

LOUISIANA STATE UNIVERSITY

Athletic Training

Concussion Management Policy

LSU is committed to the prevention, identification, evaluation and proper management of concussions. While we recognize that the medical staff plays an important role in the identification of concussions, all student-athletes are equally responsible for notifying the medical and athletic training staff if they believe they may have suffered a concussion. A coordinated effort will always be made between the medical staff, coaching staff, equipment managers and the student-athlete to ensure the health and safety of the individuals involved in the athletic program at LSU. The following policy and procedures will be adhered to by all involved in the medical care of the student-athletes.

Education Management:

- Student-Athlete

As part of Pre-Participation Physicals, all student-athletes will be asked to complete a number of forms that request disclosure of any concussions (no matter how mild) they may have suffered prior to enrollment at LSU. In addition to discussing their concussion history with a team physician, LSU student-athletes will receive concussion education each year in the form of a flyer given at the time of physicals (Student-Athlete Statement of Accountability). This flyer provides critical information regarding the facts, signs and symptoms, and the seriousness of concussions. A copy will be kept on file as a part of the Pre-Participation documentation. In addition, posters that are distributed annually by the SEC to provide education to student-athletes and coaches on concussions will be placed in strategic areas in the locker room and/or athletic training rooms at athletic facilities.

- Coaches

At the beginning of the Fall academic year, a presentation will be delivered by the Director of Athletic Training to the Athletic Administration as well as the coaching staff that educates them on the significance and seriousness of concussions. The coaching staff will receive an educational flyer and will sign the Coaches Statement of Accountability acknowledgment form as assurance that they have a general understanding of how concussions can be prevented or how to minimize exposure as well as the impact that concussions have to the short and long term health and well-being of their student-athletes. A copy will be kept on file with the Compliance Department as a part of the annual Athletic Department meeting.

- Medical Staff

At the beginning of the Fall pre-season, the medical staff and all ATCs will familiarize themselves with the policies and procedures for concussion management. Any procedural changes will be discussed at this time. The medical staff will sign the Medical Team Statement of Accountability acknowledgment form to remind them of the responsibility they have to identify, manage, and safely return to play the student-athletes at LSU. A copy will be kept on file with the Compliance Department as a part of the annual re-education process.

Pre-Participation Management:

To ensure the proper evaluation of all student-athletes over the time that they are at LSU, a baseline concussion assessment will be performed on each student-athlete. This extensive assessment tool will involve the following:

- Brain Injury and Concussion History

General medical questions on each student-athlete's history of actual or possible concussions will be asked on the pre-participation physical examination. If a history is identified, an addendum will be completed by the student-athlete that details the significance of his or her head injury history. This addendum is to be reviewed by the team physician before final participation clearance is granted. Pre-participation physical exams are performed annually by our team physicians. Final medical clearance to participate will be determined by the team physician.

- Evaluation

A variety of assessment tools will be used in the baseline evaluation so that a current snapshot of the student-athlete prior to concussion can be documented. A computerized neurocognitive tool (C3 Logix or similar module) will be completed by all student-athletes. These baseline scores for cognitive functioning and balance will be documented and used as a reference point in the event that a concussion is sustained or suspected.

Reducing Exposure to Head Trauma:

With the intent to further educate the coaches and the student-athletes regarding ways to reduce the exposure to head trauma, the following practices are employed at our training and competition venues:

- Annual re-education for coaches and student-athletes to review the signs and symptoms of concussions as well as the importance of reducing the amount of exposures to head trauma, including but not limited to:
 1. Reminders and teaching of proper technique to limit head contact; and
 2. Limiting the amount of contact that ends up on the ground during practice, as ground impact can cause additional head trauma.
- Equipment Inspection
 1. Daily inspection of gear and helmets to ensure proper fit and usage;
 2. Facility inspection prior to activity that may identify additional risk factors that could add to potential concussions (e.g.: unintended equipment on courts or fields, protective padding that covers equipment, and slick playing surfaces); and
 3. Upon the student-athlete's return from a concussion, an "off-colored" jersey will be worn to signify that there is to be "no contact or trauma" with the student-athlete until the jersey has been removed and the student-athlete has received medical clearance to fully participate in practice and competition from the team physician.
- Practice Schedules
 1. Mandate that rules and regulations that are set by the NCAA regarding practice opportunities are followed as their intent is to protect and limit over-exposure to injury (eg: two-a-days, weekly hour rules, off days);
 2. Coaches must be willing to listen to the suggestions of the team physicians and athletic trainers relative to altering practice schedules as to reduce head contact exposure; and
 3. Limiting heat exposure, evaluating hydration status, and providing adequate nutrition are all important factors to providing an effective practice environment that can help in reducing head trauma and injury exposure.
- Research and Education
 1. LSU remains focused on learning and developing the best practices to limit and reduce incidents of injury and head trauma. In doing so, the Athletic Training Department remains thoughtfully engaged in research and data collection that has the potential to positively change the way athletics approaches concussions; and
 2. Using state-of-the-art equipment such as: microchipped mouthpieces, internal and external helmet sensors, and blood-collection studies, we have been able to better assess the physiological response to head trauma. This active research will continue to improve the way we alter our practice and competition habits to ensure an even safer practice and competition environment for our student-athletes.

