

**Guidelines and Procedures  
For Management of Sports-Related Concussions  
At  
Pius X High School**

**EXHIBITS**

- Exhibit A      *Consensus Statement on Concussion in Sport: The 4<sup>th</sup> International Conference on Concussion in Sport held in Zurich, November 2012*, McCrory P et al, Br. J. Sports Med. 2013.
- Exhibit B      *National Athletic Trainers Association Position Statement: Management of Sports Related Concussion*, Guskiewicz, KM, et al, J Athletic Training, 2004;39(3): 280-297.
- Exhibit C      LB260 - The Nebraska Concussion Awareness Act
- Exhibit D      Oregon Concussion Awareness and Management Program, Max's Law: Concussion Management Implementation Guide for School Administrators. Center on Brain Injury Research & Training, Western Oregon University.

**ATTACHMENTS**

- Attachment 1      On-Line Concussion Training Courses; Concussion Video Segments
- Attachment 2      CDC Concussion Fact Sheet for Coaches
- Attachment 3      CDC Concussion Fact Sheet for Athletes
- Attachment 4      CDC Concussion Fact Sheet for Parents
- Attachment 5      CDC Concussion Fact Sheets for School Nurses
- Attachment 6      CDC Concussion Fact Sheets for Teachers, Counselors, and School Professionals
- Attachment 7      NSCN Concussion Symptom Inventory - Grade Symptom Scale
- Attachment 8      NSCN Sideline Assessment Tool
- Attachment 9      Home Instructions for Parents & Concussed Athlete
- Attachment 10      NSCN Return to Learn
- Attachment 11      CDC-Returning to School: Fact Sheet for School Professionals
- Attachment 12      Return to Play – Written Clearance Form
- Attachment 13      NSCN Return to Play Progression
- Attachment 14      Injury Prevention Checklist for Schools

Pius X High School seeks to provide a safe return to activity for all athletes after injury, particularly following a concussion. In order to effectively and consistently manage these injuries, Pius X High School is implementing the following management program. This program has been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, and receive appropriate follow-up care during the school day including academic accommodations, and are fully recovered prior to returning to activity. This program will be reviewed from time to time, by school administration.

Medical management of sports-related concussion continues to evolve. In recent years there have been substantial changes in concussion management guidelines due in part from a significant amount of research on sports-related concussions. Subsequently, there is better understanding and consensus regarding the management and return to play guidelines, particularly for athletes 19 years old and younger. Pius X High School has established a sports concussion management program to provide education about sports-related concussions for athletic department staff, athletes, parents and other school personnel. The following material outlines guidelines and procedures the school will use to address the recognition of head injuries, management, and return to play issues following an athlete sustaining a concussion.

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In addition to ongoing research, the following resources were consulted in developing this manuscript: **(Exhibit A)** the *Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012*, McCrory P et al, Br. J. Sports Med. (referred to as the Zurich Consensus Statement), **(Exhibit B)** the *National Athletic Trainers Association Position Statement: Management of Sports Related Concussion*, Guskiewicz, KM, et al, J Athletic Training, 2004;39(3): 280-297, **(Exhibit C)** LB260 - The Nebraska Concussion Awareness Act, and **(Exhibit D)** the *Oregon Concussion Awareness and Management Program, Max's Law: Concussion Management Implementation Guide for School Administrators*. Center on Brain Injury Research & Training, Western Oregon University.

### **Main Tenets of Concussion Management**

Any athlete “reasonably suspected” of having sustained a concussion, who presents with any symptoms or having been diagnosed with a concussion is to be immediately removed from activity and prohibited to resume participation.

An athlete removed from activity due to having sustained a concussion, or reasonably suspected of having a concussion is to be directed to an appropriate licensed healthcare provider for evaluation before return to play is allowed.

Following a concussion and before return to activity is allowed, an athlete must have written clearance from an appropriate licensed healthcare provider, in addition to written clearance from a parent or guardian.

## **I. Sports-Related Concussions**

A. Definition (McCrory, et al, 2013): Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck, or elsewhere on the body with an “impulsive” force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases, post-concussive symptoms may be prolonged.
5. No abnormality on standard structural neuroimaging studies (CT, MRI) is seen in concussion.

