

BOSTON COLLEGE SPORTS MEDICINE

Care Guidelines for Student-Athletes with Sport Related Concussions

This document is for use by Boston College Sports Medicine Clinicians when treating Student-Athletes (S-A's) who have suffered a sport related concussion (SRC) or are suspected of having suffered such a concussion.

Policy Guidelines

Boston College maintains sport related concussion care guidelines based on the most current research and consensus statements from noted experts around the world. This policy is reviewed yearly to ensure that we are following the most current standard of care and that the policy reflects new requirements dictated by both the National Collegiate Athletic Association (NCAA) and the City of Boston's Ordinance for College Athlete Head Injury Game Day Safety. There is no wording within the NCAA or Boston legislation that allows for 'interpretation' by the clinician in regards to *initial care* of the S-A with a suspected SRC; this policy must be followed to ensure the safety of the S-A and to ensure that Boston College is compliant with NCAA and Boston regulations.

A sport related concussion is a traumatic brain injury induced by biomechanical forces. This can be caused by a direct blow or impulsive forces transmitted to the head and typically results in a rapid onset of short-lived neurological impairments which resolve spontaneously. The clinical signs and symptoms can evolve over a number of minutes or hours and may result in neuropathological changes. These acute signs and symptoms reflect a functional injury, not a structural injury and may or may not include loss of consciousness (LOC). A concussion is not identifiable on standard imaging (CT, MRI).

At no time will any Sports Medicine clinician assign a 'grade' to the SRC injury suffered by a S-A. Although there are a multitude of grading scales that have been created to assist in the diagnosis and management of concussion, these will not be employed by Boston College. Attempting to 'slot' an S-A's injury into one of these scales for the purpose of creating a care plan and a projected timeline places unnecessary restrictions and expectations on the clinician and is not the standard of care.

Per NCAA and City of Boston requirements, any athlete who is deemed to have suffered an SRC, or is suspected of suffering such a concussion after experiencing trauma shall be removed from all physical activity for the remainder of that calendar day. Boston College requires evaluation of the athlete, as soon as possible, by a Sports Medicine Clinician. If it is determined that the athlete has suffered an SRC, that athlete will be held from further activity and will be guided and monitored through the protocols outlined in this document. Return to play clearance will be determined by a team physician or appropriately trained and licensed health care clinician and the progression and clearance will be documented and provided to the Assistant Athletic Director for Sports Medicine.

The City of Boston Ordinance for College Athlete Head Injury Game Day Safety requires that, specifically for the sports of Football, Ice Hockey and Men's Lacrosse, a "Neurotrauma Consultant" be in attendance at any competition held within the City of Boston. By Ordinance definition, the Neurotrauma Consultant can be a neurologist or a "primary care CAQ sports medicine certified physician that has documented competence and experience in the treatment of acute head injuries". This physician shall have full access to benches and playing surface. Further, this physician will evaluate any suspected head, neck or spine injury suffered by either a home or visiting athlete and will work with the medical staffs present to make recommendations for further care. If visiting teams have medical staff in attendance, they will make the final decision regarding the diagnosis and the athletes playing status.

Pre-Season Education

Student-athletes in each sport will be presented with NCAA concussion fact sheets and educational material on concussions via “Jump Forward” from the Boston College Compliance Office and from pre-season compliance meetings *prior* to practice or competition. Student-athletes will review the material with the understanding that they accept responsibility for reporting all of their injuries and illnesses to the medical staff, including signs and symptoms of concussions. Each student-athlete will initial and sign an acknowledgement of receipt, reading and understanding the concussion education material.

Coaches, Sport Administrators, and the Athletics Director will be educated about concussions and the Concussion Safety Protocol as follows: Concussion education will be provided to coaches, Sport Administrators and the Athletics Director at the beginning of the academic year. Coaches should understand their responsibility for helping to identify student-athletes exhibiting potential signs, symptoms or behaviors consistent with a concussion and for having them evaluated by the Athletic Trainer and/or Team Physician. Coaches will also be educated about strategies that reduce a student-athlete’s exposure to head trauma. Coaches, Sports Administrators, and the Athletics Director will sign an acknowledgement of receipt, reading and understanding the concussion education material.

Team Physicians and Athletic Trainers will be provided concussion education material annually and will sign acknowledgement of receipt, reading and understanding of such material.

Initial and Baseline Assessment

All incoming freshmen and all new S-A’s will undergo a Sport Pre-Participation Physical through University Health Services. During this physical, the examining physician shall review the S-A’s prior medical history including any history of brain injury, concussion, and specifically SRC, as well as any current symptoms. Those S-A’s reporting prior head injury will be asked to provide a thorough history of their previous concussive incidents including dates incurred, length of symptoms, and time missed from athletics and academics. Each S-A will be administered a baseline Standard Assessment of Concussion. A balance screening shall also be administered by the examining physician or athletic training staff. Those S-A’s who are participating in contact and collision sports will also undergo computerized neurocognitive testing prior to participation. The Boston College sports that are classified as contact and collision are listed below. The results of these tests will be recorded in the S-A’s medical chart. The examining physician will make a determination for the need of any type of specialized follow-up consultation related to pre-existing conditions and/or prior history of head injury.

