

## **Texas A&M Sports Medicine Concussion Policy**

1. All Texas A&M student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:
  - a. They have read and understand the NCAA Concussion Fact Sheet.
  - b. They accept the responsibility for reporting their injuries and illnesses to the Sports Medicine staff, including the signs and symptoms of concussions.
2. The Director of Athletic Training, or Director of Athletic Training for Olympic Sports, or Concussion Policy Administrator will make accessible the Concussion Policy and Concussion Management Protocol to all student-athletes as well as to all Texas A&M athletics coaches, athletics administrators, and medical staff.
3. The Texas A&M Athletics Department Concussion Policy and Concussion Management Protocol can be found in the Sports Medicine section on 12thman.com.
4. After receiving and reviewing the NCAA Concussion Fact Sheet, ALL Texas A&M coaches (Head Coaches and Assistant Coaches) must read and sign the attached *coaches statement* acknowledging that they:
  - a. Have read and understand the NCAA Concussion Fact Sheet.
  - b. Will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
  - c. Have read and understand the Texas A&M Concussion Management Protocol.
5. After receiving and reviewing the NCAA Concussion Fact Sheet, All Texas A&M Team Physicians, Staff Athletic Trainers, Part-Time Athletic Trainers must read and sign the attached *medical provider statement* acknowledging that they:
  - a. Will provide student-athletes with the *NCAA Concussion Fact Sheet* and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
  - b. Have read, understand, and will follow the Texas A&M Concussion Management Protocol.
  - c. Have read and understand the NCAA Concussion Fact Sheet.
6. After receiving and reviewing the NCAA Concussion Fact Sheet, ALL Texas A&M Athletics Administrators with Sport oversight must read and sign the attached *athletics administrator concussion statement* acknowledging that they:
  - a. Have read and understand the Texas A&M Athletics Department Concussion Management Protocol.
  - b. Have read and understand the NCAA Concussion Fact Sheet.
7. The Director of Athletic Training, or Director of Athletic Training for Olympic Sports, or Concussion Policy Administrator, will coordinate the distribution, educational session, signing, and collection of the necessary documents. The signed documents will reside electronically on the Athletic Department server.
8. The Director of Sports Medicine, Director of Athletic Training, or Director of Athletic Training for Olympic Sports or Concussion Policy Administrator will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and coaches. The Director of Athletic Training, or Director of Athletic Training for Olympic Sports, Concussion Policy Administrator will keep the signed documents on file. A copy of the Texas A&M Concussion Policy will also be distributed through the Policies and Procedures manuals for each of the Athletic Training facilities and coaches' manual.
9. The Director of Sports Medicine will coordinate a meeting annually to review and update the Concussion Policy.
10. Texas A&M Sports Medicine will have on file an annually updated Emergency Action Plan for each Athletics venue to respond to catastrophic injuries and illnesses, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress, and sickle cell collapses. All athletics healthcare providers shall review and practice the plan annually.
11. The Texas A&M Sports Medicine staff members shall be empowered to determine management and return-to-play of any ill or injured student-athlete as he or she deems appropriate. Conflicts or concerns will be forwarded to the Athletics Health Care Administrator or Director of Sports Medicine for remediation.
12. The Texas A&M Sports Medicine staff will have on file a written physician-directed concussion management plan that specifically outlines the roles of the Athletics Healthcare staff.

13. The Texas A&M Sports Medicine staff members and other Athletics healthcare providers will practice within the standards as established for their professional practice.
14. The Texas A&M Sports Medicine staff will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion.
15. Athletics staff, student-athletes and officials will continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted.
16. Texas A&M Athletics will follow the NCAA Sport Science Institute's Year-Round football Practice Contact recommendations

## **Texas A&M Sports Medicine Concussion Management Protocol**

A **concussion** is a brain injury that is caused by a direct or indirect blow to the head. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for Texas A&M University Student-Athletes.

