

Concussion Management Plan
The University of Alabama Athletic Department

The following policies and procedures have been instituted by The University of Alabama Athletic Department in an effort to identify, diagnose, manage and return athletes safely to competition following a concussion.

Pre-Season Education:

Concussion educational information based on the NCAA concussion fact sheets will be included in The University of Alabama Athletic Department Student-Athlete Handbook. Each student-athlete will receive a copy of the handbook at the beginning of the academic year and will provide a signed acknowledgement that they have received it and understand that they are responsible for the material in the handbook.

Each athlete will sign a statement in which they accept responsibility for reporting their injuries (including concussions) and illnesses to the University of Alabama Sports Medicine staff. At the beginning of each academic year, the athletics compliance office meets with all student-athletes for each sport sponsored by the institution. As part of this compliance meeting, the concussion protocol is reviewed. Also during this meeting, each student-athlete signs an acknowledgement stating that they have received the information and are aware that they are responsible for reporting injuries (including concussions) and illnesses to the sports medicine staff. Said acknowledgement is signed in one of two ways, either electronically through UA's use of online compliance software, or via a hard copy version signed in-person.

All coaches, team physicians and athletic trainers will receive the NCAA concussion fact sheet during the mandatory annual medical meeting which includes CPR training, concussion education and EAP training. Each individual will be required to sign that they have attended the medical meeting and received the concussion education information. The meeting will occur on an annual basis during the first two weeks of fall semester.

All administrators responsible for oversight of a sport will receive the NCAA concussion fact sheet during their initial meeting with the compliance staff. They will each be required to provide signed acknowledgment of having received and read the concussion material.

Pre-Participation:

A history of any previous concussion will be conducted at pre-season physicals for all student athletes.

Any previous concussion will be documented and the medical records will be obtained for review by the team physician for that sport.

Any student athlete that is thought to have previously sustained a significant head injury or a history of multiple head injuries will undergo a full neurological assessment by the team physician.

A baseline balance score using the Balance Error Scoring System (BESS) and a baseline Sideline Concussion Assessment Tool will be performed on all athletes. The test results will be maintained in the athlete's medical records and used as a baseline for future injury management.

Clearance for participation or need for further consultation, evaluation or testing will be at the discretion of the team physician. The team physician also has the discretion to order a new baseline concussion assessment six months or beyond for any varsity student-athlete with a documented concussion, especially those with complicated for multiple concussion history.

Recognition and Diagnosis of Concussion and Post-Concussion Management:

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be "present" at all NCAA varsity competitions in the following contact/collision sports: basketball; football; pole vault; soccer. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team, or may be independently contracted for the event.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be "available" at all NCAA varsity practices in the following contact/collision sports: basketball; football; pole vault; soccer. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Any student athlete at the University of Alabama who exhibits signs or symptoms consistent with a concussion as deemed by the medical staff, with or without a witnessed injury, will be removed from activity (practice or game) immediately and undergo a thorough evaluation by a member of the University of Alabama Sports Medicine team. This may include certified athletic trainers or team physicians; athletic training students are not responsible or allowed to evaluate athletes with signs and symptoms of a concussion nor are they allowed to participate in any decision making regarding return to competition.

Once a student athlete has been diagnosed with any form of concussion or mild traumatic brain injury, ***he/she will NOT be allowed to return to any activity or competition for the remainder of that day.***

The evaluation of a concussion by a member of The University of Alabama Sports Medicine team will include a symptom assessment, a physical and neurological examination, a cognitive assessment, a balance examination and a clinical assessment for cervical spine trauma, a skull fracture and intracranial bleed.

The emergency action plan should be activated for 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

Following initial injury, the athlete will continually be evaluated and monitored by the certified athletic trainer and team physician if present. If there is any worsening of the student athlete's symptoms, the team physician will be notified immediately (if not already present for evaluation) and the athlete will be transported to a medical facility that can manage and treat severe closed head injuries.

While in Tuscaloosa, the referral facility of choice will be DCH Regional Medical Center. When managing head injuries away from Tuscaloosa, the referral site will be at the discretion of the host-team's medical staff.

Oral and/or written instructions will be given to the student-athlete who suffers a concussion and another responsible adult, which may include a parent or roommate.

Student-athletes who have a prolonged recovery from a concussion will be evaluated again by the team physician in order to consider best management options and additional diagnosis, including but not limited to:

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

Return to Play:

Student-athletes who sustain a concussion will undergo follow-up cognitive and balance testing and should have limited physical and cognitive activity until all tests have returned to baseline.