Recognition and Diagnosis of Concussion:

Medical coverage shall be provided by a certified athletic trainer and/or team physician who have been trained in the diagnosis, treatment, and initial management of acute concussion. This on-site coverage will be provided for competition as well as practice for the following sports: football, basketball, track & field, and soccer. All remaining sports will have medical coverage by either an on-site certified athletic trainer or be available via telephone messaging, email, or other communication means.

If a possible concussion has occurred and an initial assessment by a certified athletic trainer or team physician has been completed, the student-athlete will be removed from practice or competition until a complete and full evaluation by a team physician has occurred. It will be necessary to withhold the student-athlete for at least one calendar day if a diagnosis of concussion is confirmed.

- Initial Suspected Concussion Evaluation
 1. Once removed from play or practice, a clinical evaluation must be completed. A physical and neurological exam will be done to determine the significance of the injury. Once it is deemed safe to continue the assessment, additional evaluation tools will be utilized.
 2. The most current version of the SCAT evaluation tool will be implemented to determine the current cognitive state of the student-athlete.

3. A portion of the evaluation will be directed towards balance and more advanced measures of cognitive ability.

Post-Concussion Management:

If the situation warrants advanced emergency medical care, the Emergency Action Plan will be activated. If immediate transportation to the hospital is necessary, EMS will be called and the team physician will be contacted and fully informed of the student-athlete's current status. The certified athletic trainer will work directly with the team physician in the monitoring of the student-athlete's current medical status or possible deterioration. If any of the following signs are present, the need for emergency medical transport should be imminent:

1. Glasgow Coma Scale <13
2. Prolonged Loss of Consciousness
3. Focal Neurological Deficit suggesting Intracranial Trauma
4. Repetitive Emesis
5. Persistently diminishing/worsening mental status or other signs and symptoms
6. Spine Injury

○ Follow-up Care

1. Once the student-athlete is deemed safe to be released from the care of the medical personnel, they may be released to a responsible individual that will be able to follow basic instructions to assist in the monitoring of the athlete.
2. A Concussion Care Packet will be given to an individual who will be caring for the concussed student-athlete. The name of the individual providing care as well as his or her relationship to the student-athlete will be documented in the medical database.
3. A self-report concussion symptom scale in addition to routine evaluation will be completed within the first 24 hours. Subsequent symptoms scales and evaluations will be done daily or at the request of the team physician.
4. If the doctor feels it is warranted, a prescription of DHA/EPA may be given to aid in the recovery and inflammation process that could occur with a concussion. Dosing will be supplemented for at least 3 weeks after insult. The ATC staff will administer supplements during the initial three-week recovery phase. A copy of the letter/RX will be kept in the student-athlete's permanent medical records. The protocol for dosing is listed below:

Week	Dose	Frequency
One	3g	3X daily
Two	3g	2X daily
Three	3g	1X daily

5. Additionally, prophylactic treatment may be suggested to reduce the severity of future trauma per recommendation of the sports medicine staff. This dosage may range from a daily dose of between 2-4g of omega-3. RDs or ATCs can distribute maintenance doses of omega-3.

○ Prolonged Recovery Care

If there is not considerable or consistent improvement in the self-reported signs and symptoms of the concussion or an improvement in the evaluation outcome after 7 days, follow-up imaging and/or referral to a neurologist will be considered. Additional diagnoses include but are not limited to:

1. Post-Concussion Syndrome
2. Sleep Dysfunction
3. Migraine or Headache Disorder
4. Mood Disorders such as Anxiety or Depression
5. Ocular or Vestibular Dysfunction

Return to Play:

The concussed student-athlete will not be permitted to return to any physical activity until the signs and symptoms have diminished. During this phase of recovery, there will be close communication with the team physician and/or medical staff. Once a decision is made to return the student-athlete to activity, it must be staged in incremental progression to ensure that a return of signs or symptoms does not occur. If at any point signs and symptoms reappear, cease physical activity and refer the student-athlete to the medical staff for follow-up plan. It is the student-athlete's responsibility to make the certified athletic trainer and team physician aware of the return of any concussion signs or symptoms. At the point in which the student-athlete is being returned to sport and where contact is likely, a different colored jersey should be worn to help identify the student-athlete when he or she has not been cleared for full contact. This off-setting colored jersey will help to remind coaches and fellow student-athletes that they should be avoid activity that could lead to direct head contact.

An example of a return to play progression is as follows:

- Light biking on stationary cycle for approximately 10-15 minutes or unless symptoms of concussion reemerge.
- Walking on treadmill with a slow progression in speed and elevation until at a jogging pace. Remain jogging for approximately 10 minutes and remain symptom free.
- Sport-specific exercises and light drills without head contact. These exercises are meant to mimic activities of the sport. Continue with drill type activity for approximately 15 minutes or until symptoms reoccur.
- Non-contact practice can begin and monitored closely. If at any time during practice symptoms return, immediate removal must occur. Follow up with medical staff and/or team physician is required.
- Consideration may be given to return athlete to resistive weight training activity under close monitoring.
- Final medical evaluation and cognitive reassessment testing done to evaluate ready to return status.
- Return to practice and competition.