1. Every new (first year or transfer) student-athlete at Texas A&M must complete a detailed Medical History. Previous head injuries, brain injuries, and/or concussions must be documented in the Medical History. The Medical History will be reviewed by a Staff Athletic Trainer and Team Physician at Texas A&M.
2. The Team Physician at Texas A&M will determine the participation status for every new (first year or transfer) student-athlete at Texas A&M. Medical clearance for participation, or Medical non-clearance for participation, will be documented in writing on the student-athletes Pre- Participation Physical Exam by the Team Physician.
  - a. Texas A&M University Sports Medicine will record a baseline assessment for every new (first year or transfer) student-athlete. The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should minimally consist of the use of: 1) C3 Logix (C3).
  - b. The respective team's Athletic Trainers will keep a copy of C3 Logix scores on file for easy accessibility during away contests, bowl games, and tournaments.
3. Texas A&M University Sports Medicine will record a new baseline assessment for a student-athlete that has been diagnosed with a concussion. The new baseline assessment will occur 6-months after the resolution of all concussion symptoms. In the event the 6-month new baseline assessment falls during the next practice or competition season, the new baseline will be recorded prior to the start of that season. Any deviation from this procedure will be directed by the Director of Sports Medicine, and/or a Team Physician with the Texas A&M Department of Athletics.
4. Team Physician clinics will be scheduled ~~daily~~ during the academic year at the West Campus and Bright Athletic Training Rooms for athletic injury and illness evaluation.
5. A monthly Team Physician calendar will be produced and distributed to all staff Certified Athletic Trainers and Team Physicians. The Team Physician calendar will have the ~~daily~~ on-call Team Physician designated for home athletic in-season competitions. The on-call Team Physician will be accessible for immediate communication needs.

6. When a student-athlete shows any signs, symptoms, or behaviors consistent with a concussion, either a member of the coaching staff or Sports Medicine staff will remove the athlete from practice or competition. If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by a member of the Sports Medicine staff. Visiting sport team members evaluated by the Texas A&M Sports Medicine staff will be managed in the same manner as Texas A&M student-athletes.
7. A student athlete suspected of sustaining a concussion will be evaluated by the team Athletic Trainer and/or Team Physician ASAP. Should the Team Physician not be present, the Athletic Trainer will notify the Team Physician ASAP in order to develop an evaluation and treatment plan. Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post-injury, 24 hours, 48 hours, etc.). The presence or absence of symptoms will dictate the inclusion of additional neurocognitive and balance testing.
8. A student-athlete suspected of sustaining a concussion will be evaluated for a Cervical Spine injury during the initial evaluation. If symptoms indicate a potential cervical spine injury, then appropriate treatment will be administered.
9. The Texas A&M Athletics Department Emergency Action Plan will be initiated for a student-athlete who suffers a concussion and presents with any of the following: Glasgow Coma Scale < 13; prolonged loss of consciousness; focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status or other neurological signs/symptoms; spine injury. (See attached: Concussion Management Physician Referral Checklist)
10. A student-athlete diagnosed with a concussion will be withheld from the competition or practice and not return to activity for the remainder of that day. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.
11. The student-athlete will receive serial monitoring for deterioration. In the event that the student-athletes condition deteriorates, the Staff Athletic Trainer will contact the Team Physician and refer according to the Physician Referral Checklist.
12. Student-athletes will be provided with a copy of the Post-Concussion take home instructions, preferably with a roommate, guardian, or someone that can follow the instructions. The Medical Provider will include a copy of the signed Post-Concussion take home instructions in the student-athletes personal medical file.
13. The Medical Provider will document the injury, immediate care, follow-up care, & physician referrals in the student-athletes personal medical file.
14. The student-athlete will be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, watching film, athletic meetings, working on a computer, classroom work, or taking a test. Academic advisors will be notified of the student-athlete's concussion.
15. The Team Physician will be notified if there is a recurrence of symptoms from physical and/or mental exertion or if the student-athletes recovery is prolonged. The Team Physician will determine the course of care for the student-athlete.
16. The Team Physician will be notified and will evaluate the student athlete if any of the following diagnoses occur: post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, ocular or vestibular dysfunction.

17. A Team Physician, as outlined within the concussion management physician referral checklist and the concussion management follow-up assessment protocol, will evaluate the student-athlete.
18. Once asymptomatic return to play shall follow a medically supervised stepwise process.
19. Following a 24-48 hour period of relative physical and cognitive rest the Team Physician may allow the Athletic Trainer to supervise the athlete in participation of light aerobic and therapeutic rehabilitation exercises prior to the athlete becoming asymptomatic, as long as the symptoms remain at the sub-symptom threshold.
20. Final authority for return-to-play shall be the decision of the Team Physician.
21. The following assessment and return to play plan will be used for ALL concussions:

**Concussion Assessment:**

NO ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY. NO ATHLETE IS PERMITTED TO RETURN TO PLAY WHILE SYMPTOMATIC FOLLOWING A CONCUSSION.

