



# University of Georgia Sports Medicine

## Concussion Management Guidelines

*Revised March 14, 2019*

### **Pre-Season Education**

- UGAAA will provide NCAA concussion fact sheets or other applicable materials (Mind Matters Challenge project) annually to student-athletes, coaches, team physicians, athletic trainers, and directors of athletics. Each party will provide a signed acknowledgement of having read and understood the concussion material.
- UGAAA will require student-athletes to sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions.

### **Pre-Participation Assessment:**

- UGAAA will require that each student-athlete has received a pre-participation baseline concussion assessment which addresses brain injury and concussion history, symptom evaluation, cognitive assessment, and balance evaluation. Each student-athlete will receive a new baseline concussion assessment annually. The team physician will determine pre-participation clearance and/or the need for additional consultation or testing.
  - UGAAA shall record a baseline assessment<sup>6,10,11,12</sup> for each incoming student-athlete (first-years & transfers) in all sports. In addition, a baseline assessment will be recorded for student-athletes with a known history of concussion or other conditions known to influence neurocognition or balance.
  - The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should consist of the use of: 1) symptoms checklist, 2) standardized balance assessment (BESS &/or Neurocom), 3) neuropsychological testing (CNS Vital Signs &/or ImPACT), and 4) a clinical history, at a minimum. Other measures, such as a brief visual exam (Eye Sync) and a mental status exam (Standard Assessment of Concussion) may also be administered during baseline testing or post-concussion at the sports medicine staff's discretion. In the event that an athlete does not have baseline scores, age- and gender-matched normative scores will be used for comparison to post-injury scores.
    - Note: The neuropsychological testing program should be performed in consultation with a neuropsychologist. Post injury neuropsychological test data will be interpreted by a neuropsychologist prior to return to play. Neuropsychological testing has proven to be an effective tool in assessing neurocognitive changes following concussion and can serve as an important component of an institution's concussion management plan. However, neuropsychological tests should not be used as a standalone measure to diagnose the presence or absence of a concussion as UGAA uses a comprehensive assessment by its sports medicine staff. The ImPACT neuropsychological test battery has moderate to good sensitivity and specificity<sup>13,14,15</sup>, but poor to good reliability<sup>12,16,17</sup>. Despite the clinical limitations of the ImPACT test battery, the test battery remains within the standard of care. The UGAA sports medicine team will continue to review and conduct research on other computerized neuropsychological test batteries and will adjust protocols if other products become available that have acceptable reliability. Likewise, clinical limitations of ImPACT will be taken into consideration when interpreting all baseline and post-injury scores.

### **Recognition and Diagnosis of Concussion:**

- Medical personnel with training in the diagnosis, treatment and initial management of concussion must be "present" at all NCAA varsity competitions in the following contact/collision sports conducted by UGAAA: basketball; equestrian; 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 concussion must be "available" at all NCAA varsity practices in the following contact/collision sports conducted by UGAAA: basketball; equestrian; 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, e-mail, 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 with signs/symptoms/behaviors consistent with concussion must be removed from practice or competition. The student-athlete must be evaluated by a certified athletic trainer or team physician with concussion experience and must be removed from practice/play for that calendar day if concussion is confirmed.
- If a concussion is suspected, the initial concussion evaluation should include symptom assessment, a physical and neurological exam, a cognitive assessment, a balance exam, and clinical assessment for cervical spine trauma, skull fracture and intracranial bleed.

### **Post-Concussion Management:**

- UGAAA will utilize an emergency action plan for head injuries, including transportation for further medical care, 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
- UGAAA will utilize a post-concussion management plan that specifies:
  - Mechanism for serial evaluation and monitoring following injury.
  - Documentation of oral and/or written care to both student-athlete and another responsible adult (may be parent/guardian or roommate)
  - Evaluation by a physician for a student-athlete with prolonged recovery in order to consider additional diagnosis (i.e. post- concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, ocular or vestibular dysfunction, etc...) and best management options.
  - When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete will be removed from practice or competition, by either a member of the coaching staff or sports medicine staff. If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by a member of the sports medicine staff. During competitions, on the field of play injuries will be under the purview of the official and playing rules of the sport. UGAA staff will follow such rules and attend to medical situations as they arise. Visiting sport team members evaluated by UGAA sports medicine staff will be managed in the same manner as UGAA student-athletes.
  - 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.
  - The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written home instructions (attachment) that they will sign upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.
  - 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. Student-athletes that experience prolonged recoveries following concussion may be allowed to complete light, low-risk physical and cognitive activities that do not worsen symptoms at the discretion of the team physician.
  - The student-athlete will be evaluated by a team physician as outlined within the concussion management plan. Once asymptomatic and post-exertion assessments are within normal limits, return to play shall follow a medically supervised stepwise process.
- UGAAA will have on file and annually update an emergency action plan for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g. asthma), and sickle cell trait collapses. All athletics healthcare providers and coaches shall review and practice the plan annually. These sessions will be conducted prior to the start of the sport season. The UGAA sports medicine department and the compliance office will maintain a list of staff that have completed the requirement on file.