Return to Learn:

After a concussion diagnosis is made, it is mandatory that a student-athlete will have full cognitive rest for the day of injury. This will include no class, study hall, meetings, etc. After day one, the student-athlete will have an individualized plan for when he or she will return to these activities. This plan will be developed and monitored by the team physician based on the student-athlete's presentation. In the event a student-athlete has any return or worsening of symptoms due to resuming activities he or she will immediately stop the activity and return to full rest. In the event the student-athlete has prolonged symptoms, the student-athlete's athletic trainer, academic advisor, and team physician will develop an individualized comprehensive plan. These accommodations are provided to the student-athlete under the the Americans with Disabilities Act Amendments Act of 2008.

A note will be provided by the attending physician to verify potential academic absences. If it is determined that recovery could linger, coordination between the Learning Specialist at the COX Academic Center for Student-Athletes and the Athletic Trainer will occur for short-term disability services to be activated. The Director of Wellness can assist in completion of the required Office of Disability Service (ODS) paperwork. Some of the more frequently requested accommodations are:

- Extended Time
- Distraction-Reduced Environment
- No Scantron
- Consideration for Absences
- Class Notes

If the accommodations that are not able to be managed by our prescribed requests, further collaboration with the COX Academic Learning Specialists and/or ODS will be utilized as per ADAAA requirements.

Louisiana State University
Athletic Training
CONCUSSION: Statement of Medical Staff Responsibility

What is a CONCUSSION?

A concussion is a brain injury caused by a blow to the head, face, or elsewhere on the body with a force transmitted to the head. Concussions can result from, but are not limited to: hitting a hard surface such as the ground or floor, from players colliding with each other or from being hit by a ball, bat, or other sporting equipment.

Facts about CONCUSSIONS

1. A concussion is a serious brain injury
2. Concussions can occur without loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death
7. Additional long term effects of repetitive blows may result in disorders or diseases such as chronic migraines, balance and coordination deficits, and mild- to significant memory loss, Alzheimer's and CTE related disorders. Research continues to be on-going and additional data, research and information may become available that may identify additional short and/or long-term risks. Additional information pertaining to changes in warnings and risks will be communicated as deemed necessary when made available.

Signs and Symptoms of CONCUSSIONS include, but are not limited to:

1. Headache or "pressure" in head
2. Nausea or vomiting
3. Balance problems or dizziness
4. Double or blurry vision
5. Sensitivity to light and/or noise
6. Feeling sluggish, hazy, foggy, or groggy
7. Concentration or memory problems
8. Confusion
9. Sensation that one does not "feel right"

Why knowing you have a CONCUSSION is important:

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping your student-athlete recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases the chance of long-term symptoms. There have been reports of death with a second concussion in younger athletes. If you are made aware of or witness an athlete sustaining a possible concussion, it is very important for you to report your findings to the team physician **at the time of injury or with as little delay as possible.**

Statement of Medical Staff Responsibility

I accept responsibility for reporting and managing all injuries and illnesses of the student-athletes at Louisiana State University including any signs and symptoms of CONCUSSION under my care. I have read and understand the above information on concussions. I will abide by the concussion policy, procedures and protocols that have been put in place to help with the health and safety of LSU's student-athletes.

Medical Staff Member (Print): _____
Medical Staff Member (Signature): _____
Date: _____



CONCUSSION: Statement of Student-Athletes Responsibility

What is a CONCUSSION?

A concussion is a brain injury caused by a blow to the head, face, or elsewhere on the body with a force transmitted to the head. Concussions can result from, but are not limited to: hitting a hard surface such as the ground or floor, from players colliding with each other or from being hit by a ball, bat, or other sporting equipment.

Facts about CONCUSSIONS

1. A concussion is a serious brain injury
2. Concussions can occur without loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death
7. Additional long term effects of repetitive blows may result in disorders or diseases such as chronic migraines, balance and coordination deficits, and mild- to significant memory loss, Alzheimer's and CTE related disorders. Research continues to be on-going and additional data, research and information may become available that may identify additional short and/or long-term risks. Additional information pertaining to changes in warnings and risks will be communicated as deemed necessary when made available.

Signs and Symptoms of CONCUSSIONS include, but are not limited to:

1. Headache or "pressure" in head
2. Nausea or vomiting
3. Balance problems or dizziness
4. Double or blurry vision
5. Sensitivity to light and/or noise
6. Feeling sluggish, hazy, foggy, or groggy
7. Concentration or memory problems
8. Confusion
9. Sensation that one does not "feel right"

Why knowing you have a CONCUSSION is important:

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping you recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases your chance of long term symptoms. There have been reports of death with a second concussion in younger athletes. It is very important for you to report any concussion symptoms as described above to your athletic trainer or team physician **at the time of injury**. To the extent you are advised, become aware, view or have any concerns whatsoever about any of your teammates that may demonstrate any signs or symptoms outlined above, including but not limited to a teammate that simply does not "feel right," I should immediately notify and/or alert medical staff.

Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to Louisiana State University Medical Staff (Athletic Trainers and Team Physicians) including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussions. I will inform the supervising athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms.

Student Athlete: _____

Date: _____

Attending Physician: _____

Date: _____

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, field hockey ball, or lacrosse stick.
- Can change the way your brain works normally.
- Can range from mild to severe.
- Can present itself differently for each athlete.
- Can occur during practice and/or on competition day in ANY sport.
- **Can happen even if you do not lose consciousness.**

Additional long term effects of repetitive blows may result in disorders or diseases such as chronic migraines, balance and coordination deficits, and mild to significant memory loss, Alzheimer's and CTE related disorders. Research continues to be on-going and warnings will be communicated as deemed necessary.



Nutritional Supplements

Assisting in recovery:

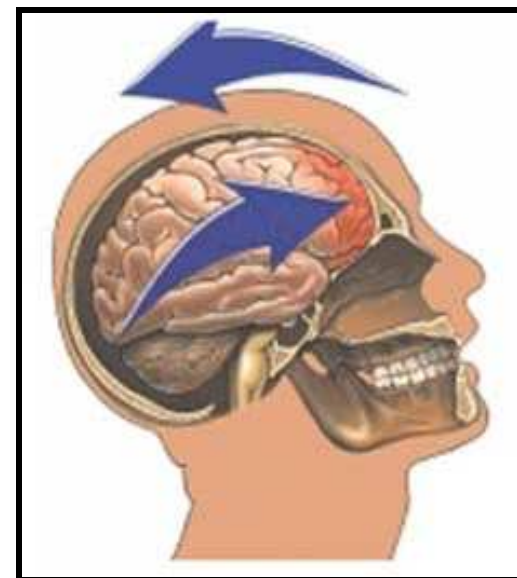
- If the doctor feels it is warranted, a prescription of DHA/EPA may be given to aid in the recovery and inflammation process that could occur with a concussion.
- Dosing will be supplemented for at least 3 weeks after insult. The ATC staff will administer supplements during the initial three-week recovery phase.
- A copy of the letter/RX will be kept in the student-athlete's permanent medical records.

The protocol for dosing is listed below:

Week	Dose	Frequency
One	3g	3X daily
Two	3g	2X daily
Three	3g	1X daily

- Prophylactic treatment may be suggested to reduce the severity of future trauma per recommendation of the sports medicine staff.
- This dosage may range from a daily dose of between 2-4g of omega-3. RDs or ATCs can distribute maintenance doses of omega-3.

CONCUSSIONS



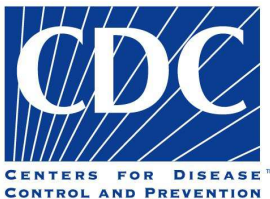
Health Education for Student-Athletes

Louisiana State University
Athletic Training Department

How can I prevent a concussion?

Basic steps you can take to prevent a 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 concussion.
- Follow your athletic 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.



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

What are the symptoms of a concussion?

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

Concussion symptoms may include:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Nausea
- 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 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 healthcare 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, sleep, your reaction time, balance, and class room performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is 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.

Louisiana State University
Athletic Training
CONCUSSION: Statement of Coaches Responsibility

What is a CONCUSSION?

A concussion is a brain injury caused by a blow to the head, face, or elsewhere on the body with a force transmitted to the head. Concussions can result from, but are not limited to: hitting a hard surface such as the ground or floor, from players colliding with each other or from being hit by a ball, bat, or other sporting equipment.

Facts about CONCUSSIONS

1. A concussion is a serious brain injury
2. Concussions can occur without loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death
7. Additional long term effects of repetitive blows may result in disorders or diseases such as chronic migraines, balance and coordination deficits, and mild- to significant memory loss, Alzheimer's and CTE related disorders. Research continues to be on-going and additional data, research and information may become available that may identify additional short and/or long-term risks. Additional information pertaining to changes in warnings and risks will be communicated as deemed necessary when made available.

Signs and Symptoms of CONCUSSIONS include, but are not limited to:

1. Headache or "pressure" in head
2. Nausea or vomiting
3. Balance problems or dizziness
4. Double or blurry vision
5. Sensitivity to light and/or noise
6. Feeling sluggish, hazy, foggy, or groggy
7. Concentration or memory problems
8. Confusion
9. Sensation that one does not "feel right"

Why knowing you have a CONCUSSION is important:

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping your athlete recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases the chance of long-term symptoms. There have been reports of death with a second concussion in younger athletes. If you are made aware or witness an athlete sustain a possible concussion, it is very important for you to report your findings to your athletic trainer or team physician **at the time of injury**.