- **Baseline Testing:** to be completed upon entering as a freshman or transfer student-athlete.
- **Time of Injury:** Clinical evaluation and assessment. Re-evaluation and Symptom checklist to be completed following practice or competition. Arrange for timely physician evaluation.
- **Next Day:** follow-up clinical evaluation and symptom checklist to be completed. The Student-Athlete is in a 24-48 h period of Relative Physical and Cognitive Rest during which time the Physician may allow the Athletic Trainer to supervise the athlete in participation of static stretching and balance training exercises prior to the athlete becoming asymptomatic, as long as the symptoms remain at the sub-symptom threshold.
- **Daily:** follow-up evaluations to track symptom recovery.
- **Weekly:** clinical evaluation by a Team Physician until asymptomatic and the ~~5-step~~ graduated exertional return to play protocol has been completed successfully.
- **Once Athlete Becomes Asymptomatic:**
  1. Determine where athlete is relative to baseline on the following measures:
    - a. C3 Logix
  2. If the measures listed above are at least 90% of baseline scores and the athlete remains asymptomatic following these tests, the Team Physician can instruct the Athletic Trainer to begin a *Graduated exertional Return to Play (RTP) Protocol* (see below) with the athlete to assess for increasing signs and symptoms. Symptoms should be reassessed immediately following exertional activities.
  3. If the athlete remains asymptomatic on the day following the first step(s) of the *graduated exertional RTP protocol*, the athlete will be reassessed, and continue with the next step(s) on the *graduated exertional RTP protocol*.
  4. The Staff Athletic Trainer will document all scores on the assessments and/or exertional activities in the student-athlete's medical file.
  5. The Staff Athletic Trainer will share the scores on the assessments and/or exertional activities with the Team Physician.

IF THE STUDENT-ATHLETE BECOMES SYMPTOMATIC AT ANY POINT DURING THIS PROCESS, THEY SHOULD BE RE-ASSESSED DAILY UNTIL ASYMPTOMATIC.

### ***Graduated Exertional Return to Play Protocol***

This exertional protocol allows a gradual increase in volume and intensity during the return to play process. Basketball, Equestrian, Golf, Soccer, Softball, Swimming & Diving, and Volleyball return to play guidelines can be found in Appendix A. The athlete is monitored for any concussion-like signs or symptoms during and after each exertional activity.

The athlete will attempt one exertion step per day unless directed otherwise by a Team Physician. The athlete must complete each step and remain symptom free for before progressing to the next step. Exertional exercise will end immediately if concussion-like signs or symptoms return during or after exercise. The return of symptoms will be documented and the athlete will be referred to a Team Physician.

- Step 1.** ~~Light Cognitive and aerobic exercise as determined by symptomatology.~~
- Step 2.** **Functional Testing (mode, duration, intensity dependent on sport).**
- Step 3.** **Sport Specific Exercise.**
- Step 4.** **Non-contact drills.**
- Step 5.** **Normal Sport Activity with controlled contact**
- Step 6.** **Final Clearance**

**Any deviation from the Graduated Exertional Return to Play Protocol must be authorized and approved, in writing, from a Team Physician.**

**No athlete can return to full activity or competitions until they are asymptomatic through the Exertional Return to Play Protocol, AND cleared by the Team Physician.**

*Approved By:* \_\_\_\_\_, *Director of Sports Medicine*      *Date:* \_\_\_\_\_  
*J.P. Bramhall, MD*

### **APPENDIX A: Sport Specific ~~5-Step~~ Graduated Exertional Return to Play Guidelines**

This exertional protocol allows a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs or symptoms during and after each exertional activity.

The athlete will attempt one exertion step per day unless directed otherwise by a Team Physician. The athlete must complete each step and remain symptom free for before progressing to the next step. Exertional exercise will end immediately if concussion-like signs or symptoms return during or after exercise. The return of symptoms will be documented and the athlete will be referred to a Team Physician.

#### **Basketball:**

**Exertion Step 1:** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2:** Interval bike ride: 30 second sprint (18-20 mph) followed by 30 second recovery (10-14 mph) x 20minutes; and bodyweight circuit: Squats/Push-Ups/Sit-ups 3 sets of 10 repetitions each.

**Exertion Step 3:** Full court & back to half court sprints x 16 (40 second rest); Basketball “suicides” x 6 (60 second rest); plyometric circuit: and 5 squat thrusts..