The sports which will be required to undergo computerized neurocognitive baseline testing include:

Baseball	Field Hockey	W Lacrosse	M & W Skiing
M & W Basketball	Football	Pole Vaulting	Softball
Diving	M & W Ice Hockey	M & W Soccer	

Evaluation/Diagnosis

Signs and Symptoms of Concussion

Below is a list of signs and symptoms that may be used by the clinician to assist in the initial evaluation of the head injured S-A. This list is extensive but not all-inclusive and should serve only to provide ‘triggers’ that may be used for identifying the S-A with an SRC. A similar, but more specific list will be utilized for follow-up with the concussed S-A. Understand that symptoms may vary over time and serial monitoring will occur regularly to further assess neurocognitive status. Re-evaluation is recommended daily in the initial post injury phase due to the variable sequelae that may ensue.

<u>Physical</u>	<u>Cognitive</u>	<u>Emotional</u>	<u>Sleep</u>
Headache	Difficulty remembering	Behavioral changes	Sleep more than usual
Fatigue	Difficulty concentrating	Irritability	Sleep less than usual
Dizziness	Feeling slowed down	Sadness	Drowsiness
Photophobia	Feeling in a fog	Feeling emotional	Trouble falling asleep
Sensitivity to noise	Slowed reaction times	Nervousness	
Nausea	Altered attention	Anxiety	
Balance problems	Amnesia		
LOC			
Vision difficulty			

Acute/Emergency Evaluation and Care (Sideline/Bench – immediately post injury)

At any time that an SRC is suspected, the S-A shall be removed from further participation and undergo an initial concussion evaluation.

If the S-A is conscious and alert and without evidence of other limiting injuries (i.e. c-spine injury), they will be removed to the sideline/bench/athletic training room for evaluation. After allowing the S-A to settle to a ‘resting state’, the clinician will, at a minimum, perform the following exam:

- The injury history, date/time, and history of previous concussion will be determined and recorded including any loss of consciousness
- An initial injury symptom checklist will be utilized to record any symptoms reported by the S-A.
- A basic neurologic exam will take place assessing cranial nerves
- The SAC will be administered
- Upper and lower extremity coordination will be assessed, including balance and tandem-gait
- Pupils shall be examined for size, shape and reaction to light

The above exam shall be carried out in such a manner as to obtain accurate information with care taken to perform the assessment without any time constraint. In general, 10 minutes of real time would be a minimum examination period. If the athlete is symptomatic and the clinician determines that the athlete is concussed, serial monitoring will occur until symptoms stabilize or improve. Depending on sport, timing, and location, the helmet may be taken away from the injured player. Once symptoms stabilize, the player will continue to be monitored at regular intervals but shall not return to practice, play, or perform any other type of physical activity that day.

Findings of this initial assessment and serial monitoring will be recorded on a Sideline Head Injury Evaluation Card (see attachments) or on a similar document or smart phone application which can later be printed for the S-A’s medical record.

The Emergency Action Plan shall be initiated and the S-A should be removed from the venue utilizing c-spine precautions as needed and transported to the closest emergency department if any of the following are present:

- Prolonged Loss of Consciousness (LOC)
- Focal neurologic defect as found with intracranial injury
- Repeated or worsening emesis
- Significant alteration or deterioration in mental status
- Glasgow Coma Scale score of less than 13

Sub-Acute Evaluation (Controlled/Quiet Environment – ideally within 1-2 hours of injury)

After the initial acute evaluation, the clinician shall perform a more in-depth evaluation of the SRC injured athlete in a more stable environment such as the Athletic Training Room, locker room or clinic. The Assessment of Concussion form shall be utilized for this evaluation (see attachments). This form includes a graded symptom checklist that should be completed by the S-A with assistance of the clinician as needed. Depending on the time elapsed since the SAC was initially administered in the acute evaluation, another SAC may be obtained. Additional neurological exams will take place to evaluate the status of the S-A. If the clinician is a physician, the form should be completed in its entirety, if the clinician is an athletic trainer, the form shall be completed as fully as possible with the understanding that some of the assessments will not be carried out. If the athlete reports to be symptom free and the remainder of the exam is normal, the clinician may choose to engage the athlete in exertional maneuvers and then reassess symptoms.

Also at this time, a care plan will be discussed. If this sub-acute exam is not completed by a team physician, a follow-up physician exam will be required as soon as possible and ideally within 48 hours. Depending on signs and symptoms from the sub-acute exam, the clinician may opt to require the S-A to be observed at a health care facility. (On-Campus Health Services, Local Hospital) If the S-A is allowed to return to their room, specific timing and location of the next follow-up exam will be discussed with the S-A. Further, the S-A and another responsible adult will be provided with the Concussion Home Instruction Sheet (see attachments) and will be provided with contact information and instructions in the event that the S-A's condition worsens. The clinician should review the home instructions with the S-A, with emphasis given to cautions regarding medication (no NSAIDs) and activity levels, both physical and cognitive (see below).

