PERMITTED TO PARTICIPATE WITH SESC UNTIL A MINIMUM OF **2 WEEKS** HAS PASSED FROM THE DATE OF THE INJURY IN ORDER TO MAXIMIZE RECOVERY AND SAFETY.
6. The parent will then take the **Sideline Concussion Documentation** back to the coach and receive the **Graded Return to Participation (GRP) Documentation**. The coach will instruct the parent how to fill it out (please see "return to play procedures after concussion" section for more details).

Follow-Up Care of the Athlete at School

1. It is recommended by SESC and PCMP that the parent bring a copy of completed **Sideline Concussion Documentation** form with the physician's recommendations for school participation/accommodations to the school district nurse/counselor/psychologist to allow for appropriate accommodations during the school days immediately following a concussion.
2. It is recommended that the athlete and parent report to the school nurse or other trained designee (i.e. guidance counselor) upon his or her return to school. Suggested school nurse actions include:
 - a. Re-evaluate the athlete utilizing a graded symptom checklist (see the **Graded Return to Participation (GRTP) Documentation**) daily during the school day as able.
 - b. Provide an individualized health care plan (in conjunction with the student's guidance counselor) for return to school based on: the athlete's current condition, **Sideline Concussion Documentation** form, and with the physician's recommendations for school participation/accommodations.
3. It is recommended that the nurse or guidance counselor notify the athlete's teachers of the injury. The athlete's P.E. teacher should be directly contacted and informed that the athlete is restricted from all physical activity until cleared by his or her treating physician.
4. It is recommended that the school nurse or counselor should monitor the athlete on a regular basis during the school day with use of the GRTP form.

Recommended responsibilities of the student's guidance counselor

1. Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting prolonged post concussion signs and/or symptoms.
2. Communicate with school nurse on a regular basis, to provide the most effective care for the athlete.

Return to Participation (RTP) Procedures after Concussion

1. Return to activity and play is a **medical** decision. The athlete must meet all of the following criteria in order to progress to activity:
 - No symptoms at rest and with exertion (including mental exertion in school) **AND**
 - Have clearance from a physician (MD, DO, PA, NP), if diagnosed with a concussion

Note: If witnessing coach feels that the athlete was not appropriately evaluated by treating physician, he/she may recommend that the athlete's parents seek a second opinion.
2. Once the above criteria are met, the athlete will be progressed back to full activity following the Graded Return to Activity Program detailed below. It is the responsibility of the athlete's parents to follow and document the athlete's progress on the GRTP form.
3. The parent will use the GRTP form to take daily record of the athlete's symptoms (page 1) and allow the athlete to perform the recommended step on the GRTP program.
4. Once the athlete has completed the GRTP process through step 5 OR 7-14 days after the concussion, the parent will take the athlete and the GRTP form back to the same health care provider who performed the initial visit for a follow-up/re-evaluation.
 - a. The medical provider will fill out page 2 of the GRTP form, either clearing the athlete for participation or providing further recommendations for recovery.
5. Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.
6. Follow Graded Return to Participation process as described below, **provided athlete is cleared by a physician to do so**. The athlete should spend **at least 24 hours** at each step before advancing to the next. If concussion symptoms occur at any step, the athlete should **rest for 24 hours**, and then resume activity **one step before** where he/she experienced symptoms.

Step 1: Complete cognitive rest. This may include staying home from school or limiting school and studying for several days. Cognitive rest also includes use of computer games, TV, loud music, iPads, iPods, texting, etc.

Step 2: Return to school full-time with or without accommodations.

Step 3: Light Exercise. This step cannot begin until the athlete is no longer having concussion symptoms at rest. At this point the athlete may begin walking or riding a stationary exercise bike. No resistive exercises (i.e. push-ups, sit-ups, etc).

Step 4: Running in the gym or on the field. No helmet or other equipment.

Step 5: Non-contact training drills in full equipment. Resistive exercises can begin.

Step 6: Full contact practice/training - must be cleared by a physician with physician release

Step 7: Play in game - must be cleared by a physician with physician release

7. Once the athlete has completed the GRTP process through step **OR** after 7-14 days, the parent will take the athlete and the GRTP/physician release form back to the same health care provider who performed the initial visit for a follow-up/re-evaluation.
 - a. The provider should fill out page 2 of the GRTP form, either clearing the athlete for participation or providing further recommendations for recovery. The parent or guardian will then take this form back to the athlete's coach.

For more detailed information please refer to the following documents:

McCrory P, Meeuwisse WH, Aubry M, et al. "Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012." *BR J Sports Med* 2013; 47:250-258

Oregon Concussion Awareness and Management Program at www.Ocamp.org

Guskiewicz, Kevin M., Scott L. Bruce, Robert C. Cantu, Michael S. Ferrara, James P. Kelly, Michael McCrea, Margo Putukian, and Tamara C. Valovich McLeod. "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion." *Journal of Athletic Training* 39.3 (2004): 280-297. Print.