**Exertion Step 4:** Limited, controlled return to full-contact practice and monitoring for symptoms.

**Exertion Step 5:** Full sport participation.

### **Equestrian:**

**Exertion Step 1:** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2:** Interval bike ride: 30 second sprint (18-20 mph) followed by 30 second recovery (10-14 mph) x 10 minutes.

**Exertion Step 3:** 40-yard stride, 10 jumping jacks, 40-yard stride, 10 modified push-ups, 40-yard stride, 10 body weight squats, 40-yard stride, 10 jumping split squats.

**Exertion Step 4:** 30 minute horse ride (no fences, no high speed).

**Exertion Step 5:** One hour horse ride. No restrictions.

### **Golf:**

**Exertion Step 1:** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2:** Interval bike ride: 30 second sprint (18-20 mph) followed by 30 second recovery (10-14 mph) x 10 minutes.

**Exertion Step 3:** 40-yard stride, 10 jumping jacks, 40-yard stride, 10 modified push-ups, 40-yard stride, 10 body weight squats, 40-yard stride, 10 jumping split squats.

**Exertion Step 4:** 15 minute driving range, 15 minute putting and short game.

**Exertion Step 5:** One hour normal practice.

### **Soccer:**

**Exertion Step 1 (light aerobic exercise):** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2 (moderate intensity exercise, 60%-80% maximal exertion):** Bike, elliptical, light jogging, or dynamic warm-up x 30 minutes.

**Exertion Step 3 (non-contact training, 80%-100% maximal exertion):** Dynamic warm-up. Running with change of direction. Non-contact skill work. Heading Training Progression

**Exertion Step 4 (100% maximal exertion):** Limited, controlled return to full-contact practice and monitoring for symptoms. Continue heading training progression.

**Exertion Step 5:** Full sport participation.

Heading Training Progression: (Begin at discretion of Athletic Trainer)

1. Inside 6-yard box. Soft toss ball to player; controlled, straight header within box. Repeat 5 times straight ahead, 5 times to left, and 5 times to right.
2. In 18-yard box (longer distance, harder throw). Repeat 5 times straight ahead, to left, and to right. Increasing distance outside 18-yard box from punts to goal kicks.
3. Full practice with dynamic, unpredictable heading.

### **Softball:**

**Exertion Step 1:** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2:** Interval bike ride: 30 second sprint (18-20 mph) followed by 30 second recovery (10-14 mph) x 10 minutes; and bodyweight circuit: Squats/Push-Ups/or ab roll ups if shoulder issues/sit ups X 20 sec, 3 rounds or d/c if symptoms return.

**Exertion Step 3:** alternate between 60 ft. stride (distance of bases) and plyometric exercise after (examples jumping jacks, burpees, up/downs, alternating kneeling down-down/up-up with hands behind head, pushups, ab roll ups. 10 times through. Switch exercise after every stride.

**Exertion Step 4:** drills with no live hitting or live ball on defense. Examples base running, throwing to bases, light controlled fielding, hitting off a tee and possibly front toss if no return of symptoms. Return to controlled weight room activity.

**Exertion Step 5:** gradual return to full practice activity and weight room with symptoms being monitored.

## **Swimming:**

### **Exertion Step 1 (single lane):**

- a. Warm-up, if asymptomatic, progress to b.
- b. Kick set (no flip turns).

### **Exertion Step 2 (single lane):**

- a. Warm-up, if asymptomatic, progress to b.
- b. Kick set, if asymptomatic, progress to c.
- c. 10 minute drill set.

**Exertion Step 3 (single lane):** Normal practice for 1 hour, with in-pool resistance (i.e., band work).

**Exertion Step 4 (in lane with others):** Full pool workout.

**Exertion Step 5:** Full sport participation.

## **Diving:**

### **Exertion Step 1:**

- a. Feet first water entry from side of pool.
- b. Trampoline with ropes and belts x 20 minutes.

### **Exertion Step 2 (1-meter spring board):**

- a. Feet first water entry from side of pool, if asymptomatic, progress to b.
- b. Line-ups and straight dive, if asymptomatic, progress to c.
- c. Dives with somersaults and twists x 20.

### **Exertion Step 3:**

- a. For 1 meter diver, repeat step 2 with an increase in number of dives by 10.
- b. For 3 meter springboard divers, go to the 3-meter board and repeat step 2 dives.
- c. For platform divers, go to the 5-meter platform and repeat step 2 dives.

