

Sports Medicine – Concussion Management

Summary

CSU Athletics Policy for the treatment for student athletes dealing with concussions. Policy includes process explanation and baseline figures for concussion treatment.

Purpose

To provide guidance on treatment of concussions.

Policy

Concussion Management Plan

Obtain Baseline Testing: All athletes competing in a high risk or high-contact sport (soccer, volleyball, basketball, softball, baseball, and cheerleading) will be required to complete baseline concussion testing with Columbus State Sports Medicine Team prior to beginning ANY team activities. Baseline testing will include IMPACT testing and SCAT-2. Athletes participating in any sports not listed above with pertinent medical history of concussions will also be subject to baseline testing.

Concussion Identified and Assessed: Determined by physical examination and assessment of concussion symptoms by medical staff (Columbus State athletic trainer or team physician). Athlete removed from all physical activity and given a concussion home-instruction sheet. If loss of conciseness or worsening of symptoms, athlete should be transported to the nearest hospital.

Concussion Management: Athlete will be withheld from all physical activity until asymptomatic. Athletes will be reassessed by medical staff member using IMPACT and SCAT-2 testing 24-hours after the concussion, then daily using a symptoms checklist until asymptomatic. Professors and/or academic advisors will be notified to consider academic modifications/restrictions while the athlete still presents concussion symptoms.

History of Multiple Concussions: Athletes with a history of at least two concussions, whom suffer their third concussion while at CSU, will be seen by an independent neurologist for assessment. At that point CSU Sports Medicine will follow the direct orders of that physician until the athlete is cleared.

Un-resolving Symptoms: Athletes whose symptoms do not begin to resolve after the third day post-post injury will be seen by an independent neurologist for assessment. At

that point CSU Sports Medicine will follow the direct orders of that physician until the athlete is cleared.

Athlete Asymptomatic: Once athlete presents with no concussion-like symptoms he/she will start the five-day exertional testing protocol until each level is completed with no return of symptoms. After the exertional testing is completed asymptotically, athlete will be reassessed by medical staff member using IMPACT testing for return to play decision. Return to play will be based on the athlete’s cognitive score from the IMPACT test, which must be within 0.10 of their baseline. For example, if an athlete’s baseline cognitive score was 0.64, then their return-to-play cognitive score must be at least 0.54.

Athletic Attendance: Athletes diagnosed with a concussion are not allowed to attend practices, games, or travel with the team to away events until they are asymptomatic and have begun their concussion protocol. If during any point of the Return-To-Play Progression Protocol the athlete becomes symptomatic, they will again be restricted from attendance to these aforementioned events until they are free of symptoms.

Functional Testing Protocol Following Concussion

This stepwise progression should serve as a RTP protocol following a concussion, with the athlete continuing to the next level/stage **ONLY** if asymptomatic at current level/stage. Each level should generally take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with exertional exercise. Should post-concussion symptoms occur while following this progression, the athlete should drop back to the previous asymptomatic level and try to progress again **ONLY** after a 24-hour rest period has passed and provided that he/she is asymptomatic following the rest period.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light Aerobic Exercise	Stationery bike for 10-15 min at <70% max predicted HR; No resistance training	Increase HR
3. Sport-specific Exercise	Running drills; No head impact activities; EX: 60 yard shuttle run x 10 (40 sec. rest); and plyometric workout--10 yard bounding/10 medicine ball throws/10 vertical jumps x 3; and non-contact, sports-specific drills for approximately 15 minutes	Add movement
4. Non-contact Training Drills	Progression to more complex training drills; May start progressive resistance training.	Exercise, coordination, cognitive load
5. Full Contact Practice	Following medical clearance, may participate in normal training activities	Restore confidence, assessment of functional skills by coaching staff

6. Return to Play	Normal game play; no limitations.	
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Concussion Homecare Instruction Sheet

Athlete must be monitored for possible deterioration as problems could arise over the first 24-48 hours.

Limit any use of:

- Computers
- Television
- Reading
- Homework/studying
- Driving
- Cell phone

Athlete should be taken to the hospital if:

- Amnesia lasting more than 15 minutes or deterioration of neurological function
- Loss of consciousness or decreasing level of consciousness
- Irregularity in respirations
- Increase in blood pressure or irregularity in pulse
- Unequal, dilated or unreactive pupils
- Any signs or symptoms associated with a spine or skull injury or bleeding
- Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
- Seizure activity
- Vomiting

Related USG Policy

N/A

Last Update

6/2016

Responsible Authority

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