## **II. Concussion Education**

- A. The school shall ensure that coaches at all levels of athletic teams have training available for learning how to:
1. Recognize the Signs & Symptoms of a concussion or brain injury.
  2. How to seek proper medical treatment for a concussion or brain injury.
  3. The school will require each athletic coach to participate in a designated on-line concussion training course (NFHS or equivalent). (**Attachment 1**) on an annual basis (or as required by State law), and require athletic coaches to submit a Certificate of Completion of the training to school administration to be maintained on file by the school Athletic Director.

4. Coaches will keep concussion information available during all athletic activities (conditioning sessions, practices, and competitions) **(Attachment 2)**.
- B. The school and its coaches will provide athletes concussion information **(Attachment 3)** by means of handout, a link on the school website, and at team meetings prior to participation on an annual basis. This information includes:
    1. Signs & Symptoms of Concussions
    2. Risk posed by sustaining a Concussion
    3. The actions a student should take in response to a concussion injury, including notifying their coach.
  - C. The school and its coaches will provide Parents concussion information **(Attachment 4)** by means of a link on school website, and a handout at the parent meetings prior to their son's or daughter's athletic participation on an annual basis consisting of the:
    1. Signs & Symptoms of Concussions
    2. Risk posed by sustaining a Concussion
    3. Actions a parent and student should take in response to a concussion injury, including notifying the athlete's coach.
  - D. The Academic Coordinator **(Attachment 5)**, and Counselors and Teachers **(Attachment 6)** will be provided information relating to students returning to school following a concussion injury and academic accommodations that may be recommended by a licensed healthcare provider during recovery from a concussion.
  - E. School may request athletes view designated concussion videos prior to participation annually, upon entering 9<sup>th</sup> grade **(Attachment 1)**.
  - F. The School, at its own discretion, will choose to conduct additional activities or disseminate the following educational concussion materials and information **(Attachment 14)**.

### III. Signs and Symptoms of Sports-Related Concussion

- A. Signs and Symptoms **(Attachment 7, Attachment 9)**
  1. Coaches are to be cognizant of both signs and symptoms. A list of symptoms will be readily available to all coaches and athletic administration during athletic activities, including practices, conditioning sessions and home and away competitions. A graded symptom scale or the Concussion Symptom Inventory **(Attachment 7)**, also found on the NSCN Sideline Assessment Card **(Attachment 8)** is to be included in a team's medical kit or first-aid kit.
  2. Any one or multiple of these signs and symptoms are indicative of possible concussion and therefore give cause for an athlete to be immediately removed from activity and directed to an appropriate licensed healthcare provider.
  3. Symptoms may be delayed several hours or days following injury, and therefore need to remain monitored.

4. *The best marker of the severity of a concussion is not exclusively how many symptoms or how severe they are – but mostly how long they last, although all three are important in the assessment and management of concussions.*
5. A good indication that an athlete who has suffered a concussion remains stable and is progressing satisfactorily is they are alert and behaving normally.

B. Neurocognitive Impairment

1. Neurocognitive function refers to working memory, attention span, sustained or selective attention, response variability, problem solving, and visual & verbal memory.
2. General neurocognitive status can be determined by simple sideline cognitive testing for orientation, memory (short-term, retrograde/anterograde), and concentration.
  - a. Coaches or school personnel are to refer to the NSCN Sideline Assessment Card (**Attachment 8**), or other standard tools for sideline testing for assessing an athlete with potential head injury.
3. Any athlete who demonstrates abnormal or impairment of sideline cognitive testing should be removed from participation and directed to an appropriate licensed healthcare provider.

C. Balance Impairment

1. Balance/stability impairment can be determined by simple sideline balance testing.
  - a. Coaches should utilize a balance test as part of their sideline assessment, i.e. modified Balance Error Scoring System (BESS) or the Romberg Test.
    - i. The athlete stands on a level surface in-tandem, heel-to-toe, hands on hips, with eyes closed, for 20 seconds. Errors occur if the athlete opens eyes, removes hands from hips, sways excessively, lifts a foot off the ground, or falls out of position (modified BESS).
    - ii. The athlete stands with feet together, arms at side with eyes closed, for 20 seconds while being observed for swaying (Romberg Test).
  - b. Any athlete who demonstrates abnormal sideline balance testing should be removed from participation and directed to an appropriate licensed healthcare provider.