Statement of Coaches Responsibility

I accept responsibility for reporting all injuries and illnesses to Louisiana State University Medical Staff (Athletic Trainers and Team Physicians) including any signs and symptoms of CONCUSSION in the student athletes under my care. I have read and understand the above information on concussions. I will inform the supervising athletic trainer or team physician immediately if I witness or am told that any of my student athletes are experiencing any of these symptoms related to CONCUSSIONS.

Coach (Print): _____
Coach (Signature): _____
Date: _____

What is a concussion?

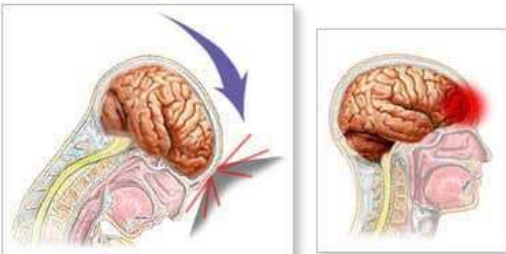
A concussion is a brain injury that:

- 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:
 - A forceful blow to the head or body that results in rapid movement of the head
 - **Any change** in the student-athlete's behavior, thinking, or physical function (see signs and symptoms)

A concussion is a violent jarring or shaking that results in a disturbance of brain function



© ADAM, Inc.



Nutritional Supplements

Assisting in recovery:

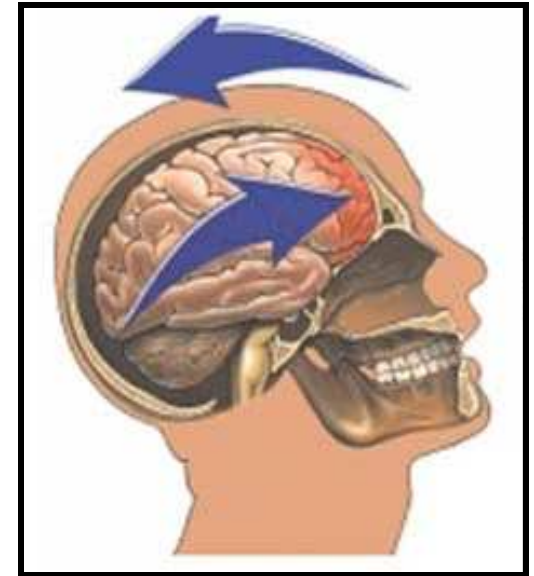
- If the doctor feels it is warranted, a prescription of DHA/EPA may be given to aid in the recovery and inflammation process that could occur with a concussion.
- Dosing will be supplemented for at least 3 weeks after insult. The ATC staff will administer supplements during the initial three-week recovery phase.
- A copy of the letter/RX will be kept in the student-athlete's permanent medical records.

The protocol for dosing is listed below:

Week	Dose	Frequency
One	3g	3X daily
Two	3g	2X daily
Three	3g	1X daily

- Prophylactic treatment may be suggested to reduce the severity of future trauma per recommendation of the sports medicine staff.
- This dosage may range from a daily dose of between 2-4g of omega-3. RDs or ATCs can distribute maintenance doses of omega-3.

CONCUSSIONS



Health Education for Coaches

Louisiana State University
Athletic Training Department

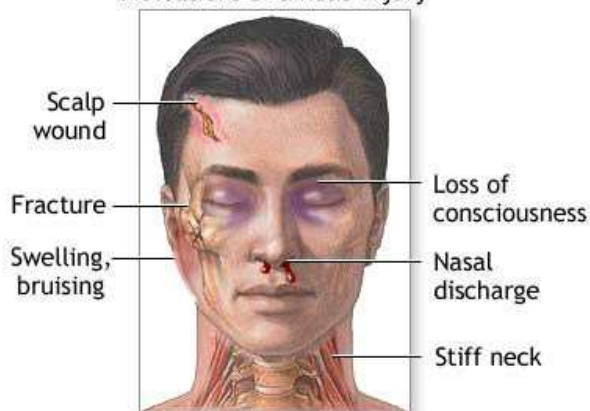
The Facts

- A concussion is a brain injury.
- All concussions are serious.
- Concussion can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussion can occur in *any* sport.
- Recognition and proper response to concussions when they first occur can be helpful in preventing 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 % of all reported injuries, depending on the sport.

The Dangers of Concussions

Second Impact Syndrome is a potentially FATAL injury that occurs when an athlete sustains a second head injury before a previous head injury has completely healed. Unfortunately, it is difficult to determine if the brain has healed from the first injury. Even after all symptoms have resolved, healing may not be complete and the brain may still be at an increased risk of second impact syndrome. Neurocognitive testing may help doctors determine when it is safe to return to competition.

Indications of a head injury



ADAM.

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.

LSU Concussion Policy

If a student-athlete is suspected of sustaining a concussion, the following events may occur in order to care for that athlete:

1. **Evaluation of the student-athlete by a Certified Athletic Trainer or Team Physician.**
2. **Removal from practice or competition.**
3. **Daily monitoring by Certified Athletic Trainer or Team Physician.** This may involve:
 - Completion of the Graded Symptoms Checklist
 - ImPact testing or neuropsychological screening
 - Possible referral to Team Neurologist and/or possible radiological evaluation
4. **Gradual Return-To-Play, which may be as follows:**
 - Non-impact cardiovascular workout, such as a stationary bike in the Athletic Training Room
 - Functional skill work in a controlled setting with a Certified Athletic Trainer
 - Non-contact team practice
 - Unrestricted team practice

It is important to note that at any time during the return-to-play progression, if the student-athlete develops ANY symptoms, progression may cease until further evaluation.