Sub-Acute Care and “Return-to-Learn”

Along with the follow-up exam already mentioned above, the S-A will be instructed in appropriate behaviors in order to maximize healing conditions for a resolving SRC. These will include continued physical rest and also cognitive rest. The athlete will be instructed to limit reading, ‘screen time’ (texting, video game play, computer work) and any other cognitive activity that requires focus/concentration. Student Athlete Academic Services (SAAS) will be alerted to the extent of the injury in order to assist with the cognitive rest recommendations. The athlete will be required to discuss a “Return to Learn” plan with both Team Physicians and their SAAS Learning Specialist Advisor who will serve as the ‘point person’ for handling needed academic accommodations. If needed the athlete may initially be housed in a low-sensory environment at University Health Services if cognitive activity increases symptoms. The goal of SAAS and team physicians will be to assist the S-A to minimize cognitive stress while making an attempt to stay current academically. The SAAS Advisor shall make recommendations regarding the resumption of class work and class attendance in a gradual fashion for a period of up to two weeks. In their ongoing monitoring of the SRC S-A, the team physicians, in conjunction with the SAAS Advisor, will make recommendations for continued or increased assistance from University staff as well as off-campus resources to assist with any prolonged Return-to-Learn issues that might continue beyond the initial two week period post-injury. However, increased assistance may be sought out at any time during the monitoring of the S-A's recovery as determined by team physicians or the SAAS Advisor. All recommendations suggested by on-campus and/or

off-campus clinicians shall adhere to the ADA Amendments Act of 2008. On-campus resources include Disability Services Office, The Connors Learning Center, University Counseling Services and Office of the Academic Deans. Off-campus resources would initially include evaluation and treatment with a neuropsychologist with referral to other expert clinicians as needed such as therapy for vestibular dysfunction or cognitive behavioral issues.

Follow-Up Evaluation & Care

The SRC S-A shall be re-evaluated within (or close to) 24 hours post injury. At this time, the Concussion Follow-Up Assessment Form and Self-Report Symptom Scale document will be utilized for the exam (see attachments). All clinicians should note that on this form the self-report symptom scale is **NOT** graded on **severity of symptoms** but rather on **duration of symptoms**. This must be explained carefully to the S-A and a time frame for symptom report must be selected and noted on the form. Because the scale is different than that employed during the sub-acute exam, the total symptom score should not be compared between these two exams.

When utilizing this follow-up form, the clinician should take into account the timing of the administration of the self-report in regards to the length of time that the S-A has been awake and whether or not the S-A is utilizing any medication that may mitigate symptoms. The form should be completed with care being taken to note any changes in the S-A's condition as well as documentation of the next time and location for serial follow-up evaluation.

Daily monitoring of the concussed S-A shall continue and the Concussion Follow-Up Assessment Form and Self-Report Symptom Scale shall again be employed during these evaluations.

ImPACT neurocognitive testing will be carried out on physician recommendation only after the acute and sub-acute symptoms have resolved and the athlete has completed at least the initial two steps of the Return to Play Protocol. The athlete should not undergo ImPACT testing during the initial post-injury phase. Comparison of the ImPACT scores will be made with baseline scores if available or with normative data. The neurocognitive testing results will assist the overall evaluation of the S-A but will not serve as the only measure of progress nor as the only indicator for return to play clearance.

The team physicians shall continue daily monitoring until such as time as the S-A has successfully completed all evaluations, testing values have returned to levels at or near baseline and the S-A has successfully completed the Return-to-Play progression outlined below. If the S-A is experiencing a prolonged recovery and has not been cleared to return to play and/or is still experiencing cognition issues related to Return-To-Learn, team physicians shall convene to discuss additional differential diagnoses as well as other evaluative and care options as previously mentioned.

Return to Play Considerations

The Return to Play (RTP) protocol following a concussion follows a stepwise progression and is not initiated until approximately 24 hours after the S-A is asymptomatic and other neurological evaluations are considered back to normal. (If the S-A does not become symptom free within 48 hours post injury, special considerations may be made--see following section) A physician must approve the commencement of the RTP progression. The progression outlined below is to be carried out in a step-wise fashion with constant monitoring both before and

after activity by a sports medicine clinician. The Concussion Follow-Up Assessment Form and Self-Report Symptom Scale will be used again after each step. If recurrence of symptoms is noted and/or a change in the neurological exam occurs, the athlete will again be held from activity for approximately 24 hours and re-evaluated. If the symptoms have resolved, the athlete will drop back to the previous step and be allowed to resume the progression.

Step 1 – Light aerobic exercise to increase heart rate (walking, stationary bike, elliptical, etc.)

Step 2 – Sport specific cardio activity (ex: skating, running)

Step 3 – Progressive resistance exercise

Step 4 - Non-contact practice

Step 5 – Return to full contact play with clearance by physician

***While self-evident, when following all of the guidelines outlined in this document, it should be noted that at no time will a Student-Athlete be allowed to return to play if they still require academic adaptations or accommodations related to their concussion.**

As a reminder, final clearance for return to play will be determined by a team physician or appropriately trained and licensed health care clinician and the progression and clearance will be documented and provided to the Assistant Athletic Director for Sports Medicine.

Special Considerations

If the S-A's symptoms have not totally resolved after 48 hours post injury, the athlete will commence light exercise. This exercise shall be a non-impact cardiovascular activity and will be of a short duration at a sub-maximal exertional level which should not exacerbate existing, or trigger any new, cognitive or physical symptoms. The length of these workouts may progress in duration daily but not in intensity and will remain at a sub-maximal level.

The sports medicine clinician may consider obtaining a neurological consult or an adjustment of the RTP progression in certain situations. Find below a list of some of those situations that may warrant a change in the normal protocol.