### **Exertion Step 4:**

- a. For 1-meter and 3-meter divers, repeat step 3 with an increase in number of dives by 10.
- b. For platform divers, go to the 10-meter platform and repeat step 2 dives.

**Exertion Step 5:** Full sport participation.

## **Volleyball:**

**Exertion Step 1:** 20 minute stationary bike ride (10-14 mph).

**Exertion Step 2:** Interval bike ride: 30 second sprint (18-20 mph) followed by 30 second recovery (10-14 mph) x 10 repetitions; and 3 sets of 20 seconds of 3 exercises such as: squats, lunges, push-ups, sit-ups, plank variations, superman's, Russian twists.

**Exertion Step 3:** 60 foot sprints x 10 or 30 foot shuttle x 10; 3 sets of 10 repetitions of 3 movements such as bounding, approach jumps, block jumps, box jumps; 15 minutes of pepper (no diving) with partner, serving, hitting to a wall, setting on a wall.

**Exertion Step 4:** Hitting lines; blocking moves; serve and serve receive, single man defense. No diving. No defensive crossing patterns, no blocking against a ball. No live play.

**Exertion Step 5:** Full sport participation.

## **Concussion Management Return To Learn Management Plan**

Return to learn is a parallel concept to return-to-play for the concussed student-athlete. Return to learn guidelines assume that both physical and cognitive activities require brain energy, and that after a concussion, brain energy may not be available for physical and cognitive exertion because of a brain energy crisis. Return-to-learn should be managed in a stepwise program that fits the needs of the individual.

For complex concussion cases at Texas A&M, the following Return to Learn Management Team will navigate the student-athlete through the Return to Learn Management Plan:

Director of Sports Medicine  
Team Physician  
Senior Associate Athletics Director for Student-Athlete Services  
Director of Athletic Training and/or Designee  
Director of Olympic Sports Athletic Training and Physical Therapy  
Associate Athletics Director for Academic Services and/or Designee  
Associate Director of Counseling Center  
Director of Disability Services and/or Designee  
Head Coach and/or Designee

Like return-to-play, it is difficult to provide prescriptive recommendations for return-to-learn. However, the following return to learn guidelines should be used for complex concussion cases where academic accommodations are warranted.

1. A student-athlete is diagnosed with a concussion by a Team Physician and/or an ER physician.
2. The student-athlete is evaluated by the Director of Sports Medicine and/or Texas A&M Team Physician.
3. A member of the Texas A&M Sports Medicine Staff or Team Physician may provide written documentation that the student-athlete be excused from academic responsibilities for the remainder of the day.
4. The Athletic Trainer contacts Student-Athlete Services in order to notify them of the concussion diagnosis as well as to provide them with the written documentation from the physician excusing the student-athlete from academics.
5. The Associate Athletics Director for Academic Services and/or Designee will notify the student-athletes course instructors of the class absence.
6. Serial evaluations will be conducted by Athletic Training Staff as well as the Director of Sports Medicine and/or Texas A&M Team Physician,
7. If warranted, a member of the Texas A&M Sports Medicine Staff or Texas A&M Team Physician will make the recommendation for continued academic accommodations. Recommendations will be provided in written form to the Associate Athletics Director for Academic Services and/or Designee.
8. Recommendations made by a member of the Texas A&M Sports Medicine Staff or Texas A&M Team Physician may include, but **ARE NOT** limited to the following:
  - No classroom activity.
  - No study hall and/or individual tutoring sessions.
  - Modification of the student-athletes academic schedule.
  - The student-athlete is to remain at home/dorm if light cognitive activity is not tolerated.
  - Refer the student-athlete to the Director of Disability Services and/or Designee in order for academic accommodations to be developed.
9. In the event that a student-athletes condition warrants a referral to Disability Services, the following steps will be followed:



- The Director of Sports Medicine and/or Texas A&M Team Physician will provide written documentation of the concussion diagnosis.
  - Written documentation of the concussion diagnosis will be provided to the Associate Athletics Director for Academic Services and/or Designee.
  - The Associate Athletics Director for Academic Services and/or Designee will provide the written documentation to the Director of Disability Services and/or Designee.
  - The student-athlete will be required to visit with Disability Services, via telephone or in person, in order to ensure that the student-athlete wants the services.
  - Disability Services will assist the student-athlete in developing appropriate accommodations and/or modifications to the student-athletes class schedule and course requirements.
  - The Director of Disability Services and/or Designee will ensure that ALL accommodations are compliant with the Americans with Disabilities Act Amendments Act of 2008 ADAAMA.
  - Disability Services and Student-Athlete Services will communicate the appropriate accommodations and/or modifications with the appropriate faculty members.
  - The student-athlete will be referred to Texas A&M Team Physician if concussion symptoms worsen with academic responsibilities. The Team Physician will re-evaluate the student-athlete and make the appropriate medical decision(s).
  - A student-athlete that remains symptomatic for greater than two weeks will be referred to the Team Physician for evaluation. The Team Physician will make the appropriate medical decision(s).
  - The Director of Sports Medicine and/or Texas A&M Team Physician will provide written documentation once the student-athletes symptoms have resolved and they have been medically cleared to resume activities of normal living.
  - Written documentation of medical clearance will be provided to the Associate Athletics Director for Academic Services and/or Designee.
  - The Associate Athletics Director for Academic Services and/or Designee will provide the written documentation to the Director of Disability Services and/or Designee.
  - Disability Services determines the necessity of continued classroom modifications and maintains communication with the appropriate faculty members.
10. Sports Medicine and Student-Athlete Services maintain a high level of vigilance with all previously concussed student-athletes.

## Reference Documents

1. NCAA & CDC Educational Material on Concussion in Sport. Available online at [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety).
2. *NCAA Sports Medicine Handbook*. 2013-2014.
3. *NCAA Sport Science Institute Newsletter*. Vol 1, Issue 2, 2013.
4. National Athletic Trainers' Association Position Statement: Management of Sport Concussion. *Journal of Athletic Training*, 2014; 49(2).
5. Consensus Statement on Concussion in Sport; the 4th International Conference on Concussion in Sport Held in Zurich, November, 2012. *British Journal of Sports Medicine*, 2013; 47: 250-258.
6. North Carolina State University Concussion Management Policy and Procedure. 2013.
7. The University of North Carolina Sport Concussion Policy. *Matthew Gfeller Sport Related Traumatic Brain Injury Research Center and Division of Sports Medicine*. 2010.
8. The University of Georgia Athletic Association's Concussion Management Guidelines. 2010.
9. American Medical Society for Sports Medicine position statement on concussion in sport. Harmon KG, et al. *British Journal of Sports Med* 2019;53:213-225.

# Texas A&M Sports Medicine

## Student-Athlete Concussion Awareness

**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 or floor, or being hit by a piece of equipment such as a bat or a ball).
- Can change the way your brain normally works.
- Presents itself differently for each student-athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

**How can I prevent a concussion?**

- 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 bats/sticks to the head may all cause a concussion.
- Follow the NCAA and Athletics Department's rules for safety and the rules of the sport.

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

Amnesia	Balance problems or dizziness	Feeling sluggish, foggy, or groggy
Confusion	Double or fuzzy vision	Feeling unusually irritable
Headache	Sensitivity to light or noise	Slow reaction time
Loss of consciousness	Concentration or memory problems	Nausea

Although most athletes that experience a concussion recover within 7-10 days, some concussions may take longer to resolve. There is evidence to suggest that sustaining a concussion or even multiple sub-concussive brain injuries may lead to long term consequences such as prolonged symptoms, psychological distress, depression, and/or Chronic Traumatic Encephalopathy (CTE). CTE is a progressive brain disease believed to be caused by repetitive trauma to the brain, including concussions or sub-concussive blows. CTE is characterized by symptoms such as memory impairment, emotional instability, erratic behavior, depression, and problems with impulse control. The disease may ultimately progress to full-blown dementia. Ultimately, sustaining a concussion could lead to death.

**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.

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

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

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

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 a headache or tiredness) to reappear or get worse. Get help by talking to your Athletic Trainer.

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

**By signing below, I acknowledge that I understand that there are certain risks involved in participating in Athletics at Texas A&M University, including those risks associated with head injuries and concussions. I agree to report all signs and symptoms of my injuries to the Sports Medicine Staff immediately. Additionally, I will help protect my teammates by reporting their signs and symptoms to the Sports Medicine Staff. I understand that each head injury is different and that each injury will be treated individually, with each return to play decision performed on an individual basis. By signing this, I agree to follow the direction of treatment and care designated by the Texas A&M Sports Medicine Staff. I understand that I must be cleared by a Texas A&M Sports Medicine Team Physician before returning to play.**

\_\_\_\_\_  
Athlete's Name Printed

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed (if under 18)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## Texas A&M University Athletics Department Student-Athlete Concussion Statement

Please acknowledge each bullet point with your initials and sign below.