- D. Any athlete who denies symptoms, but has abnormal sideline cognitive or balance testing should be removed from participation, and directed to an appropriate licensed healthcare provider.

**IV. Accepted Licensed Health Care Provider (LHCP)**

- A. The school, in accordance with LB260 – the Nebraska Concussion Awareness Act (**Exhibit C**) shall consider an appropriate licensed healthcare provider as those appropriate to evaluate, assess, manage, and provided healthcare services to a concussed athlete, and lawfully allowed to provide written clearance for return to participation to be a:

1. Medical Physician (MD), Doctor of Osteopathy (DO), or licensed practitioner under the supervision of an MD or DO, i.e. Physician Assistant (PA-C) or Nurse Practitioner (APRN)
2. Athletic Trainer (ATC)
3. Neuropsychologist (PhD)

## V. Guidelines and Procedures for Coaches

### A. Recognize Concussions

1. Coaches should understand the contemporary definition of a concussion.
2. Coaches are to be familiar with the signs and symptoms of a concussion.
3. Coaches should be familiar with conducting basic cognitive and balance sideline testing to recognizing cognitive and balance abnormalities.
4. Coaches may refer to the Concussion Sideline Assessment Card (**Attachment 8**) or similar sideline tool for conducting basic cognitive and balance testing for recognizing cognitive and balance abnormalities.
5. A coach may seek assistance from the host site athletic trainer, other healthcare providers, or medical staff onsite to conduct an appropriate sideline assessment if at an away contest.

### B. Removal of Athlete

1. If a coach reasonably suspects an athlete has sustained a concussion, or notes any signs or symptoms of a concussion, including cognitive or balance abnormalities, the athlete is to be immediately removed from activity.
  - a. **Any athlete who exhibits signs or symptoms of a concussion or reasonably suspected of having a concussion should not be allowed to return to activity that same day, even if symptoms clear.**
2. If an appropriate sideline assessment is unable to be conducted by the athlete's coach for an athlete suspected of potential head injury, the athlete is to be removed from further activity until such assessment can be made.
  - a. "When in Doubt, Sit Them Out."

### C. Direct to an Appropriate Licensed Healthcare Provider

1. Any athlete having sustained a concussion, or reasonably suspected of having a concussion upon being removed from activity is to be directed to an appropriate licensed healthcare provider.
  - a. The time frame for determining when such care is sought may involve the athlete seeking such care:
    - (i) Immediately by activating EMS and transport by ambulance (unstable),
    - (ii) Reporting to an emergency department transported by a parent or responsible adult (stable),
    - (iii) By instructing athlete to follow up with the school's athletic trainer in a reasonable period of time upon allowing the athlete to go home with a responsible adult having been provided appropriate written instructions (stable) (**Attachment 9**), or

- (iv) Recommend to parent referral to their primary care physician if the school's athletic trainer is not available in a reasonable period of time.
- 2. Refer to Sec. IV as to who the school considers an appropriate licensed healthcare provider for the purpose of assessing and managing an athlete's care for a suspected concussion.

D. Inform Parents

- 1. The coach, the school's athletic trainer, or other designated school personnel will contact the parents to inform them of:
  - a. the date & time of the injury,
  - b. observed signs & symptoms, and
  - c. action taken of the injury, and make arrangements for them to pick the athlete up at school.
- 2. The athlete and parent will be provided the *Home Instructions for Parents & Concussed Athletes (Attachment 9)* by the coach, school's athletic trainer, or school personnel on the day of the injury, either by handout, or directions to website containing the handout.
- 3. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directed to an ER):
  - a. The Coach or ATC will insure that the athlete will be with a responsible adult capable of monitoring the athlete and understands *Home Instructions for Parents & Concussed Athletes (Attachment 9)* before allowing the athlete to leave.
  - b. The Coach or school personnel should continue efforts to reach the parents.
  - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an emergency department for evaluation. A coach or designated school personnel is to accompany the athlete and remain with the athlete until the parents or adult family member, or other responsible adult arrives.
  - d. An athlete with a suspected head injury is not to be permitted to drive home or permitted to be left alone.
- 4. If the school ATC or medical staff is unavailable, or the athlete is injured at an away event, the coach is responsible for notifying the athlete's parents of the injury.

