

# Concussion Management Plan

## **Pre-season Education**

All University of Oregon student athletes will annually read the NCAA Concussion Fact Sheet. Student athletes will then sign the attached statement acknowledging they understand the material and accept responsibility for reporting their injuries, including any signs and symptoms of concussion. The athletic trainer for each sport will coordinate the educational session and signing of the necessary documents. These signed documents will be stored in the student athlete's medical file.

All University of Oregon coaches will annually read the NCAA Concussion Fact Sheet. They will sign the attached statement acknowledging they understand the material, will encourage athletes to report symptoms of concussion, and will accept the responsibility for referring student athletes to the medical staff if a concussion is suspected. The Director of Athletic Medicine and/or the Athletic Trainer overseeing care for each sport will coordinate the educational session and signing of the necessary documents. These documents will be kept in the compliance office.

The Director of Athletics and all Senior Associate Athletic Directors with sport supervisory responsibilities will annually read the NCAA Concussion Fact Sheet. They will sign the attached statement acknowledging they understand the material, will encourage athletes to report symptoms of concussion, and will accept the responsibility for referring student athletes to the medical staff if a concussion is suspected. The Director of Athletic Medicine will coordinate the educational session and signing of the necessary documents. These documents will be kept in the compliance office.

All University of Oregon team physicians, athletic trainers, and graduate assistant athletic trainers will read the University's Concussion Management Plan and the NCAA Concussion Fact Sheet. Each party will provide a signed acknowledgement of having read and understood the concussion materials. These documents will be kept by The Director of Athletic Medicine. The Director of Athletic Medicine will coordinate an annual meeting with Athletic Medicine staff to review the Concussion policy including any updates.

## **Pre-participation Assessment**

Prior to participation in practice or competition all intercollegiate student athletes will complete a baseline evaluation. This evaluation will include a neuropsychological test (Impact), a graded symptom checklist, a Standard Assessment of Concussion (SAC), a King Devick test, a balance evaluation, and complete a questionnaire to determine prior history of concussion. A team physician will review the evaluation and determine pre-participation clearance and/ or the need for additional testing.

## **Recognition and Diagnosis**

Student athletes exhibiting signs, symptoms, or behaviors consistent with concussion are immediately removed from practice or competition. An athletic trainer or physician with concussion diagnosis, treatment and management training will assess the student athlete. The initial suspected concussion

evaluation may include a clinical assessment for cervical spine trauma, skull fracture, and intracranial bleed, a graded symptom checklist, a physical and neurological exam, a Standard Assessment of Concussion (SAC), a King Devick test, and a balance exam. If a concussion is confirmed the student athlete will be removed from practice/play for that calendar day.

Medical personnel with training in the diagnosis, treatment and management of acute concussion are present at all NCAA competitions in the following contact/collision sports: basketball; football; lacrosse; soccer; pole vault; acrobatics and tumbling; baseball; softball. This presence is defined as on site at the venue of competition. Medical personnel with training in the diagnosis, treatment and management of concussion are available at all NCAA practices in the following contact/collision sports: basketball; football; lacrosse; pole vault; soccer; acrobatics and tumbling; baseball; softball. To be available means that medical personnel can be contacted at any time during the practice via phone or other immediate communication means allowing for the case to be discussed and immediate arrangements made for the athlete to be evaluated.

### **Post-Concussion Management**

Any student athlete diagnosed with a concussion shall not return to activity for the remainder of the day. A student athlete diagnosed with a concussion is not allowed to return to practice, competition, or any other physical activity until cleared for participation by a physician.

The emergency action plan is initiated by the attending physician or athletic trainer to transport the student athlete for further medical care if any of the following are present: Glasgow Coma Scale <13, prolonged loss of consciousness, focal neurological deficits suggesting intracranial trauma, suspected spinal cord injury, repetitive emesis, worsening mental, physical, or neurological status.

If a physician is not present during the event the athletic trainer will notify the physician to develop an evaluation and treatment plan.

Student athletes who exhibit concussive symptoms and another responsible adult are given written and verbal instructions regarding activities to avoid as well as progressive symptoms indicating a need for further emergency medical intervention.

A management plan is made for the concussed student athlete to receive serial evaluations. This will typically consist of an initial exam, a follow up 1-3 hours post injury, and then every 24 hours.