\_\_\_\_\_ I understand that it is my responsibility to report all injuries and illnesses to my Athletic Trainer and/or Team Physician.

\_\_\_\_\_ I have read and understand the NCAA Concussion Fact Sheet.

\_\_\_\_\_ I have read and understand the Texas A&M Sports Medicine Concussion Awareness Sheet.

After reading the NCAA Concussion Fact Sheet, and the Texas A&M Sports Medicine Concussion Awareness Sheet, I am aware of the following:

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my Athletic Trainer and/or Team Physician.

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

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

\_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my Athletic Trainer and/or Team Physician.

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

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

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

\_\_\_\_\_ I am aware that I am required to complete a baseline test prior to athletic participation at Texas A&M University. This test will allow for comparison of symptoms, neurocognition, and balance if I were to become injured.

\_\_\_\_\_ In the event that I am diagnosed with a concussion, I am aware that I must be re-assessed by a Team Physician once my symptoms resolve.

\_\_\_\_\_ In the event that I am diagnosed with a concussion, I am aware that I must successfully complete a graduated return to play protocol prior to being cleared for return to athletic participation.

\_\_\_\_\_ In the event that I am diagnosed with a concussion, I am aware that I must be medically cleared by a Team Physician prior to returning to athletic participation.

\_\_\_\_\_

Athlete's Name Printed

Athlete's Signature

Date

\_\_\_\_\_  
Parent/Guardian's Printed (if under 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Texas A&M University Athletics Department  
Coaches Concussion Statement**

Please acknowledge each bullet point with your initials and sign below.

\_\_\_\_\_ I have read and understand the Texas A&M Athletics Department Concussion Management Protocol.

\_\_\_\_\_ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet, and the Texas A&M Athletics Department Concussion Management Protocol, I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury, which student-athletes should report to the medical staff.

\_\_\_\_\_ A concussion can affect the student-athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ I will not knowingly allow the student-athlete to return to play in a game or practice if he/she receives a blow to the head or body that results in concussion-related symptoms.

\_\_\_\_\_ Student-athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

\_\_\_\_\_ If I suspect one of my athletes has a concussion, it is my responsibility to have that athlete see the medical staff.

\_\_\_\_\_ I will encourage my student-athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

\_\_\_\_\_ Following a concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_ I am aware that every first-year student-athlete at Texas A&M must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the student-athlete were to become injured.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion will be re-assessed by a Team Physician once symptoms have resolved. Student-athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be re-assessed by a Team Physician once the return to play protocol is successfully completed.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be medically cleared by a Team Physician prior to returning to athletic participation.

\_\_\_\_\_

Printed Name of Coach

Signature of Coach

Date

### **Texas A&M University Athletics Department Athletics Administrator Concussion Statement**

Please acknowledge each bullet point with your initials and sign below.

\_\_\_\_\_ I have read and understand the Texas A&M Athletics Department Concussion Management Protocol.

\_\_\_\_\_ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet, and the Texas A&M Athletics Department Concussion Management Protocol, I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury, which student-athletes should report to the medical staff.

\_\_\_\_\_ A concussion can affect the student-athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ Student-athletes shall not return to play in a game or practice if he/she receives a blow to the head or body that results in concussion-related symptoms.

\_\_\_\_\_ Student-athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, it is my responsibility to have that athlete see the medical staff.

\_\_\_\_\_ I will encourage student-athletes and coaches to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

\_\_\_\_\_ Following a concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_ I am aware that every first-year student-athlete at Texas A&M must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the student-athlete were to become injured.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion will be re-assessed by a Team Physician once symptoms have resolved. Student-athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be re-assessed by a Team Physician once the return to play protocol is successfully completed.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be medically cleared by a Team Physician prior to returning to athletic participation.

\_\_\_\_\_  
Printed Name of Administrator

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date



**Texas A&M University Athletics Department  
Medical Provider Concussion Statement**

Please acknowledge each bullet point with your initials and sign below.

\_\_\_\_\_ I have read and understand the Texas A&M Athletics Department Concussion Management Protocol.