E. Communication

- 1. Coaches should report all head injuries to the school's Athletic Trainer or Academic Coordinator for follow-up care and post-injury concussion testing.
  - a. Inform the school's Athletic Trainer or school Nurse of the athlete's name for coordinating follow-up care and assessment.
  - b. The school's Athletic Trainer can be reached at: 402-649-5179, or by going to the school's website, or network website at: [http://www.piusx.net/Athletics/training/athletic\\_training.aspx](http://www.piusx.net/Athletics/training/athletic_training.aspx) to access the ATC contact information.

2. Remind the athlete to report directly to the school's Athletic Trainer after school, or Academic Coordinator before school starts on the day he or she returns to school after the injury.

## VI. Guidelines and Procedures for Athletes & Parents

- A. The school considers a student along with their parents, active participants in the healthcare of the student. Students and parents are to educate themselves about concussions with information provided to them by the school, and be able to recognize the signs and symptoms of a concussion.
- B. **Students and parents have a responsibility for reporting all concussion-related injuries and illnesses to their coaches, school athletic training staff, and school personnel (e.g. school academic coordinator, athletic director), including incidents of potential injury occurring outside of school (e.g. playing club sports, recreational activities, accidents) that carry-over to activities at school.**
- C. It is imperative that a student and parents recognize the student's true physical condition and recognize that appropriate care provided by the school is dependent upon an accurate medical history and full disclosure of any signs and symptoms, complaints, or prior concussion injuries.
- D. If a concussion is suspected or there is concern for a potential head injury, a student and parent are instructed to do the following:
  1. Immediately inform the student's coach, school's athletic trainer, and other school personnel (e.g., Academic Coordinator).
  2. Immediately discontinue any further athletic participation or exertional activity; do not return to sports participation.
  3. Seek evaluation from an appropriate licensed healthcare professional (see Sec. IV), which includes a MD/DO or a licensed practitioner (PA-C, APRN) under their supervision, an Athletic Trainer, or a Neuropsychologist.
  4. Rest; no exertional activity, including P.E., conditioning, or lifting weights.
  5. Immediately following a concussion during the initial phase of recovery, refrain from using the computer, texting, playing video games, or listening to music with headphones.
  6. Refrain from using aspirin, ibuprofen, naproxen or other NSAIDs.
  7. Do not operate a motor vehicle while symptomatic.
  8. Do not drink alcohol.
- E. It is imperative that students and parents understand the real risks involved with continuing to play with a concussion, knowingly or unknowingly. Continuing to play with a concussion, particularly while the student experiences any concussion symptoms can result in:
  1. Causing symptoms to be prolonged, possibly weeks or months, that may have otherwise resolved sooner, slowing recovery. Post-Concussion Syndrome may result where an affected student may continue to have chronic headaches, sensitivity to light or noise, chronic fatigue, balance deficits, sleep difficulties, and cognitive deficits.



2. During recovery from a concussion, especially when symptoms are present, the brain remains vulnerable to a more serious injury and greater risk of long-term neurological impairment, especially if play continues in contact or collision sports.
3. In rare cases, sustaining another concussion before a prior concussion has had time to fully recover can result in brain swelling or catastrophic injury, even death after a relatively minor second impact that often goes unnoticed (Second Impact Syndrome).
4. Greater risk to developing long-term, possibly severe memory problems, depression, lowered impulse control, and behavioral and personality changes.
5. Academic difficulties.

