

CONCUSSION MANAGEMENT PROTOCOL:

The CU Athletic Training Department has adopted specific guidelines and protocols for returning a S-A back to participation in their sport following a concussion injury. The steps outlined below are based on current state legislation, research based practices, and industry standards. This process is designed to return the S-A back to their sport as well as returning them back to the classroom in a safe and timely manner.

RETURN TO LEARN:

Following a concussion injury, the S-A may experience some level of mental incapacitation that makes it difficult to stay on top of their academic requirements. The Athletic Training Staff works closely with various members of faculty and staff to ensure that the S-A can return to their academic studies first and foremost. These individuals make up the Concussion Management Team:

Kyle Nelson, Head Athletic Trainer
Carrie Kosderka-Farrell, Assistant Athletic Director for Student-Athlete Welfare
Julie Rowland, Faculty Athletic Representative
Liisa Ferguson, Student Services
Jane Samuels, Athletic Academic Advisor
Pat Sweeney, Associate Athletic Director
Emily Kosderka, Faculty Member

In order to return a S-A to a normal academic load after a concussion, the following steps are taken:

1. After evaluation and determination that a concussion has happened, the Head Athletic Trainer will send an email to the Assistant Athletic Director, the Faculty Athletic Representative, the Athletic Academic Advisor, and Student Services to inform them that the S-A has sustained a concussion and may need to arrange academic accommodations. At this point, the S-A will begin 48 hours of complete cognitive rest which includes no reading, texting, video games, or homework.
2. Upon completion of the 48 hours of cognitive rest, the S-A will be re-evaluated for symptoms. If the Athletic Training Staff determines that mental exertion is contraindicated, a second email will be sent to the Concussion Management Team asking for the arrangement of academic accommodations with the S-A's professors. If symptoms have decreased significantly, the S-A will be instructed to begin light mental activity with an end goal of being able to tolerate 30 minutes without an increase in symptoms.
3. Once the S-A can complete 30 minutes of mental exertion without an increase in symptoms, they can return to the classroom on a part-time basis. This may mean that they take breaks during class, attend only part of their classes, and/or have extra time to complete assignments.
4. When the S-A can tolerate 40 minutes of mental exertion without an increase in symptoms, they may begin a gradual decrease in their academic accommodations depending on symptom response. They should still remain at a part-time basis regarding class attendance.
5. When the S-A can tolerate 60 minutes of mental exertion without an increase in symptoms, most academic accommodations should be removed. They should be attending all classes full-time at this stage. They may still need accommodation in their more difficult courses.

6. Once they have eliminated all academic accommodations, the athlete should not have need for any academic accommodations. At this point, they will begin the Return to Play Protocol.

Note: Continuous communication between the Athletic Training Staff and the Concussion Management Team will occur throughout the entire process to ensure that all parties are aware of the S-A's status.

RETURN TO PLAY:

Following a suspected concussion, a member of the Athletic Training Staff will administer a SCAT 3 evaluation to determine if a concussion is present. If it is determined that a concussion exists, the S-A will begin the Return to Learn protocol outlined above. When the S-A has returned to their academics on a full-time basis with no accommodations they may begin the Return to Play protocol.

1. The athlete completes a symptoms questionnaire and demonstrates that their symptoms are at baseline or better. No activity that day.
2. After 24 hours, and with no return of symptoms, the athlete may engage in light, non-impact aerobic activity for 10-15 minutes with a goal of elevating heart rate.
3. After 24 hours, and with no return of symptoms, the athlete may engage in moderate-vigorous activity with the goals of elevating heart rate, increasing impact, and increasing concentration demands.
4. After 24 hours, and with no return of symptoms, the athlete may engage in a non-contact practice with the goal of simulating sport participation without opportunity for re-injury.
5. After 24 hours, and with no return of symptoms, the athlete will complete a post-injury ImPACT test. If the athlete demonstrates performance within expected norms on ImPACT, they may participate in full-contact practice. Should they not meet the expected norms on ImPACT, but remain asymptomatic, they will remain at Step 5 and re-test 48 hours later. Should they still not meet the expected norms, their case will be referred to a Team Physician.

Noted: If at any time during the above process the athlete experiences a return of symptoms, they will immediately discontinue the activity they are doing and the process will start over at Step 1. Additionally, a Team Physician will be consulted, and give the final clearance, before the athlete returns to full participation.