

Auburn University Concussion Management Plan

(Revised April 11, 2019)

Purpose: To provide guidelines for the prevention and treatment of concussions in collegiate athletes at Auburn University.

Medical Overview

Auburn University's healthcare model includes equitable and equal access to the same healthcare providers/care for each sport.

Auburn University's healthcare providers are empowered with unchallengeable autonomous authority to diagnose, determine medical management and return-to-play decisions of student-athletes.

Auburn University's concussion management plan is team physician directed. The team physician or another designated physician who has expertise in the management of sports-related concussions will have the final authority to determine management and return-to-play of any concussed student-athlete.

Any member of the healthcare team, i.e., physicians, certified athletic trainer, nurse practitioner, physician assistant or graduate assistant athletic trainer may identify a student-athlete with concussive type symptoms. The student-athlete will be removed from play and referred to the team physician or his designated substitute physician for evaluation. The team physician or his designated substitute will then determine appropriate management and return-to-play protocols.

Auburn University will ensure coaches have acknowledged they understand the concussion management plan, their role within the plan and that they received education about concussions.

Auburn University's athletic healthcare providers will practice within the scope of their professional practice as outlined by the State of Alabama. This includes physicians, certified athletic trainers, physician assistants, clinical/sports psychologists, and referral physicians or neuropsychologist.

Although sports currently have rules in place, athletics staff, student-athletes and officials should continue to emphasize and educate that purposeful or flagrant head or neck contact in any sport should not be permitted. Student-athletes, coaches and athletics staff shall maintain a 'safety first' approach to sport and continue to monitor and evaluate safe play and maintain coaching and student-athlete education regarding safe play and proper technique.

Pre-Season Education

All student-athletes, coaches, team physicians, athletic trainers and athletics administrators will be presented with educational materials (NCAA Video/Fact Sheets-attachments 2/3) on concussions before each competitive season. Each party will provide a signature of acknowledgement that they have received, read and understand the concussion material provided by the institution (attachment 4 for student-athletes).

Auburn University shall require all student-athletes, coaches, team physicians, athletic trainers and athletics administrators to sign a statement in which the student-athlete accepts the responsibility for reporting any head trauma/head injury (concussion) and illness to the institutional medical staff, including signs and symptoms of concussions (attachment 4).

Pre-Participation Assessment

Auburn University will record a baseline concussion history and assessment for each incoming varsity student-athlete (first-years and transfers) prior to their first practice. The team physician will determine pre-participation clearance and/or the need for additional consultation or testing.

In addition, student-athletes in any sport who have a significant concussion history will also obtain a baseline concussion assessment prior to the first practice. These student-athletes may require additional testing at the discretion of the team physician if a student-athlete has a documented concussion, complications with concussions or multiple concussion history. The same baseline assessment tools will be used post injury at the appropriate time intervals. The baseline assessment tools will consist of:

1. The use of a symptom check-list and standardized cognitive assessment test (SCAT) and balance error scoring system (BESS).
2. The student-athletes will undergo a computer-based concussion assessment test called ImPACT testing.
3. Auburn University shall require student-athletes and their parents/legal guardian to complete and sign a concussion history form.

Recognition and Diagnosis of Concussion

Auburn University will have on file, post and annually update an EAP (emergency action plan) for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), and sickle cell trait collapses.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be present at all NCAA varsity competitions and practices in the following contact/collision sports: basketball; equestrian; football; pole vault; and soccer.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will also be present at all NCAA varsity competitions and practices in the following sports: baseball, gymnastics, softball, swimming and diving, tennis, track and field, cross country, and volleyball.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be available at all NCAA varsity competitions and practices for golf.

When an Auburn University student-athlete shows any signs, symptoms, or behaviors consistent with concussion, the student-athlete shall be removed from practice or competition and be evaluated by any member of the athletics' healthcare team with experience in the evaluation and management of concussions. The initial concussion assessment will include but not limited to: symptom assessment, physical and neurological exam, cognitive assessment and balance exam. Tools used for assessment will include: symptom checklist, SCAT, IMPACT and BESS. Clinical evaluation for cervical spine trauma, skull fracture and intracranial bleed shall also be performed.

A student-athlete diagnosed with a concussion shall be withheld from practice or competition and not return to activity for the remainder of that day and will be withheld until cleared by the team physician. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.

Post-Concussion Management

The student-athlete will receive serial monitoring for deterioration. Student-athletes will be provided with written instructions upon discharge: preferably with a roommate and/or a parent or guardian (attachment 6).