## VII. Emergency Medical Services (EMS) and Medical Referral

### A. Guidelines when to activate EMS.

1. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
  - (a) **deterioration of neurological function (pupils, sensory, motor, reflexes)**
  - (b) **decreasing level of consciousness**
  - (c) **decrease or irregularity in respirations**
  - (d) **decrease or irregularity in pulse**
  - (e) **unequal, dilated, or unreactive pupils**
  - (f) **any signs or symptoms of associated injuries to the spine, skull fracture, or bleeding or yellowish-clear fluids from the ears or nose**
  - (g) **mental status changes; lethargy, difficulty maintaining arousal, confusion or agitation**
  - (h) **seizure activity**
2. Any athlete who shows signs & symptoms of a concussion, and who is not stable (i.e. is not alert or not behaving normally, or where ones condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
3. An athlete who is symptomatic but stable (i.e. alert and acting normal), may be transported by his or her parents/guardian. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department on the day of the injury.
  - a. It is the Parents' discretion to opt for or decline emergency transportation.

## VIII. Neurocognitive Testing

- A. The school will implement the use of a computerized neurocognitive testing application, i.e. the ImPACT® Test (Immediate Post-Concussion Assessment and Cognitive Testing).
- B. The computerized neurocognitive testing will be made mandatory to designated participants in collision or contact sports (as defined by the American Academy of

Pediatrics classifications: football, softball, volleyball, wrestling, basketball, baseball, soccer, track-jumpers, and diving).

1. All athletes 9<sup>th</sup> through 12<sup>th</sup> grades participating in a NSAA sanctioned contact or collision sport at school must be baseline tested on a 2-year testing cycle.
  2. Baseline testing will be conducted upon entering 9<sup>th</sup> grade and 11<sup>th</sup> grade, or upon their initial entry to participation in a school athletics program, and repeated on any athlete with a history of head injury within the previous school year.
  3. Administration of baseline neurocognitive testing will only be administered by an authorized test administrator designated by the school having been trained to conduct baseline testing. Such training will be accepted from ImPACT Testing Services, Inc., or a licensed provider of the ImPACT Test program.
- C. Although the school's athletic trainer may be authorized to conduct post-injury testing on athletes at the school, it will be understood by coaches, parents, and school personnel **that computerized neurocognitive testing is a management tool and not used for the diagnosis of concussions, and shall never be used to make return to play decisions solely based on post-injury test scores alone.**
- D. Administration of Post-Injury Concussion Testing
1. Administration of post-injury neurocognitive testing can only be administered by a licensed healthcare provider trained and credentialed in using the ImPACT Test. Post-injury tests are typically administered when the athlete is asymptomatic (symptom-free), but can be done as early as within 24-72 hours post-injury, and is at the sole discretion of the licensed health care provider managing the care of the injured athlete.
    - a. Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation, typically no more than 2 tests in a 7 day period, or to confirm change in a student's management plan of care.
  2. The school's athletic trainer will monitor the athlete's recovery & coordinate the appropriate return to school and return to play activity progression in collaboration with the student's licensed healthcare providers when requested by the parents.
  3. The ATC will forward testing results to an LHCP at the request of the parent or guardian upon obtaining a signed *authorization to release information form*.
- E. The school's athletic trainer will continue to monitor the athlete's neurocognitive status and help make clarifications to the school academic coordinator, counselors and teachers, (Concussion Management Team) and for the purpose of developing or modifying a plan of care for the athlete while at school (see Sec. IX), including recommendations for instructional modifications and academic accommodations **(Attachment 11).**

## **IX. Return to Learn: Follow-Up Care of the Student During the School Day**

A “Return To Learn” process emphasizes a collaborative team approach between school administration, school nurse, counselors, teachers, parents, and athletic staff including a school’s athletic training staff when student-athletes are involved – the Concussion Management Team. School staff should know how to monitor students knowingly having a concussion, as well as recognize those possibly having a concussion unknowingly. In most cases, a concussion will not significantly limit a student's participation in school and usually involve temporary, informal instructional modifications and academic accommodations **(Attachment 10)**.

Pius X High School has a Return to Learn protocol that can be implemented for any student when needed. This process starts when a SAT (student assistant team) is developed. This protocol was created for all students, not only those involved with athletics.

- A. Responsibilities of school administrators include:
  - 1. Establish a return to learn protocol for students that have sustained a concussion. The RTL protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered (LB782, 2014) **(Attachment 11)**.
  - 2. Provide direction and guidance for school staff as how to proceed with implementing academic modifications and instructional accommodations for students recovering from a concussion.
  