- Structural Head Injury
- Multiple Concussions
- Extensive duration of symptoms at any point post injury
- Significant amnesia or LOC greater than 1 minute
- Co-morbidities such as a past history medical history of migraine, depression, ADHD, sleep disorder, and/or other mental health issues

Summary

It is important to note that concussion evaluation and management must be handled on a case-by-case basis. There is no 'typical' clinical course for the resolution of the injury itself and the post concussive management. In following the mission of Boston College Sports Medicine, we will protect and promote the safety, health and well being of every student athlete and will provide and coordinate the care of our athletes while working with our coaches as they prepare for athletic competition. Post concussive care will focus on limiting the potential catastrophic and long term risks involved with concussive injuries. The evaluation, care and return to play decisions will be based on current best medical practices and the clinical judgments made by Boston College clinicians specifically for each injured individual.

The above policy and protocols will be reviewed yearly and updated to reflect current best-practices for care of head-injured athletes. Further, the policy and protocol will be reviewed and updated as needed to insure that the document meets the requirements of all governing bodies including but not limited to; the University, the National Collegiate Athletic Association, the City of Boston and the City of Newton.

Reviewed April 2019

Emergency Action Plans

Find following the Emergency Action Plans (EAP's) for the various venues utilized by Boston College athletic teams for both practices and competitions.

It should be noted the Emergency Action Plans are venue (site) specific. They are not sport specific, nor are they activity specific (i.e., practice v. game v. running workout v. coaches skill work, etc.), nor are they injury specific (i.e., concussion v. cardiac v. orthopedic, etc.)

The EAP's are documents to be used by any individuals or groups affiliated with Boston College that are using a Boston College athletic venue, or an off-campus public or private venue utilized by Boston College athletic teams. The plans are designed to assist on-site staff in the event of any type of medical emergency. The EAP is specifically designed to be direct, succinct and related only to initial emergence care. The EAP is not a protocol for dealing with specific injuries or conditions. (See related documents for policies and protocols regarding specific injuries or conditions)

All staff utilizing venues should be familiar with the EAP for that venue. When possible, the EAP will be posted in a prominent location at each venue.

Emergency Action Plans Attached:

Alumni Stadium

Community Rowing Boat House

Conte Forum: Main Floor or Ice Surface

Conte Forum: Power Gymnasium

Fish Field House

Flynn Recreational Complex

Harrington Village Athletic Complex

Newton Campus Short Turf Field

Newton Campus Field Turf Field

Savin Hill Yacht Club

Shea Field

Boston College

Annual Acknowledgement of Concussion Education All Coaches, Staff, Administrators and Athletic Directors

The NCAA requires that coaches, athletic directors, and staff that work directly with student athletes verify that they have read and understand concussion education documents yearly.

Coaches are an integral part of concussion recognition due to their knowledge of the athletes and their vantage point to plays and drills during practice and competitions. Coaches often have the ability to notice signs and symptoms of concussion before sports medicine staff. With coaches, staff and administration having knowledge of concussions, the recognition of possible head injury will occur promptly and in turn lead to minimized student-athlete risk.

Please sign below indicating that you have reviewed the Concussion Education Document for the academic year of 2017-2018.

I acknowledge that I understand the definition of a concussion, possible signs and symptoms of a concussion, and the importance of reporting to sports medicine staff if I suspect a Student-Athlete may be concussed.

Printed Name_____

Signature_____

Date_____

Sport or Title_____

Please return to Steve Bushee, Sports Medicine Yawkey

Annual Acknowledgement of Concussion Education Team Physicians & Athletic Trainers

NCAA concussion guidelines recommend that coaches, athletic directors, staff and team physicians verify that they have read and understand the Boston College Concussion Education Document yearly.

Realizing that team physicians and athletic trainers possess deeper understanding of concussion etiology and management, all sports medicine clinicians will be held to the more stringent requirement of reading and reviewing the current concussion education guidelines and sign off as having done so. This will ensure that all sports medicine staff understand the current guidelines and this will also generate discussion regarding current concepts in concussion management which may lead to revisions of the Guidelines for Care of the Concussed Student Athlete. This review of concussion care will take place yearly and physicians and athletic trainers will sign below to acknowledge they have read the current document.

I have reviewed the Boston College Guidelines for Care of the Concussed Student Athlete for Academic Year_____

Name (Printed)

Signature

Date _____

[illegible]

BOSTON COLLEGE

CHESTNUT HILL, MASSACHUSETTS 02467-381

Concussion Education for Coaches Concussion Education for Staff, Athletic Directors & Sport Administrators Review and signature required yearly by the NCAA

Definition of concussion

There are multiple definitions of concussion but you should understand that a concussion:

- is an injury to the brain caused by a blow to the head or body. This can be caused by hitting another player, a hard surface, or by being struck by a piece of equipment. The blow can be direct to the head or indirect like that experienced in a whiplash type injury.
- alters the normal functioning of the brain
- can range from mild to severe, but all are considered a serious injury
- can elicit many different symptoms in different athletes and no two concussions are exactly alike
- can occur in any sport, at any time, and are ***not necessarily*** related to extreme forces
- can occur **without a loss of consciousness**

Further:

- Helmets and mouth guards **DO NOT PREVENT CONCUSSION**
- Athletes may not report symptoms in fear of losing practice/playing time
- Recognition and proper initial response to concussion can help minimize risk of further injury (and death) and can help to minimize lost playing time