Student-athletes that show signs of increased deterioration that includes but is not limited to: Glasgow Coma Scale <13, prolonged loss of consciousness, focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status or other neurological sign/symptoms or spine injury shall activate the Emergency Action Plan that includes transportation for further medical care.

The student-athlete will be held from physical activity and evaluated by the team physician as outlined within the concussion management plan. Re-assessment by the medical staff will occur daily and symptoms monitored until completely asymptomatic and a return-to-play is possible (attachments 7/8). Communication with the student-athletes academic advisor will be necessary. Once asymptomatic and the neurological exam are within normal limits, return-to-play will follow a medically supervised stepwise project (attachment 1).

Student-athletes who have had continued evaluation by the team physician and experience prolonged recoveries following a concussion may require additional diagnosis and further modes of treatment/care. Additional diagnosis may include but are not limited to: post-concussion syndrome, sleep dysfunction, migraines or other headache disorders, mood disorders such as anxiety and depression, and ocular or vestibular dysfunction.

Auburn University Sports Medicine will document the incident, evaluation, continued management and clearance of the student-athlete with a concussion.

Return to Play

Final authority for return-to-play shall reside with the team physician.

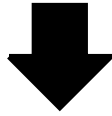
The student-athlete will follow a medically supervised stepwise return-to-play protocol. This will consist of repeat evaluation, symptom checklist, balance exam and ImPACT exam at a minimum as directed by the team physician. Scores will be compared to both baseline and normative values. If these test results return to acceptable clinical ranges, the student-athlete will complete a series of progression exertional testing as outlined by the flow chart (attachment 1). Re-evaluation is again conducted by the team physician for a return-to-play decision. In the event that symptoms return in any part of this return-to-play plan, the student-athlete will remain held from physical activity and be re-evaluated by the team physician.

Return-to-Learn

Academic advisors and professors will be notified of the student-athlete's concussion, with permission for release of information from the student-athlete. The student-athlete will be excused from class the day of the initial concussion. Appropriate academic accommodations (in compliance with the ADA) will be sought to help the student-athlete strike an optimum balance between rest and continued academic progress during recovery for a minimum of 2 weeks (attachment 5). Led by the team physician, the certified athletic trainer, psychologist, athletics administration, academic counselor and professors will coordinate appropriate academic accommodations while the student-athlete is recovering from the concussion. The team physician is to be notified if concussion symptoms worsen with academic challenges. The team physician will coordinate care with other necessary personnel (ex: Learning Specialists, neuropsychologist, neurologists, faculty athletic representative, coaches, college administrators and the Auburn University Office of Accessibility) with student-athletes experiencing more complex cases of greater than 2 weeks with return-to-learn issues.

Stepwise Exertional Testing Protocol Following Concussion (attachment 1)

Team Physician re-evaluation: symptom check-list, physical and neurological exam, cognitive assessment and balance exam.
ImPACT exam.



Exertional Testing Protocol

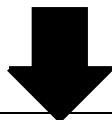
DAY 1: 15 mins. on stationary bike. Exertional intensity <70% max predicted heart rate.
IF NO CHANGE OR INCREASE IN SYMPTOMS, MOVE TO NEXT DAY



Team Physician re-evaluation: symptom check-list, physical and neurological exam, cognitive assessment and balance exam.
IF NO CHANGE OR INCREASE IN SYMPTOMS:
DAY 2: 15 mins. on stationary bike or treadmill. Exertional intensity <90% max predicted HR.
Strength training with Medical Staff (ie: push-ups, sit-ups, body wt. squats, machines)
IF NO CHANGE OR INCREASE IN SYMPTOMS, MOVE TO NEXT DAY



Team Physician re-evaluation: symptom check-list, physical and neurological exam, cognitive assessment and balance exam —IF NO CHANGE OR INCREASE IN SYMPTOMS:
DAY 3: Advanced cardio/strength training/sport specific drills with Strength/Medical Staff.
IF NO CHANGE OR INCREASE IN SYMPTOMS:
Non-contact practice with team and coaches. Continued symptom monitoring.
IF NO CHANGE OR INCREASE IN SYMPTOMS, MOVE TO NEXT DAY



Team Physician re-evaluation: symptom check-list, physical and neurological exam, cognitive assessment, balance exam and, ImPACT exam. —IF NO SYMPTOMS:
DAY 4: Re-evaluation by Team Physician and determination for final return-to-play.
FULL CONTACT PRACTICE as determined by the Team Physician.
Continued symptom monitoring by Medical Staff.

(Attachment 1)

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body:
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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(Attachment 2)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician

CONCUSSION

A FACT SHEET FOR COACHES

THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head;
- AND-
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS

Signs Observed By Coaching Staff

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can't recall events before hit or fall.
- Can't recall events after hit or fall.

