

## SYRACUSE UNIVERSITY CONCUSSION POLICY

The Syracuse University Sports Medicine Department has established a protocol for the prevention, assessment, care, return to learning and return-to-play progression of concussions for student-athletes. The sports medicine staff and physicians continue to review and evaluate evolving research on concussions. The approach in care for concussions has always been conservative by the staff and physicians. The physicians have the exclusive responsibility in returning student-athletes to participation following a concussion, and follow recommendations from the Zurich and Berlin Conferences on Concussions, and the work of Dr. Robert Cantu. This protocol for managing concussions applies to all student-athletes regardless of sport.

### Pre-season Education

Each Syracuse University student-athlete participates in a pre-season meeting where they are educated on the signs, symptoms and care of concussions. NCAA concussion awareness brochures are distributed to each attendee and each student-athlete signs off they have read and understand the material.

The Athletic Director and the senior staff, sports medicine staff (including all team physicians and athletic trainers) and every coach sign a document acknowledging they have read and understand the Syracuse University Concussion policy.

### Pre-participation Physical Examination

A student-athlete's physical examination medical history is reviewed for any past history of concussions. If any are listed, records from home are requested to complete their chart. These records are reviewed by the physician. Any restrictions in participation and raised awareness to a concussion history are noted and communicated to the coach and team athletic trainer. There have been incidents where the student-athlete neglected to inform the sports medicine staff and their coach during the recruiting process that they sustained one or more concussions in high school. Research has shown that the young brain is more vulnerable to concussions, and once concussed, is more vulnerable for repeated concussions. There have been incidences where a student-athlete is concussed while participating at Syracuse University, and did not inform the staff or coaches of their prior concussion history. This can lead to a protracted period of rest in order to provide the brain an opportunity to heal before returning to activity. All Student-athletes undergo a baseline Sport Concussion Assessment Tool (SCAT5) neuropsychological test. The results are recorded for future comparison in the event of a concussion.

Baseline Computerized Impact testing will be administered to all student-athletes in football, field hockey, women's ice hockey, men's and women's lacrosse, men's and women's basketball and men's and women's soccer.

The team physician will review the baseline testing and determine clearance prior to contact. The team physician also determines the need for additional testing. Additionally, any student-athlete in other sports with a concussion history will also perform a computerized Impact test for future comparison if needed.

In the event a student-athlete sustains a documented concussion from participation at

Syracuse University, a new baseline is established 6 months after the injury.

## Assessment and Evaluation Following Head Trauma

The student-athlete is evaluated by the staff and physician for cognitive, physical, and behavioral signs and symptoms of a concussion, including: headaches, light sensitivity, amnesia, nausea, dizziness, balance and visual disturbances, and poor SCAT5 scores versus the baseline. If these symptoms are present following the SCAT5 test, the student-athlete is withheld from the calendar day of activity. Any suspected concussion will be evaluated by the team physician within 24 hours.

A medical team physician with training in diagnosis, treatment and initial management of acute concussions will be present at all NCAA varsity competitions in the following contact/collision sports: basketball, field hockey, football, ice hockey, lacrosse and soccer. The personnel will be on site at the arena of competition. Medical services will provide care for both teams.

A medical team physician with training in diagnosis, treatment and initial management of acute concussion will be available for all NCAA varsity practices in the following contact/collision sports: basketball, field hockey, football, ice hockey, lacrosse and soccer. To be available means the medical team physician can be contacted via telephone or messaging within 20 minutes.

The student-athlete is assessed for cervical spine trauma, skull fractures and inter-cranial bleeding. Any student-athlete with signs, symptoms or behaviors consistent with a concussion will be removed from practice and evaluated by a certified athletic trainer or team physician with concussion experience.

The Syracuse University Emergency Action Plan is enacted if any student-athlete shows signs of prolonged unconsciousness, spinal injury, repetitive emesis, focal neural deficit, or a diminishing neurological status or Glasgow Coma Scale less than 13. A physician will evaluate the student-athlete at the hospital and the student-athlete will be hospitalized if their condition warrants. The student-athlete's parents are notified of the concussion after evaluation by the team physician.

If the physician permits the student-athlete to go home following a minor concussion, arrangements are made with a responsible individual to monitor the student-athlete. Written instructions with phone numbers are given to the student athlete and a responsible adult prior to departure. Later that same day and night, an athletic trainer will call the student- athlete to check on their status and make any arrangements for further evaluation if necessary that same day.

A student-athlete will not attend class on the day of the concussion.

The student-athlete is assessed several times daily by the sports medicine staff to monitor status.

The classification in severity of a concussion is now done retrospectively, not on the day of injury. The severity of the concussion, with or without loss of consciousness, is determined in the following day or days/weeks by evaluating any and all symptoms of Post Concussive Syndrome, and resolution of symptoms will be different for each individual based on prior history and present severity.

Any CT Scans, MRIs, and/or referral to a local neurologist, neurosurgeon, or neuropsychologist for evaluation are determined by the physician based on signs and symptoms of the student-athlete's concussion.

Student athletes with prolonged diagnosis will be re-evaluated to determine the best

management options. Additional diagnosis included but not limited post- concussion syndrome, sleep dysfunction, migraines, anxiety or depression and ocular and vestibular dysfunction.