Recognizing a possible concussion

To help recognize a possible concussion, watch for the following two events that *may* occur during practice or play:

- Forceful blow to head or body that involves rapid head acceleration or deceleration. However, as mentioned above, this type of force is not always present when a player suffers a concussion
- Any change in the student-athlete's behavior, thinking or physical functioning. (see list below)

Signs and symptoms of a concussion

Symptoms may be reported by the student-athlete:

- Headache or pressure in the head
- Dizziness/Balance difficulty
- Vision changes
- Confusion
- Nausea
- Difficulty concentrating/remembering
- Feeling foggy, sluggish, hazy, groggy
- Sensitivity to light or noise
- Doesn't 'feel right'

Signs you may observe in the student-athlete:

- Dazed or stunned
- Loss of consciousness
- Confused about assignment or position
- Forgets plays
- Moves clumsily
- Behavior or personality changes
- Amnesia of events either before or after the injury
- Answers questions slowly

Concussion prevention and preparation

Coaches play a key role in preventing concussions and responding to them properly if they occur

- Convey to players the significance of concussions and the importance of reporting concussion symptoms and ALL injuries
- Educate your players about proper rules of the game and insist on adherence to the rules of play
- Educate your players about appropriate technique and skills to minimize sustaining OR causing concussion
- Emphasize good sportsmanship
- Emphasize that protective equipment fit properly, be well maintained and be worn consistently and correctly
- Know what medical care is available at all practice/competition venues
- Know how to initiate the Emergency Action Plan to get help when needed

If you suspect a student-athlete has suffered a concussion based on the above information, the athlete should be removed from practice or play immediately.

- Report your suspicions to the Boston College athletic trainer, if one is with you
- If an AT is not with you, notify any sports medicine clinician that might be on-site (home team AT if you are traveling)
- If you are at a venue without any sports medicine coverage, contact the athletic trainer assigned to your team via phone, and if they are not available, contact any of the Boston College AT staff (Conte – 617-552-4540, Yawkey – 617-552-9113)
- If you are unable to reach an AT, University Health Services is also available to assist coaches with the care of a student athlete suspected of having a concussion. Health Services is open 24/7 during the academic year. (UHS – 617-552-3144)

To Be Clear: per NCAA, City of Boston, and Boston College policy, a student-athlete with a suspected concussion shall NOT return to practice, play or any physical activity for the remainder of the day the injury is sustained, and will NOT return to any activity until cleared by a sports medicine clinician.

As mentioned above, recognition and proper initial response to concussion can help minimize risk of further injury (and death) and can help to minimize lost playing time

BOSTON COLLEGE

CONCUSSION FOLLOW-UP ASSESSMENT AND SELF REPORT SYMPTOM SCALE

Name _____ Eagle ID _____

Today's Date _____ Date of Injury _____ Current Time of Day _____ AM/PM

Please complete the following scale based on **how you have felt for the past** _____ **days/hours and/or Now**

Symptom	Never		Sometimes		Always		NOW	
Headache	0	1	2	3	4	5	Yes	No
Nausea	0	1	2	3	4	5	Yes	No
Balance difficulty/dizziness	0	1	2	3	4	5	Yes	No
Fatigue	0	1	2	3	4	5	Yes	No
Drowsiness	0	1	2	3	4	5	Yes	No
Feeling like "in a fog"	0	1	2	3	4	5	Yes	No
Difficulty concentrating	0	1	2	3	4	5	Yes	No
Difficulty remembering	0	1	2	3	4	5	Yes	No
Sensitivity to light	0	1	2	3	4	5	Yes	No
Sensitivity to noise	0	1	2	3	4	5	Yes	No
Visual Changes (blurry, spots, etc)	0	1	2	3	4	5	Yes	No
Feeling "slowed down"	0	1	2	3	4	5	Yes	No

Sleeping more than normal last night or today if you took a nap? No or Yes

Did you have trouble falling asleep, or staying asleep last night, or today if you tried to take a nap? No or Yes

Balance Score: **Eyes Open 5 sec. Stance** Rt. Leg: No or Yes, Lt. Leg: No or Yes
(Perform Barefoot)

Eyes Closed 5 sec. Stance Rt. Leg: No or Yes, Lt. Leg: No or Yes

Tandem Gait, 5 ft.: No or Yes

Impact Test Needed (only at end of progression): No or Yes, Date/Time: _____

Today's Neurological Exam and/or Comments: _____

Plan: _____

Examining Clinician: _____

Follow-up: When _____ Where _____ With _____

BOSTON COLLEGE SPORTS MEDICINE

CONCUSSION HOME INSTRUCTION SHEET

Name: _____ Date: _____

Please follow the recommendations below to ensure a safe recovery from your injury.

Please report to: _____ for your next follow-up appointment with
_____ which will take place on _____ at _____ o'clock.