Symptoms Reported By Student-Athlete

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not "feel right."



(Attachment 2A)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician

PREVENTION AND PREPARATION

As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
 - Review and practice your emergency action plan for your facility.
 - Know when you will have sideline medical care and when you will not, both at home and away.
 - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
 - Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
 - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
 - Encourage student-athletes to practice good sportsmanship at all times.
 - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:

Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.



IF A CONCUSSION IS SUSPECTED:

1. Remove the student-athlete from play. Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just "shake it off." Each individual athlete will respond to concussions differently.
2. Ensure that the student-athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.
4. Develop a game plan. Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

**IT'S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, SIT THEM OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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(Attachment 3)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician



Auburn University Concussion Statement

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information:
(Please initial each statement)

_____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

_____ Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature

Date

Printed Name

(Attachment 4)



Michael D. Goodlett, M.D., F.A.A.F.P.
Auburn University Sports Medicine
349 S Donahue Dr Suite #200
Auburn, AL 36849

Date: 4/25/2017

Auburn University Office of Accessibility

REFERENCE:
DOB:

CONCUSSION ACCOMMODATION REQUEST

suffered an acute cerebral concussion on . is being followed by me for persistent symptoms secondary to post-concussion syndrome.

would benefit from having the following temporary academic accommodations in place until they have reached the point of full recovery from this injury.

1. Partial class attendance as allowed by symptoms, including days off as needed as well as early departure, depending on their level of symptoms.
2. Postponement of quizzes and tests for the time being until has recovered sufficiently enough to be able to adequately prepare.
3. Extended deadlines for class assignments as needed to avoid mental overexertion and symptom exacerbation.
4. Should not be asked to take more than one examination a day, and may require additional time to take examinations or lengthy homework assignments.
5. Should not participate in any physical activity beyond light walking. Should not be participating in physical education, sports activities, heavy lifting, physical exertion, or any activity with significant risk of falling or head trauma.
6. Should avoid unnecessary mental activity, especially refrain from video games, text messaging, e-mail, and any other physical or cognitive intellectual activities that may provoke post-concussion symptoms.
7. Should avoid any other stimulus or activity that causes any post-concussive symptoms to return or worsen.

Respectfully, _____
Michael D. Goodlett, M.D., F.A.A.F.P.
Team Physician Auburn University

(Attachment 5)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician



Michael D. Goodlett, M.D., F.A.A.F.P

Auburn University Sports Medicine
349 S Donahue Dr Suite #200
Auburn, AL 36849

Concussion Home Instructions

Date: 4/25/2017

RE:

DOB:

I believe that _____ sustained a concussion on _____. To make sure _____ recovers, please follow the following important recommendations below. Additionally, please remind them to report to the athletic training room/clinic on _____ at _____ for a follow up evaluation.

Please review the following list, if any of them develop prior to the follow up with the athletic trainer, contact your physician or contact EMS:

- Any decrease in the level of consciousness
- Any increase in the severity of symptoms
- An increase in the number of symptoms
- Any weakness or numbness in the arms or legs
- Any difficulty with facial expressions, numbness of the face, hearing, vision, and balance
- Abnormal repatriation, pulse, blood pressure
- Neck pain
- Seizure
- Vomiting

If none of the above list occurs, please follow the instructions below:

You may use acetaminophen (Tylenol) for a headache, but do not use any other medication unless instructed to by a physician

Use icepacks on head and neck for comfort

Eat a light diet

It is ok to return to school as symptoms allow

It is ok to go to sleep and get a full nights rest, there is no need to wake up every hour

Do not take part in any strenuous activity until cleared by your athletic trainer and physician

Do not drink alcohol or eat/drink spicy foods or beverages

(Attachment 6)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician

Concussion Evaluation

Auburn University Sports Medicine

Dr. Michael Goodlett, MD

	Name:	Sport:	Concussion Date:	
			Yes/No	Yes/No
Previous Concussion(s): 0 1 2 3+	Hx Migraine Headaches?		_____	Loss Of Consciousness
Date (s) Of Prior Concussion: _____	Hx ADD/Learning Disability?		_____	Seizure
Longest Symptom Duration: _____	Hx Anxiety/Depression?		_____	Balance Problems
History Of Present Illness:				

Assessment:

1. Concussion Day # _____ Date: _____

Activity Status: _____ Clinician Signature: _____

2. Concussion Day # _____ Date: _____

Activity Status: _____ Clinician Signature: _____

3. Concussion Day # _____ Date: _____

Activity Status: _____ Clinician Signature: _____

4. Concussion Day # _____ Date: _____

Activity Status: _____ Clinician Signature: _____

5. Concussion Day # _____ Date: _____

Activity Status: _____ Clinician Signature: _____

Activity Status Legend:

1. Rest Until Asymptomatic
2. Light Aerobic Exercise
(Cardiovascular Challenge Only)
3. Sport Specific Exercises
(As Ordered By Physician)
4. Non-Contact Training Drills
(Resistance Training Ok)
5. Full Contact Training
6. Return To Competition

(Attachment 7)

AUBURN

SPORTS MEDICINE

NAME: DOB: DATE: SPORT:
CONCUSSION FOLLOW-UP

Concussion Date: _____

POST-CONCUSSION SYMPTOM SCALE

Rate from a scale of 0 (none) to 6 (severe)

Eval. Date/Time							
Date Of Last Headache							
Concussion Day #	1	2	3	4	5	6	7
SYMPTOMS	0-6	0-6	0-6	0-6	0-6	0-6	0-6
-Headache							
-"Pressure in head"							
-Neck pain							
-Balance problems / dizziness							
-Nausea / vomiting							
-Blurry vision / vision problems							
-Hearing problems / ringing							
-"Don't feel right"							
-Feeling "dinged" / "dazed"							
-Confusion							
-Feeling slowed down							
-Feeling like "in a fog"							
-Drowsiness							
-Fatigue or low energy							
-More than emotional							
-Irritability							
-Difficulty concentrating							
-Difficulty remembering							
-Trouble falling asleep							
-Sleeping more than usual							
-Sleeping less than usual							
-Sensitivity to light							
-Sensitivity to noise							
-Sadness							
-Nervousness							
-Numbness or tingling							
-Are you currently feeling normal?							
-Any other abnormal symptoms?							
TOTAL SYMPTOM SCORE:							
MODIFIED BESS TEST SCORE:							
TOTAL SCORE:							

ATHLETE SIGNATURE: _____ DATE: _____

(Attachment 8)

MICHAEL D. GOODLETT M.D., F.A.A.F.P.
Team Physician

Concussion Safety Protocol Checklist

Pre-Season Education:

Education management plan that specifies:

- Institutions have provided NCAA concussion fact sheets (NCAA will make material available) or other applicable material annually to the following parties: (Attachments 2/3)
 - Student-athletes. (Attachment 2) (Page 2, Paragraph 1)
 - Coaches. (Attachment 2, 2A, 3) (Page 1, Paragraph 5) (Page 2, Paragraph 2)
 - Team physicians. (Attachments 2, 2A, 3) (Page 2, Paragraph 2)
 - Athletic Trainers. (Attachments 2, 2A, 3) (Page 2, Paragraph 2)
 - Directors of Athletics. (Attachments 2, 2A, 3) (Page 2, Paragraph 2)
- Each party provides a signed acknowledgement of having read and understood the concussion material. (Attachment 4) (Page 2, Paragraph 2)

Pre-Participation Assessment:

Pre-participation management plan that specifies:

- Documentation that each varsity student-athlete has received at least one pre-participation baseline concussion assessment, that addresses: (Page 2, Paragraph 3)
 - Brain injury and concussion history. (Page 2, Paragraph 3) (Page 2, #3)
 - Symptom evaluation. (Page 2, #1/#2)
 - Cognitive assessment. (Page 2, #1/#2)

- Balance evaluation. (Page 2, #1)
- Team Physician determines pre-participation clearance and/or the need for additional consultation or testing.* (Page 2, Paragraph 3/4)

**Consider a new baseline concussion assessment six months or beyond for any varsity student-athlete with a documented concussion, especially those with complicated or multiple concussion history.*

Recognition and Diagnosis of Concussion:

Recognition and diagnosis of concussion management plan that specifies:

- Any student-athlete with signs/symptoms/behaviors consistent with concussion:
 - Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be "present" at all NCAA varsity competitions in the following contact/collision sports: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; soccer; wrestling. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team, or maybe independently contracted for the event. (Page 3, Paragraph 2)
 - Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be "available" at all NCAA varsity practices in the following contact/collision sports: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; soccer; wrestling. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated. (Page 3, Paragraph 2)
- Any student-athlete with signs/symptoms/behaviors consistent with concussion:

- Must be removed from practice or competition. (Page 3, Paragraph 3)
- Must be evaluated by ATC or team physician with concussion experience. (Page 3, Paragraph 3)
- Must be removed from practice/play for that calendar day if concussion is confirmed. (Page 3, Paragraph 4)

Initial suspected concussion evaluation management plan that specifies:

- Symptom assessment. (Page 3, Paragraph 3)
- Physical and neurological exam. (Page 3, Paragraph 3)
- Cognitive assessment (Page 3, Paragraph 3)
- Balance exam. (Page 3, Paragraph 3)
- Clinical assessment for cervical spine trauma, skull fracture and intracranial bleed. (Page 3, Paragraph 3)

Post-Concussion Management:

Post-concussion management plan that specifies:

- Emergency action plan, including transportation for further medical care, for any of the following: (Page 3, Paragraph 6)
 - Glasgow Coma Scale < 13.
 - Prolonged loss of consciousness.
 - Focal neurological deficit suggesting intracranial trauma.
 - Repetitive emesis.
 - Persistently diminished/worsening mental status or other neurological signs/symptoms.
 - Spine injury.
- Mechanism for serial evaluation and monitoring following injury. (Page 3, Paragraph 5)

(Attachments 7/8)

- Documentation of oral and/or written care to both student-athlete and another responsible adult.* (Attachment 6) (Page 3, Paragraph 5)

**May be parent or roommate.*

- Evaluation by a physician for student-athlete with prolonged recovery in order to consider additional diagnosis* and best management options. (Page 4, Paragraph 2)

**Additional diagnoses include, but are not limited to:*

- *Post- concussion syndrome.*
- *Sleep dysfunction.*
- *Migraine or other headache disorders.*
- *Mood disorders such as anxiety and depression.*
- *Ocular or vestibular dysfunction.*

Return to Play:

Return-to-Play management plan that specifies:

- Final determination of return-to-play is from the team physician or medically qualified physician designee. (Page 1, Paragraph 2/3/4) (Page 4, Paragraph 4/5)
- Each student-athlete with concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion that specifies: (Attachment 1) (Page 4, Paragraph 1)
 - Student-athlete has limited physical and cognitive activity until he/she has returned to baseline, then progresses with each step below without worsening or new symptoms: (Attachment 1) (Page 4, Paragraph 1)
 - Light aerobic exercise without resistance training. (Att. 1)
 - Sport-specific exercise and activity without head impact. (Att. 1)
 - Non-contact practice with progressive resistance training. (Att. 1)
 - Unrestricted training. (Att. 1)

- Return-to-competition. (Att. 1)

Return-to-Learn:

Return-to-learn management plan that specifies:

- Identification of a point person within athletics who will navigate return-to-learn with the student-athlete. (Page 4, Paragraph 4/5)
- Identification of a multi-disciplinary team* that will navigate more complex cases of prolonged return-to-learn: (Page 4, Paragraph 6)

**Multi-disciplinary team may include, but not be limited to:*

- *Team physician.*
- *Athletic trainer.*
- *Psychologist/counselor.*
- *Neuropsychologist consultant.*
- *Faculty athletic representative.*
- *Academic counselor.*
- *Course instructor(s).*
- *College administrators.*
- *Office of disability services representatives.*
- *Coaches.*

- Compliance with ADA/AA. (Attachment 5) (Page 4, Paragraph 6)
- No classroom activity on same day as concussion. (Attachment 5) (Page 4, Paragraph 6)
- Individualized initial plan that includes:
- Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.

(Attachment 5)

- Gradual return to classroom/studying as tolerated. (Attachment 5)
- Re-evaluation by team physician if concussion symptoms worsen with academic challenges. (Attachment 5) (Page 4, Paragraph 6)
- Modification of schedule/academic accommodations for up to two weeks, as indicated, with help from the identified point-person. (Attachment 5) (Page 4, Paragraph 6)
- Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with symptoms > two weeks. (Page 4, Paragraph 6)
- Engaging campus resources for cases that cannot be managed through schedule modification/academic accommodations. (Page 4, Paragraph 6)
 - Such campus resources must be consistent with ADAAA, and include at least one of the following: (Page 4, Paragraph 6)
 - Learning specialists.
 - Office of disability services.
 - ADAAA office.

Reducing Exposure to Head Trauma:

- Reducing head trauma exposure management plan.* (Page 1, Paragraph 8)

**While the Committee acknowledges that 'reducing' may be difficult to quantify, it is important to emphasize ways to minimize head trauma exposure. Examples of minimizing head trauma exposure include, but are not limited to:*

Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines.

Adherence to Inter-Association Consensus: Independent Medical Care Guidelines.

Reducing gratuitous contact during practice.

Taking a 'safety first' approach to sport.

Taking the head out of contact.

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

Administrative:

- Institutional plan submitted* to Concussion Safety Protocol Committee by May 1.

**Plans must be submitted via [Program Hub](#).*

- Written certificate of compliance signed by director of athletics that accompanies submitted plan.

(See Attached)