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 outcomes for your student-athletes:

- **Educate student-athletes and coaching staff about concussions.** Explain your concerns about concussions 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 home and away.
 - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Be familiar with the school's concussion policy and post-concussive care protocol.
- **Insist that safety comes first.**
 - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
 - Reduce gratuitous contact during practice.
 - Encourage student-athletes to immediately report symptoms of concussion.
 - When gradually returning the athlete to sport, they must wear an off-setting color to indicate to others that no direct contact should be made.
- **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 some cases, repeat concussions can result in brain swelling permanent brain damage, and even death.



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

LOUISIANA STATE UNIVERSITY
Athletic Training
Concussion Management- QUICK CHECKLIST

PRE-PARTICIPATION PHYSICALS

Follow checklist to ensure that all of the steps to the policy and procedures for concussion management have been met prior to start of sport.

Pre-Participation & Education Management:

- Student-Athlete
 - SA Accountability Form is signed and is stored in the student-athlete's medical documents
 - SA has met with team physician to discuss concussion history (if applicable)
 - Computerized Baseline Neuropsychological Screening is completed
 - Baseline Balance Testing is completed

Recognition and Diagnosis of Concussion:

- Athletic Trainer
 - Remove from play and evaluate
 - If concussion suspected, administer SCAT
 - Communicate with team physician if one is not present
- Follow-up Care
 - Once safe to release after travel, practice, or competition, administer Concussion Care
 - Document and scan signature sheet into the student-athlete's medical documents
 - Athlete to complete concussion symptom within the first 24 hours
 - Subsequent symptoms scales and evaluations will be done daily or at the request of the team physician
- Prolonged Recovery Care
 - Followed by medical team until released or further evaluation is deemed appropriate by team physician

Return to Play:

- Student-Athlete
 - Follow direction for gradual return to play progression
 - Student athlete to be placed in offsetting shirt to identify upon return
 - Final medical evaluation and cognitive reassessment done prior to official return

Return to Learn:

- Athletic Trainer & Student-Athlete
 - Full cognitive rest for day of injury
 - Discuss with team physician the academic plan during recovery
 - Communicate with academic advisor and learning specialist at the COX Academic Center for Student-Athletes
 - Request Office of Disability Forms from Director of Wellness if needed

LOUISIANA STATE UNIVERSITY

Athletic Training

Post-Concussive Care Packet

You are being given this post-concussive care packet because the medical staff has deemed you willing and able to assist in the medical supervision of the student-athlete. A copy of this sheet will remain in the medical file for documentation purposes.

In this packet you will find:

- ☐ Cover sheet with signed acknowledgment of receipt
- ☐ Post-Concussive Care Flyer
- ☐ Verbal and/or written directions regarding follow-up evaluation within a 24 hour period

NAME of CONCUSSED: _____

DATE: _____

NAME of Care Giver (Printed): _____

(Signature): _____

RELATIONSHIP TO
ATHLETE: _____

Contact Phone: (_____) _____

EMERGENCY INFORMATION

Calling 911 (Emergency Activation System) should be utilized if any of the following signs and symptoms of concussion appear or if there are other concerning signs or symptoms:

- Is vomiting repeatedly
- Has unequal pupils
- Is confused or agitated
- Has weakness on one side of the body
- Passes out or is unconscious
- Is very drowsy or unable to wake up
- Develops significant neck pain after injury
- Has slurred speech
- Has a seizure

Your Attending Physician: _____

Your Certified Athletic Trainer: _____

Contact Number: _____

What is a concussion?

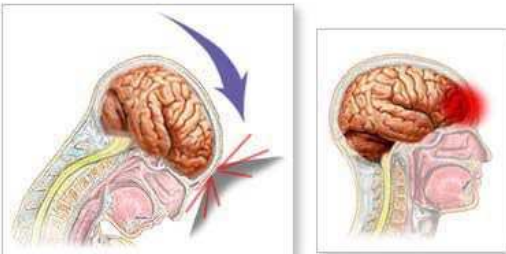
A concussion is a brain injury that:

- 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:
 - A forceful blow to the head or body that results in rapid movement of the head
 - **Any change** in the student-athlete's behavior, thinking, or physical function (see signs and symptoms)

A concussion is a violent jarring or shaking that results in a disturbance of brain function



© ADAM, Inc.