If any of the following symptoms get worse before the above appointment time, please report to Health Services in Cushing Hall or call Boston College Campus Police at 617-552-4444

- Decreasing level of consciousness
- Increasing severity of headache
- Confusion or change of mental status
- Seizure
- Vomiting

It's OK to:

- Use acetaminophen (Tylenol)
for headaches
- Use ice pack on head and
neck for comfort
- Go to sleep / rest

There's no need to:

- Check eyes with a flashlight
- Test reflexes
- Stay in Bed

DO NOT:

- Drink alcohol
- Take aspirin or ibuprofen
- Read/text/play video games
- Engage in strenuous activity

BOSTON COLLEGE SPORTS MEDICINE

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- Take aspirin or ibuprofen
- Read/text/play video games
- Engage in strenuous activity

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Alumni Stadium**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Outside Conte Forum Athletic Training Room (north side), Yawkey Athletic Training Room

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Alumni Stadium, specific location if possible (yard line, north or south end of field)**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Alumni Stadium:

Campanella Way to Gate E of Alumni Stadium. Direct field access for emergency vehicles is available from this gate. Other entry points into stadium may be used but do not have direct field access.

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: AED in Conte north hallway outside of Athletic Training Room

Oxygen, Splints located inside Athletic Training Room

AED in Conte Visitor's Locker Room hallway, south side,
beside Visitor Locker Room "D"

Additional emergency equipment transported to site by athletic trainer

Personnel

Athletic Trainers on-site or available in Conte Athletic Training Room or Yawkey Athletic Training Room

Coaches, Physicians and/or other medically trained staff (Neurotrauma consultant for football competition)

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Community Rowing Boathouse**

Communication:

Contact Boston Emergency Medical Services by calling 911

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Mobile phones are only option for use on the dock area

Fixed phones: Front Desk

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Community Rowing Boathouse, 20 Nonantum Road, Brighton**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Community Rowing Boat House:

Nonantum Road to Boat House

Transport location final decision will be determined by responding EMT's

Equipment

Emergency Equipment Location:

AED at front desk

AED on 2nd floor near elevator

Other emergency equipment transported to site by responding EMS

Personnel

Coaches or other Boat House medically trained staff

Responding ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by calling 911
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Conte Forum; Game Court or Ice Surface**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Hallway between Conte concourse and Power Gym

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Conte Forum, Main Floor or Ice Surface, indicate which bench as appropriate**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Main Basketball Court or Ice Surface:

Option 1: Campanella Way to the athlete entrance on north side of Conte Forum. Access court/ice surface via hallway past Weight Room and Men's Ice Hockey locker room.

Option 2: Beacon Street to "South Stadium Entrance/Conte Loop" roadway. At far end of loop, turn right into driveway down to Zamboni entrance of Conte Forum. Use Zamboni doors to access court or ice surface.

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: AED in north hallway outside of Athletic Training Room
Oxygen, Splints located in Athletic Training Room
AED in Visitor's Locker Room hallway, south side, between locker room "F" & "G"

Personnel

Athletic Trainers on-site or available in Conte Athletic Training Room or Yawkey Athletic Training Room
Coaches, Physicians and/or other medically trained staff (Neurotrauma consultant for ice hockey competitions)
Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided. The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Conte Forum; Power Gymnasium**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Hallway between Conte concourse and Power Gym

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Power Gymnasium, Conte Forum (North end of building)**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Power Gymnasium:

Option 1: Campanella Way to the athlete entrance on north end of Conte Forum. Access Power Gymnasium via north elevator to 2nd floor, or via stairway to gymnasium from hallway directly across from weight room

Option 2: Campanella Way to the main north entrance of Conte Forum. Ascend stairs to concourse level And enter Power Gymnasium via double doors on left side of lobby

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: AED in hallway between Conte concourse and Power Gym
AED, Oxygen, Splints located in Athletic Training Room
Additional emergency equipment transported by Athletic Trainer

Personnel

Athletic Trainers on-site or available in Conte Athletic Training Room or Yawkey Athletic Training Room
Coaches, Physicians and/or other medically trained staff
Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Fish Field House**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Fish Field House Athletic Training Room, Fish Field House Weight Room

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Fish Field House - provide specific location for building entry point**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Fish Field House:

Option 1: Campanella Way, turn right onto sidewalk leading to Field House front door just past Beacon Street Parking Garage. Access Field House via any door to left of front doors

Option 2: Campanella Way, turn right into driveway just past Field House. Enter building via Weight Room doors

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: AED, Oxygen, Splints in Fish Field House Athletic Training Room
AED also located inside Fish Field House Weight Room

Personnel

Athletic Trainers on-site or available in Yawkey Athletic Training Room or Conte Athletic Training Room
Coaches, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Flynn Recreational Complex: Pool, Courts, Workout Area**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Front Desk, Equipment Issue Window, pool deck, multiple offices throughout facility

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Flynn Recreational Complex, and provide specific location within building; Basketball Wing, Tennis Wing, Workout Area, Pool Deck, Locker Room, etc.**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Flynn Recreational Complex:

Campanella Way to front door of Flynn Recreational Complex. Secondary responders may be instructed to utilize a different access door after initial assessment of emergency location. (For instance, easier access may be gained via emergency doors of Basketball Wing that face Campanella Way)

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location:

AED's in the following locations:

-Main Lobby

-Pool Deck, behind life guard stand, near whirlpool spa

-Basketball Wing, on left when entering

-Fitness Attendant's desk in workout area

Backboards on pool deck

Oxygen, Splints located in Athletic Training Rooms in Conte & Yawkey

Additional emergency equipment transported to site by athletic trainer

Personnel

Athletic Trainers on-site or available in Conte Athletic Training Room or Yawkey Athletic Training Room