## Return to the Classroom (Return to Learn)

While maintaining compliance with all ADAAA laws, a gradual return to class program will be initiated. At times, student-athletes have difficulty in returning to the classroom. A multidisciplinary return to classroom team has been formed. This team consists of the team physician, certified athletic trainer, Assistant Director of Student Athlete Development, Assistant Provost, learning specialist/academic advisor, psychologist and the Office of Disability Services. This team will assess the needs of the student-athlete and monitor their return to the classroom. The Assistant Director of Student Athlete Development is the point person for the return to learn program. The team physician will serve as chair and will reassess the student-athlete if the rigors of academics are too much. The team will modify the class load as necessary to provide the ultimate return to the classroom. The student athlete will not attend class on the day they sustain the concussion.

If the student-athlete cannot tolerate light cognitive activity, then they may stay at their home/dorm. A written medical excuse from the team physician will be provided to the Assistant Provost for Student-Athlete Academic Development for dissemination to the appropriate schools/professors. If a student-athlete cannot attend class, they will not be allowed to attend any athletic activity even as a spectator.

If a student-athlete's symptoms increase from academic challenges, they will be re-evaluated by the team physician.

A student-athlete will be re-evaluated by the team physician if symptoms are unchanged for greater than 5 days or if symptoms persist for greater than two weeks.

Campus resources will be engaged when a student-athlete's schedule cannot be managed through schedule modification/academic accommodations. This includes learning specialists ADAAA office and the Office of Disability Services. The Assistant Director of Student Athlete Development will be the lead person to engage and schedule these services

## Return-To-Play Protocol

Medical disqualification from sports following any concussion is always possible for any student-athlete. The head team physician contemplates the total history of concussions, the most recent concussion in terms of severity and duration in resolution, and the sport involved.

Disqualification is based on a vulnerability to further concussion as a result of exposure to sports, which would place the student-athlete at risk for long-term cognitive, physical, or behavioral disability.

The head team physician or physician designee who are all experienced in concussion management will monitor and progress the student-athlete through the return to play protocol, and will have final determination of return-to-play status.

The team physician will give the final determination to start the return to play progression. Once the student-athlete is asymptomatic for a period, he/she will undergo a supervised stepwise progression management plan.

The stepwise progression management is as follows:

- Stage 1: Light to moderate aerobic exercise on a bike, if asymptomatic with light aerobic exercise then progress to;
- Stage 2: Sports-specific exercise with NO head impact if asymptomatic with moderate exercise then progress to;
- Stage 3: limited practice without contact; if asymptomatic with limited contact, then progress to;
- Stage 4: limited contact in terms of repetitions or level of contact; following limited contact if asymptomatic;
- Stage 5: full return to participation and contact with observation by the athletic trainer and/or coach. If there are any return of symptoms during this return period, the student-athlete removed from participation and re-evaluated by the physician.
- Prior to returning to play, the playing helmet is checked and refitted by the equipment staff.
- The student-athlete's concussion and resolution period is documented for reference in the event of another concussion to the same student-athlete in the future.

The team physician will have the final determination of return to play.

## Prevention (Reduction of Concussions)

The Syracuse University Equipment Staff are responsible for the reconditioning of presently used helmets, ordering of new helmets, and fitting of helmets for football, men's lacrosse and women's ice hockey. The equipment staff are certified members of the Athletic Equipment Managers Association, and go through an educational component for helmet fitting at their annual meetings. They also undergo training by the helmet manufacturers.

The equipment staff checks the air suspension of helmets in football. Any helmet low in air will be filled and any helmet requiring more air or repeated days of attention is re-evaluated and repaired or replaced by the staff.

The football coaches review and teach proper blocking and tackling technique daily to minimize head and neck injuries to the student-athlete. Safety is their primary concern.

The women's ice hockey coaches employ daily drills raising awareness of the boards as well as any other situation involving collisions or whiplash injuries.

The field hockey coaches employ drills to raise awareness to open-field collisions and the best practices to avoid contact with a deflected ball or contact with a field hockey stick.

The men's and women's lacrosse coaches employ drills raising awareness to open-field collisions, whiplash injuries and avoiding contact to the head with errant sticks or lacrosse balls.

The volleyball coaches employs drills to improve blocking skills and teach proper rolling and diving skills to drastically reduce collisions when diving on the floor

The men's and women's soccer coaches utilize drills to teach proper technique for heading the balls and raise awareness to open field head to head contact.

The softball coaches utilize drills for batting, catching fly balls at the fence and proper sliding techniques.

The spirit squad coaches teach safety skills during vaulting, mounting, and dismounting maneuvers.

The strength and conditioning staff provides exercises for all contact and collision athletes to strengthen the core and extrinsic and intrinsic cervical spine muscles to help decrease the

amount of whiplash type injuries to the head and neck.

The football athletic training room displays a poster on the helmet contact foul and the defenseless opponent foul, and the locker room also has a poster about proper and improper tackling technique.

## Syracuse University Sports Medicine Department Concussion Awareness Letter

The Syracuse University Sports Medicine and Student Services/Academic Counseling Departments would like to inform you that \_\_\_\_\_ sustained a concussion on \_\_\_\_\_. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor- they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this student-athlete may experience one or more of these signs and symptoms:

Headache	Nausea
Balance Problems	Dizziness
Diplopia- Double Vision	Confusion
Photophobia- Light Sensitivity	Difficulty Sleeping
Misophonia- Noise Sensitivity	Blurred Vision
Feeling Sluggish or Groggy	Memory Problems
Difficulty Concentrating	

As a department, we wanted to make you aware of this injury and the related symptoms that the student-athlete may experience. When the student athlete is permitted to return to class, please be aware that the side effects of the concussion may adversely impact her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact me.

Thank you in advance for your time and understanding with this circumstance.

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Athletic Trainer  
Syracuse University

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Team Physician  
Syracuse University