\_\_\_\_\_ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet, and the Texas A&M Athletics Department Concussion Management Protocol,

I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury, which student-athletes should report to the medical staff.

\_\_\_\_\_ A concussion can affect the student-athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

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

\_\_\_\_\_ I will not knowingly allow the student-athlete to return to play in a game or practice if he/she receives a blow to the head or body that results in concussion-related symptoms.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, it is my responsibility to refer that athlete to the appropriate medical staff.

\_\_\_\_\_ I will encourage the student-athlete to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

\_\_\_\_\_ Following a concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_ I am aware that every first-year student-athlete at Texas A&M must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the student-athlete were to become injured.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion will be re-assessed by a Team Physician once symptoms have resolved. Student-athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be re-assessed by a Team Physician once the return to play protocol is successfully completed.

\_\_\_\_\_ I am aware that student-athletes diagnosed with a concussion must be medically cleared by a Team Physician prior to returning to athletic participation

\_\_\_\_\_  
Printed Name of Medical Provider

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

# Post-Concussion

## Take Home Instructions

\_\_\_\_\_ Sustained a concussion or direct contact to the head on \_\_\_\_\_.  
This is a potentially dangerous or even life-threatening situation.

To make sure he/she recovers, please follow these recommendations:

1. Please **remind** him/her to report to the Athletic Training Room tomorrow at \_\_\_\_\_ for a follow-up evaluation.
2. Please **review** the following **symptoms**. If any of these symptoms develop prior to his/her visit, please call \_\_\_\_\_ at \_\_\_\_\_ or contact the local emergency medical system, 911, or your family physician.

Loss of consciousness – passed out  
Excessive drowsiness  
Increase in severity of headache  
Agitation or becomes easily aggravated  
Lack of coordination – unsteadiness  
Loss of bowel or bladder function  
Change in speech pattern – slurring

Inability to concentrate  
Blurred or double vision  
Unequal pupil size  
Dizziness  
Numbness and tingling anywhere  
Seizure activity or convulsions

Vomiting  
Amnesia  
Behavior or emotional instability  
Pain around the head/neck

### 3. Please follow the instructions outlined below.

#### **It is permissible to:**

Take Tylenol (acetaminophen) as directed.  
Use ice pack on head and neck as needed.  
Eat a normal diet.  
Return to school.  
Go to sleep.

#### **There is NO need to:**

Check eyes with a flashlight.  
Wake up every hour.  
Stay in bed.

**Avoid** strenuous mental tasks.

**Avoid** text messaging, video games & watching TV

**Do NOT** drink alcohol.

**Do NOT** take pain killers.

**Do NOT** eat spicy food.

**Do NOT** drive until symptoms resolve.

**Do NOT** exercise or perform exertional activity

Specific Recommendations: \_\_\_\_\_

Recommendations provided to: \_\_\_\_\_

Signature: \_\_\_\_\_

Recommendations provided by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please contact me if you have any questions. I can be reached at:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Concussion Management Immediate Physician Referral Checklist**

### **Day-of-Injury Referral:**

1. Loss of consciousness on the field.
2. Amnesia lasting longer than 15 minutes.
3. Glasgow Coma Scale < 13. \*
4. Deterioration of neurologic function.\*
5. Decreasing level of consciousness.\*
6. Decrease or irregularity in respirations.\*
7. Decrease or irregularity in pulse.\*
8. Increase in blood pressure.
9. Unequal, dilated, or un-reactive pupils.\*
10. Cranial nerve deficits.\*
11. Any signs of symptoms of associated injuries, spine, or skull fracture, or bleeding.\*
12. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation.\*
13. Seizure activity.\*
14. Vomiting.
15. Motor deficits subsequent to initial on-field assessment.
16. Sensory deficits subsequent to initial on-field assessment.
17. Balance deficits subsequent to initial on-field assessment.
18. Cranial nerve deficits subsequent to initial on-field assessment.
19. Post-concussion symptoms that worsen.
20. Additional post-concussion symptoms as compared with those on the field.

**\* Requires that the student-athlete be transported immediately to the designated Emergency Department.**

### **Delayed referral (after the day of injury):**

1. Any of the findings in the day-of-injury referral category.
2. Post-concussion symptoms worsen or do not improve over time.
3. Increase in the number of post-concussion symptoms reported.
4. Post-concussion symptoms begin to interfere with the student-athlete's daily activities (i.e., sleep disturbances).