Coaches, Flynn Recreational Complex staff, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided. The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Brighton Campus Harrington Athletic Village (Baseball & Softball)**
2125 Commonwealth Avenue, Boston

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Fixed phones: Athletic Training Triage Room

Mobile phones are also an option for use at the Harrington Facility

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Brighton Campus - Harrington Athletic Village**
Provide specific location (i.e. baseball or softball field, Athletic Training Room)
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Brighton Campus Harrington Athletic Village:

Option 1: 2125 Commonwealth Ave. Follow access road down to playing venue

Option 2: Foster Street. Follow access road located just north of St. Clements Hall to playing venue

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: For practice and competitions at Harrington, emergency equipment will be transported to site by athletic trainer

Personnel

Athletic Trainers on-site

Coaches, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Newton Campus Long Turf Lower Field**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Mobile phones are best option for use on Newton Fields

Fixed phones: Press box if open, Southern end of Quonset Hut on exterior wall.

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Newton Campus, Long Turf Lower Field**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Newton Campus Long Turf Lower Field:

Centre Street to Colby Road. Proceed on Colby Road to second field on LEFT. At stop sign turn left past vehicular gate onto crushed rock roadway parallel to field. Ramp and stairs to playing surface on right, field access via gate in chain link fence at north east corner of field.

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: For practice and competitions on Newton Fields, emergency equipment will be transported to site by athletic trainer

Personnel

Athletic Trainers on-site

Coaches, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Newton Campus Short Turf Upper Field**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Mobile phones are best option for use on Newton Fields

Fixed phones: Press box if open, Southern end of Quonset Hut on exterior wall.

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Newton Campus, Short Turf Upper Field**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Newton Campus Short Turf Upper Field:

Centre Street to Colby Road. Proceed on Colby Road approximately 200 yards to first playing field on LEFT. Field access via gate in chain link fence at north east corner of field

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: For practice and competitions on Newton Fields, emergency equipment will be transported to site by athletic trainer

Personnel

Athletic Trainers on-site

Coaches, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Savin Hill Yacht Club**

Communication:

Contact Boston Emergency Medical Services by calling 911

Sports Medicine Phone for Emergency Advice: 617-552-3009
617-552-9113

Mobile phones are only option for use on the dock area,

Fixed phones: Inside club in bar/lounge area

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Savin Hill Yacht Club, 400 Morrissey Boulevard, Dorchester**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Savin Hill Yacht Club:

Morrissey Boulevard to Yacht Club. Access to dock area through club.

Transport location final decision will be determined by responding EMT's

Equipment

Emergency Equipment Location: AED in main hallway of Clubhouse

All other emergency equipment transported to site by responding EMS

Personnel

Coaches or other medically trained staff

Responding ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by calling 911
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

Emergency Action Plan

Venue Location: **Shea Field**

Communication:

All requests for Emergency Assistance & Transport must be made via Boston College Campus Police

Emergency Communication to B.C. Police:

Cellular phone **617-552-4444**

B.C. Campus Phone: ext. **4444**

Sports Medicine Phone for Emergency Advice: 617-552-6666
617-552-9113

Mobile phones are best option for use on Shea Field

Fixed phones: Fish Field House Athletic Training Room, Fish Field House Weight Room

Caller should ensure the following is reported to Campus Police Dispatch:

- Your name
- Your Location: **Shea Field - provide specific location for best access point**
- Nature of Emergency
- Any other important specific information, or information requested by dispatcher

Emergency access to Shea Field:

Option 1: Campanella Way, turn right into parking area just past Fish Field House

Option 2: Pedestrian ramp to Fish Field House located to right of Beacon Street Parking Garage just off from Beacon Street. This ramp is best access to cooling station area outside of Fish FH

Transport location final decision will be determined by responding EMT's; Newton-Wellesley should be used for normal transport, Level One Trauma should be sent to Brigham & Women's or Beth Israel

Equipment

Emergency Equipment Location: For practice and competitions on Shea Field, emergency equipment will be transported to site by athletic trainer
AED also located inside Fish Field House Weight Room

Personnel

Athletic Trainers on-site or available in Yawkey Athletic Training Room or Conte Athletic Training Room
Coaches, Physicians and/or other medically trained staff

Responding Boston College Campus Police & ambulance personnel

First Responder Responsibility:

- Provide medical care to injured/ill patient
- Activate Emergency Action Plan by contacting Boston College Police
- Retrieve emergency equipment
- Relay pertinent information to emergency responders
- Control scene

Note: responding Athletic Trainer will document initiation of EAP and medical care provided.

The emergency response will be evaluated in an after-action review including the Director of Health Services, the Athletics Medical Director and all parties directly involved

BOSTON COLLEGE

CHESTNUT HILL, MASSACHUSETTS 02467-381

All Boston College athletes are required to review the following information regarding concussion and other sports related injuries yearly, answer the Health Questionnaire and acknowledge an understanding of material presented by initialing and signing these sheets where requested.