- B. Responsibilities of the academic coordinator **(Attachment 5)** following notification of a student’s concussion include:
  - 1. When indicated by the coach, school’s Athletic Trainer, or school personnel, notify the student’s guidance counselor of the concussion injury.
  - 2. Notify the student’s P.E. teacher immediately that the athlete is restricted from all physical and exertional activity until further notice.
  - 3. Monitor the athlete on a regular basis during the school day, including monitoring symptoms at regular intervals using a Graded Symptom Scale **(Attachment 7)**.
  
- C. Responsibilities of the student’s guidance counselor **(Attachment 6)** include:
  - 1. Notify the student’s teachers of the concussion injury.
  - 2. Monitor the student and recommend appropriate academic accommodations with input from the student’s teachers and LHCP.
  - 3. Communicate with school health office on a regular basis to provide the most effective care for the student.
  
- D. Responsibilities of the student’s teachers **(Attachment 6)** include:

1. Monitor the student behavior and academic performance, and implement appropriate accommodations recommended by the student's LHCP and school's athletic trainer and counselors.
  2. Communicate with school health office and student's school counselors on a regular basis to help ensure most effective care for the student.
  3. The school will make available to each teacher an opportunity to participate in a designated online concussion training course on a voluntary basis.
- E. Concussed students may need varying levels of instructional modifications and academic accommodations during their symptom recovery, particularly early on in the acute stage (**Attachment 10**).
1. The school's athletic trainer or other treating LHCP will help guide decisions for the Concussion Management Team about a student's need for and level of modifications and accommodations, or adjustments, and their readiness to resume various school activities.

## **X. Return to Play (RTP) Procedures**

- A. Return to Play after concussion
1. The athlete must meet **all of the following criteria** in order to progress back to competition/game play:
    - a. Remain symptom-free (asymptomatic) first at rest, and then with exertion (including mental exertion in school) AND,
    - b. Within normal range of baseline on post-injury ImpACT testing AND,
    - c. Followed and completed the stepwise Return to Play Progression while remaining asymptomatic (**Attachment 12**), AND
    - d. Have written clearance from a treating physician or appropriate licensed healthcare provider (**Attachment 13**), AND
      - [1. Athlete must be cleared for progression to activity by licensed healthcare provider having reviewed the post-concussion test.]
      - [2. Any RTP authorized by anyone other than a licensed healthcare provider designated in Sec. IV without having reviewed an athlete's post-concussion test will not be accepted.]
    - e. Have written clearance from parents or guardian (**Attachment 12**).
- B. **The athletic trainer, school administration, athletic director, and coach (may) retain the responsibility to disqualify any athlete's RTP in the presence of note from anyone that clears an athlete for play that remains symptomatic.**
- C. When an athlete becomes symptom-free, the school's athletic trainer or other appropriate licensed healthcare provider may progress the athlete to begin a stepwise Return to Play Progression that must be completed in its entirety prior to competition/game play. The 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 of reported 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 contact or collision sport will be progressed more conservatively.

- D. The stepwise Return to Play Progression (**Attachment 12**) as described in the Zurich Statement involves the following progressive steps:
1. Complete Rest; no exertional activity, including both physical and cognitive.
  2. Light aerobic exercise
  3. Sport-specific training; light-moderate weight lifting
  4. Non-contact practice training drills, (upon written clearances)
  5. Full, unrestricted contact training/practices
  6. Competition/Game play
- Note: If the athlete experiences post-concussion symptoms during any step, the athlete is to stop, and resume the progression after once again being symptom-free for at least 24 hours.*
- E. The coach and athlete will discuss appropriate activities for the day according to recommendations from the treating LHCP or school's ATC.
- F. The athlete should see the coach or school's athletic trainer regularly for re-assessment and instructions until he or she has progressed to unrestricted activity.
- G. The use of a graded symptom scale or the Concussion Symptom Inventory (**Attachment 6**) can be used by coaches to monitor the return of symptoms during and following exertional activities leading up to return to full participation and thereafter.