Nutritional Supplements

Assisting in recovery:

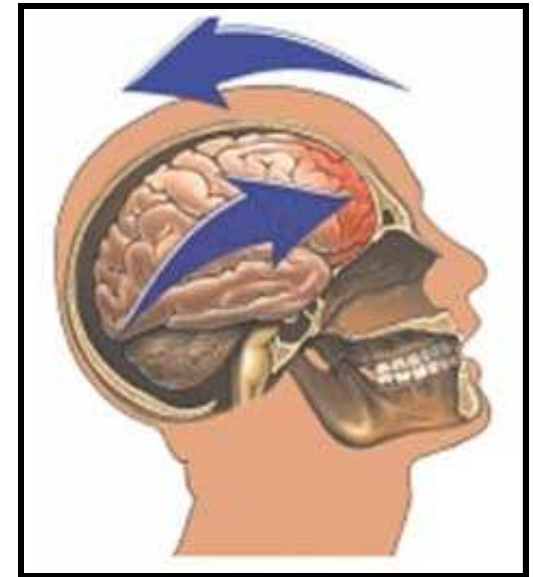
- If the doctor feels it is warranted, a prescription of DHA/EPA may be given to aid in the recovery and inflammation process that could occur with a concussion.
- Dosing will be supplemented for at least 3 weeks after insult. The ATC staff will administer supplements during the initial three-week recovery phase.
- A copy of the letter/RX will be kept in the student-athlete's permanent medical records.

The protocol for dosing is listed below:

Week	Dose	Frequency
One	3g	3X daily
Two	3g	2X daily
Three	3g	1X daily

- Prophylactic treatment may be suggested to reduce the severity of future trauma per recommendation of the sports medicine staff.
- This dosage may range from a daily dose of between 2-4g of omega-3. RDs or ATCs can distribute maintenance doses of omega-3.

POST CONCUSSIVE CARE



Health Education for Student-Athletes

Louisiana State University
Athletic Training Department

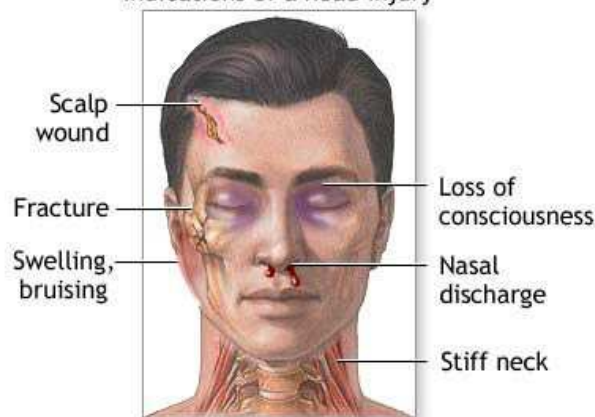
The Facts

- A concussion is a brain injury.
- All concussions are serious.
- Concussion can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussion can occur in *any* sport.
- Recognition and proper response to concussions when they first occur can be helpful in preventing 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 % of all reported injuries, depending on the sport.

The Dangers of Concussions

Second Impact Syndrome is a potentially FATAL injury that occurs when an athlete sustains a second head injury before a previous head injury has completely healed. Unfortunately, it is difficult to determine if the brain has healed from the first injury. Even after all symptoms have resolved, healing may not be complete and the brain may still be at an increased risk of second impact syndrome. Neurocognitive testing may help doctors determine when it is safe to return to competition.

Indications of a head injury



ADAM.

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.

LSU Concussion Policy

If a student-athlete is suspected of sustaining a concussion, the following events may occur in order to care for that athlete:

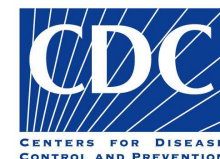
1. **Evaluation of the student-athlete by a Certified Athletic Trainer or Team Physician.**
2. **Removal from practice or competition.**
3. **Daily monitoring by Certified Athletic Trainer or Team Physician.** This may involve:
 - Completion of the Graded Symptoms Checklist
 - Neuropsychological screening
 - Possible referral to Team Neurologist and/or possible radiological evaluation
4. **Gradual Return-To-Play, which may be as follows:**
 - Non-impact cardiovascular workout, such as a stationary bike in the Athletic Training Room
 - Functional skill work in a controlled setting with a Certified Athletic Trainer
 - Non-contact team practice
 - Unrestricted team practice

It is important to note that at any time during the return-to-play progression, if the student-athlete develops ANY symptoms, progression may cease until further evaluation.

Post-Concussive Care

The following are instructions for care for student-athletes which have sustained a concussion:

1. For mild headaches, give Tylenol every 4-6 hours. Do not give any medication unless cleared by the doctor as this can alter the level of consciousness!
2. Place an ice pack directly over the injured area to help reduce swelling. Use an ice pack for 24 to 48 hours.
3. The patient should eat lightly for a day or two. If the patient eats heavily or eats something that doesn't agree the patient might vomit and that might be mistaken as a head injury symptom.
4. Do not take narcotics, drink alcohol, or use any mind-altering medications for several days as this will change the level of consciousness.
5. If any of the above listed symptoms are noted (they may occur months later), immediately call or report to your athletic trainer, team physician, or Emergency Room for follow-up and examination.