Concussion Education for _____ (Print your name)

Definition of concussion

There are multiple definitions of concussion but you should understand that a concussion:

- is an injury to the brain caused by a blow to the head or body. This can be caused by hitting another player, a hard surface, or by being struck by a piece of equipment. The blow can be direct to the head or indirect like that experienced in a whiplash type injury.
- alters the normal functioning of the brain
- can range from mild to severe
- can elicit many different symptoms in different athletes and no two concussions are exactly alike
- can occur in any sport, at any time, and are ***not necessarily*** related to extreme forces
- can occur ***without a loss of consciousness***

Initial here if you understand _____

Symptoms of a concussion

These might appear immediately or may take hours or days to appear. Some concussion symptoms are as follows:

- Headache
- Dizziness/Balance Difficulty
- Vision Changes
- Confusion
- Nausea
- Amnesia
- Difficulty Concentrating
- Feeling 'Foggy'
- Sensitivity to light or noise
- Slowed reaction time
- Loss of consciousness

Continued play, exercise, or activities that demand concentration such as studying or 'screen time' may cause concussion symptoms to linger or even worsen

Initial here if you understand _____

Preventing Concussion

- Follow all Athletic Department rules for safety and follow the rules of your sport.
- Do not initiate contact with your head or helmet and understand that **HELMETS DO NOT PREVENT CONCUSSION**
- Avoid striking an opponent in the head with your body or with equipment

Initial here if you understand _____

If you think you have a concussion

- Report your injury and symptoms to your athletic trainer or coach. Continuing to participate when concussed is dangerous—this can prolong your concussion recovery and put you in grave danger if you were to suffer another subsequent concussion
- Report any suspected concussion of a teammate to your athletic trainer or coach. Again, playing with a concussion is dangerous
- Get evaluated. Since many symptoms of concussion can also be related to other injuries or illness, it is important for you to be evaluated by your athletic trainer as soon as possible
- Follow all recommendations of your athletic trainer/team physician, including avoiding physical and cognitive activity
- Early appropriate concussion care can shorten the recovery time if you have suffered a concussion
- Brain healing is key to a safe return to activity. Returning to play while still concussed dramatically increases the chance of suffering another concussion which has the potential for being more severe

Health Questionnaire

Name: _____ (printed) Sport: _____

Eagle Number _____ Year of Graduation _____

Health Questionnaire (HQ) Please answer based on any occurrences since completing your last HQ (last year) or since your pre-entrance physical prior to enrolling at Boston College

YES/NO

1. Have you been hospitalized or had surgery since your last HQ? _____
Reason _____ When _____
2. Have you had a major injury/illness since your last HQ? _____
Nature of issue _____
3. Are you currently still limited by an injury or currently ill? _____
Nature of issue _____
Will this issue prevent you from participating in team activities right away? _____
4. Have you suffered a concussion since your last HQ? _____
When _____
5. Are you taking medication on a regular basis (asthma meds, insulin, ADD/ADHD meds)? _____
What medication _____ What reason? _____
6. Are you taking a 'short course' of a medication? (Anti-inflammatories, anti-biotics, etc.) _____
What medication? _____ What reason? _____
7. Are you allergic to any medication, food, or insect bite that triggers a medical emergency? _____
What is the trigger? _____
8. Are you missing a paired organ (kidney, eye, etc.)? _____
Organ _____
9. Is there any health reason that would affect your participation in intercollegiate athletics at Boston College? _____
What reason? _____

I understand all the educational material regarding concussion that I initialed on Page 1 and I understand that I must immediately report any signs, symptoms or injury that might be associated with a concussion to a Sports Medicine Clinician or Coach.

I understand that I must report all injuries and illnesses to a Sports Medicine Clinician as soon as possible. This includes injuries that are not a result of athletic participation.

I understand that having passed a physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only means that the examiner did not find a medical reason for disqualification.

I attest and certify that the answers to all questions on this document are correct and accurate.

Signed: _____ Date: _____

BOSTON COLLEGE

CHESTNUT HILL, MASSACHUSETTS 02467-381

REDUCTION OF HEAD TRAUMA EXPOSURE

In an attempt to minimize exposure of Boston College student-athletes to excessive head trauma, Boston College coaches have made a concerted effort towards adjusting practices to assist in this endeavor. Again this year, all coaches were subject to a presentation by Sports Medicine staff to augment the concussion training that is already required of all coaches. During the presentation, coaches were educated on the concept of repetitive, sub-concussive trauma as being detrimental to the athlete, as well as the significance of appropriate treatment of concussive injuries, emphasizing the safety of the athlete is paramount.

Specifically in Football, practice formats have been adjusted both daily and weekly to minimize periods involving full-contact and 'thud-contact'. Adjustments reflect the recommendations in the document "Interassociation Consensus: Year-Round Football Practice Contact Recommendations" and actually go beyond these recommendations.

Boston College complies with the recommendations made within in the Independent Medical Care for College Student Athletes Best Practices document. Also of note is that Boston College complies with all requirements set forth in the Zakim Ordinance for the City of Boston which was created to affect a "College Athlete Head Injury Game Day Safety Protocol". This Ordinance puts forth requirements for colleges within the City of Boston in regards to both coverage of athletic events by trained personnel and care of injured student-athletes, with a focus on concussed athletes. This Ordinance does not supersede the NCAA Concussion Safety Protocol but rather adds further, more stringent, requirements for the medical care of athletes in competition within the City of Boston. While this Ordinance does not directly address the *reduction* of head trauma, it certainly adds to the level of care for athletes and improves on the Best Practices for Medical Care for College Student-Athletes. Most notable is the requirement for specially trained sports medicine physicians to be present at specific athlete events.