The concussed student athlete will follow up daily to meet with a certified athletic trainer and complete a graded symptom checklist. The ATC will function as the point person within athletics to help the student athlete navigate the return to learn process; and will collaborate with the team physician, coaches and academic advisor to create a plan and monitor the student athletes overall recovery. Student athletes may participate in limited physical and cognitive activity while symptom score is returning to baseline. Once the student athlete's symptom checklist score returns to baseline while performing full academic activity, the student athlete may begin a monitored return to play progression.

## **Return-to-Learn**

No classroom activity will take place on the day of injury. A designated academic counselor will be notified of the potential need for academic accommodations for the student athlete. The concussed student athlete will be given a concussion awareness letter by the athletic trainer or physician to use to notify his/her professors they are being treated for a concussion.

An individualized plan will be developed to assist the concussed student athlete to progress from cognitive rest to gradual return to the classroom/studying. Student athletes who cannot tolerate light cognitive activity may be instructed to remain home and gradually return to classroom/studying as tolerated. If the concussed student athlete experiences worsening symptoms with academic challenges they will be reevaluated by the team physician. If a concussed student athlete has a prolonged return to symptom free academics the multidisciplinary team may be expanded to include, but not limited to: team physician, athletic trainer, clinical counselor, neuropsychologist, academic advisor, course instructors, college administrators, office of disability services representatives, and coaches.

The concussed student athletes schedule may be modified for up to two weeks as needed. If the student has not returned to normal academic activity within two weeks the student athlete will be reevaluated by the team physician and members of the multidisciplinary team as appropriate.

Any concussed student athlete with a prolonged recovery will be reassessed by a physician in order to consider additional diagnosis and best management options.

Campus resources will be engaged by the student athlete's academic advisor for cases that cannot be managed through schedule modification/academic accommodations. Such resources will be consistent with ADA and include one or more of the following: learning specialists, office of disability, ADA office.

## **Return to Play**

The ATC will supervise the management of the return to play progression.

Once a student athlete's symptom score has returned to baseline for a minimum of 24 hours the return to play progression may begin. If the student athlete has any return of concussion-like signs /symptoms, the activity will be terminated, and the student athlete will resume rest and not proceed to any additional testing. Retesting may not occur until the student athlete is once again asymptomatic for a minimum of 24 hours while engaged in full academic responsibilities.

If the athlete is asymptomatic during the aerobic exertion test, they will undergo neuropsychological testing (Impact), and a standardized balance test

Once additional testing is completed the student athlete will have a follow up evaluation by a physician to review their testing in relation to their baseline scores.

If the student athlete is thought to be recovered by the treating physician they may begin a graduated exertion protocol. The student athlete is monitored by a certified athletic trainer during these steps to assess if any concussion-like symptoms/signs occur during or after the activity. The student athlete may not progress to the next step until they can complete the activity symptom free. If symptoms recur during the graduated exertion protocol the student athlete is referred back to the physician for reassessment.

The graduated exertion protocol allows a gradual increase in volume and intensity. Depending on individual assessment, a student athlete may complete Steps 1-3 on the same day. However Step 3, Step 4, and Step 5 must occur on separate days after insuring no return of symptoms following each exercise session.

Step 1: Aerobic conditioning and body weight strength conditioning

Step 2: Aerobic conditioning including high intensity intervals and full strength training

Step 3: Sport specific exercise and activities without head impact

Step 4: Limited, graduated intensity, controlled contact practice

Step 5: Full practice

No athlete can return to full activity or competition until they are asymptomatic in limited, controlled and full-contact practice activities.

Clearance for return to play is determined by the team physician or medically qualified physician designee. A new baseline concussion assessment will be established when student athletes are diagnosed with a concussion who experience a complicated recovery and/or present with multiple concussion history.

### **Reducing Exposure to Head Trauma**

Intercollegiate sports at the University of Oregon will be taught and practiced in a 'safety first' approach. Measures to make sport safer will include but are not limited to:

Adherence to Inter-Association consensus guidelines:

Year –Round Football Practice Contact Recommendations

Independent Medical Care for College Student Athletes Best Practices

Reducing gratuitous contact during practice

Taking the head out of contact

Coaching and student-athlete education regarding safe play and proper technique