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

As part of the NCAA and Southeastern Conference (SEC) mandates, as well as the protocols set forth by the LSU Team Physicians regarding the management of head injuries and concussions, we are requesting that the following student-athlete be excused for the following time period. As a result of their concussion and the subsequent symptoms they are currently experiencing, I am requesting that this time be spent out of the learning environment. All effort will be made through the LSU Office of Disability Services (ODS) to request and acquire the needed classroom accommodations to support the student-athlete as they are in rehabilitative mode.

Thank you for your understanding and continued support of our student-athlete.

Student-Athlete:

Dates:

Donald Carson, MD

Stephen Etheredge, MD

Vincent Shaw, MD

Sports Medicine Fellow

This letter is to serve as official documentation regarding the use of DHA/EPA to aid in the recovery and inflammation process that could occur with a concussion. In consideration of the latest research and sports medicine practices and to help reduce the incidence of concussion and assist in the healing of brain tissue, a prescription of DHA/EPA may be given. Dosing will be supplemented for at least 3 weeks after insult. The protocol for dosing is listed below:

Week	Dose	Frequency
One	3g	3X daily
Two	3g	2X daily
Three	3g	1X daily

Additionally, prophylactic treatment may be suggested to reduce the severity of future trauma per recommendation of the sports medicine staff. This dosage may range from a daily dose of between 2-4g of omega-3. RDs or ATCs can distribute maintenance doses of omega-3.

If there are any questions or concerns regarding this request, please contact me at 225-924-2424.
Thanks you for your time and cooperation.

Sincerely,

Dr. Stephen Etheredge
LSU Team Physician

Dr. Vincent Shaw
LSU Team Physician

Dr. Donald Carson
LSU Team Physician

**PART I
TO BE COMPLETED BY EVALUATOR**

DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY

**PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
DOCUMENTATION REQUEST FORM**

****** This form must contain ALL of the requested information and be TYPED or PRINTED in order to apply for accommodations through Disability Services. ******

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

LSU ID Number: _____ LSU Email: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional **who is not a family member of the student. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.**

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability, the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation. For students who are deaf or hard of hearing, an audiogram must be submitted.

To facilitate the gathering of such critical information, please respond to the following and return to Louisiana State University's Disability Services.

1. Diagnosis (as diagnosed by the DSM-5) _____

2. Date of Diagnosis: _____ Date of Last Contact with Student: _____

3. Provide a summary of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction): _____

4. Describe the student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting: _____

5. List **current medication**, along with any **current side effects** that may impact academic performance: _____

6. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at LSU as justified based on the functional limitations indicated above.
- Please check all that apply: ☐ Extended Time (1.5X) ☐ Distraction Reduced Environment
- ☐ Alternative Test Format ☐ Consideration for Absences ☐ No Scantron ☐ Note-Taking
- ☐ Books on Tape ☐ Enlarged Text (font size) ☐ Reader ☐ Scribe
- ☐ Other _____

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Disability Services
Louisiana State University
115 Johnston Hall
Baton Rouge, LA 70803
Phone: 225-578-5919
Fax: 225-578-4560

**PART II
TO BE COMPLETED BY STUDENT**

**DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY
REQUEST FOR ACCOMMODATIONS**

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

LSU ID Number: _____ LSU Email: _____

I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment: (Check all that apply)

☐ Attention Deficit/Hyperactivity Disorder

☐ Learning Disability

☐ Psychological Disability

☐ Deaf & Hard of Hearing

☐ Physical or Systemic (Medical) Disability (specify): _____

In the space below and (if needed) on the back of this sheet, please list and explain the reason behind each of the accommodations you are requesting. Please be as specific as possible.

Signature of Student: _____ Date: _____

Please note: Disability Services strongly recommends maintaining copies of any submitted documentation for your own, personal records.

Louisiana State University

Post- Concussion Return to play protocol

Notes:

- Student athlete must be symptom free before the return to play protocol can begin.
- All phases are supervised by an ATC and under direct guidance of the team physician.
- Signs and symptoms are reassessed after each phase of activity. If any signs or symptoms of a concussion return during exercise, the student-athlete discontinues activity immediately.

Exercise Bout 1: Post-Symptoms

Phase 1: Stationary Bicycle

- Biking 15 to 30 minutes. Heart rate should be between 110 and 130 bpm during this exercise bout.

Exercise Bout 2: Post-Symptoms

Phase 2: Treadmill and/or running outside

- Exercise about ranging from light jog to running at approximately 3 to 4 mph for 10 to 15 minutes period.

Phase 3: Light Agility

- Light agility work outside for 15 to 30 minutes. This could include activities such as ladder runs, cone drills, box drills, or other sport specific activities.

Exercise Bout 3: Post-Symptoms

Phase 4: Individual/Non-Contact Drills

- Involve position specific activities that avoid full body contact with opponent. Student-athletes must wear a different color jersey to signify that they are to receive no contact. Offsetting color indicates to both teammates and coaches of recent compromised medical status.

Exercise Bout 4: Post-Symptoms

Phase 5: Full Team Contact

- If the student athlete has progressed throughout all RTP sessions without any return of symptomology, they may return to full team contact. Continued monitoring by ATC's and team physicians is maintained throughout practice.