Once concussion symptoms have resolved and cognitive/balance tests have returned to baseline, the student-athlete must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion that specifies:

- Light aerobic exercise without resistance training
- Sport-specific exercise and activity without head impact
- Non-contact practice with progressive resistance training
- Unrestricted training
- Return to competition

A student-athlete that has been diagnosed as having a concussion will not be allowed to return to activity until they are cleared by a team physician. The team physician will be the only one to determine return to play and will have full and complete authority to make that decision.

Return to Learn:

When athletes at The University of Alabama sustain a concussion from any cause, it is important to realize that their ability to learn and subsequently their academic progress may be hampered. For this reason, it is imperative that proper steps be taken in order to notify the Academic Department and arrange for proper management of athletes that have sustained concussion.

At present, when an athlete sustains a concussion from any cause, they are held out of all physical activity until their symptoms resolve. They are evaluated by the athletic training staff daily and then cleared only by the team physician when they are ready to resume participation in their sport and training. During this time of physical rest, it is important for the athlete to have some degree of cognitive rest in order to allow for enhanced recovery of symptoms. While it would be impossible to completely remove the athlete from all of their academic responsibilities, some adjustments in demand and academic requirements should be made. Other forms of mental stimulation such as TV watching, loud noises, non-academic computer use, video games and texting should be limited or eliminated during this recover time allowing as much academic work as possible.

The following guidelines should be used in regards to managing the cognitive rest needed for the athlete to recover taking into account that each athlete and each concussion are different so it would be impossible to set out strict recommendations. The management of the return to learn program will be in full compliance with the ADA/AA.

When an athlete sustains a concussion, they should be removed from all academic responsibilities for the remainder of that day.

If the student-athlete cannot tolerate light cognitive activity, they should remain at their residence to rest.

Once light cognitive activity is tolerated, the athlete may return to the classroom as tolerated. If at any point the student-athlete experiences return of symptoms or scores on clinical measures decline, the team physician should be notified and the student-athletes cognitive activity should be reassessed.

The extent of academic adjustments needed should be decided by a multi-disciplinary team that may include but not be limited to the team physician, athletic trainer, academic representative, academic counselor, course instructors, coach, college administrator, Office of Disability representative, and psychologists and/or neuropsychologists. The level of involvement by each member of this multi-disciplinary team should be made on a case-by-case basis. Modification of class schedule and academic accommodations may be necessary for up to two weeks and will be coordinated by Jon Dever, Associate Athletic Director for Student Services.

Prompt re-evaluation by a team physician and members of the multi-disciplinary team, if appropriate, will be done on any student athlete whose symptoms last longer than two weeks or who has worsening of concussive symptoms with academic challenges.

Most concussive symptoms typically resolve within two weeks, however, there are occasions when symptom can persist for weeks to months. When an athlete has

persistent symptoms, adjustments in curriculum and testing may prove more challenging. It is important to verify that the athlete is truly having continuation of concussive symptoms as often there are other conditions that may present with the same symptomatology such as post-concussive syndrome, attention deficit disorder, sleep dysfunction, migraines and other headache disorders, anxiety and or depression, and simply assuming these symptoms are the result of the concussion and just waiting them out may prove counter-productive.

When an athlete has not recovered in an anticipated time frame, the student athlete may need a change in their schedule and academic requirements. Special arrangements may be required for extended absences, tests, term papers or other projects. In these situations, the athlete may need the assistance of special support services provided by the University of Alabama. An athlete presenting with prolonged symptoms must be re-evaluated to check for other co-morbid conditions and then a detailed long-term academic plan must be instituted. Special resources available to the student athlete such as the Office of Disability Services, the ADA/AA office, or specific Learning Specialists may need to be involved in the continuing management of the athlete with prolonged symptoms. As treatment continues and the athlete recovers, then a gradual return to normal academic function may ensue.

Every effort will be made by the University of Alabama Athletic Department and the Academic Department to ensure that an athlete that has sustained a concussion will be treated in such a manner as to ensure his safe return to sport and maintain their academic progress.

Reducing Head Trauma Exposure Management Plan:

Efforts will be made to reduce exposure to head trauma. Examples of methods to minimize head trauma exposure include but are not limited to:

- Adherence to Inter-Association Consensus: Year Round Football Practice Contact Guidelines
- Adherence to Inter-Association Consensus: Independent Medical Care Guidelines
- Reducing gratuitous contact during practice
- Taking a “safety first” approach to sport
- Taking the head out of contact
- Coaching and student-athlete education regarding safe play and proper technique.