### **Return to Play:**

- UGAAA will utilize a return-to-play concussion management plan that specifies:
  - Final determination of return-to-play is from the team physician or medically qualified physician designee.
  - Each student-athlete with concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion
  - Student-athlete has limited physical and cognitive activity until he/she has returned to baseline, then progresses with each step below without worsening or new symptoms:
    - 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

#### **Return to Learn:**

- Academic advisors and professors will be notified of student-athlete's concussion (attached concussion letter template), with permission for release of information from the student-athlete. If necessary, appropriate academic accommodations will be made to help the student-athlete strike an optimum balance between rest and continued academic progress during recovery.<sup>18</sup>
- UGAAA will utilize a return-to-learn management plan that specifies:
  - Identification of a point person within athletics who will navigate return-to-learn with the student-athlete.
  - Identification of a multi-disciplinary team (may include, but not be limited to: team physician, athletic trainer, psychologist/counselor, neuropsychologist consultant, faculty athletic representative, academic counselor, course instructor(s), college administrators, office of disability services representatives, coaches) that will navigate more complex cases of prolonged return-to-learn.
  - Compliance with ADAAA.
  - No classroom activity on same day as concussion.
  - Individualized initial plan that includes:
    - Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.
    - Gradual return to classroom/studying as tolerated.
  - Re-evaluation by team physician if concussion symptoms worsen with academic challenges
  - Modification of schedule/academic accommodations for up to two weeks, as indicated, with help from the identified point-person.
  - Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with symptoms > two weeks.
  - Engaging campus resources for cases that cannot be managed through schedule modification/academic accommodations.
    - Such campus resources must be consistent with ADAAA, and include at least one of the following: learning specialists, office of disability services, and ADAAA office.

#### **Reducing Exposure to Head Trauma:**

- 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.
- Although "reducing" may be difficult to quantify, it is important to emphasize ways to minimize head trauma exposure. Examples of minimizing 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

#### **Administrative:**

- UGAAA will submit an institutional concussion management plan to the NCAA Concussion Safety Protocol Committee by May 1 of each calendar year, accompanied by a written certificate of compliance signed by the director of athletics.
- UGAAA sports medicine staff members and other athletics healthcare providers will practice within the standards as established for their professional practice (e.g., team physician<sup>7</sup>, certified athletic trainer<sup>8</sup>, physical therapist, nurse practitioner, physician assistant, neurologist<sup>9</sup>, neuropsychologist<sup>10</sup>).

- UGAAA 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 director of sports medicine and the head team physician for remediation.
- UGAAA will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion. Aggregate concussion numbers per sport will be reported to the Director of Athletics and Deputy Director annually.

*Approved by:* \_\_\_\_\_ *Medical Director* *Date:* \_\_\_\_\_  
*Fred Reifsteck, M.D.*

*Approved by:* \_\_\_\_\_ *Neurosurgeon* *Date:* \_\_\_\_\_  
*Kim Walpert, M.D.*

*Approved by:* \_\_\_\_\_ *Dir. Sports Medicine* *Date:* \_\_\_\_\_  
*Ron Courson, ATC, PT, NRAEMT, CSCS*

*Approved by:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Julianne Schmidt, PhD, ATC*

*Approved by:* \_\_\_\_\_ *Neuropsychologist* *Date:* \_\_\_\_\_  
*Adam Shunk, PhD*

*Approved by:* \_\_\_\_\_ *Emergency Medical Director* *Date:* \_\_\_\_\_  
*Glenn Henry, MA, EMT-P*

## Reference Documents

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# University of Georgia Sports Medicine

## Concussion Management Plan

1. **Obtain Baseline Testing:** Obtain symptom checklist, balance exam, neuropsychological exam, and clinical history data, at a minimum, on incoming student-athletes (first-years & transfers) in all sports.
2. **Concussion Identified and Assessed:** Physical examination and assessment of concussion symptoms by medical staff (athletic trainer, physician assistant and/or physician: if physician not immediately available, athlete should be referred to physician for evaluation within 24 hours of injury if possible if not emergent; if emergent, athlete should be transported to closest emergency department); athlete held from all physical activity; given concussion information home instruction sheet; notify parent/guardian of concussion.
3. **24-48 Hours Post-Injury:** Athlete is administered symptom checklist, balance exam, and neuropsychological exam at a minimum (unless directed otherwise by physician and/or neuropsychologist).
4. **Concussion Management:** Athlete held from all physical activity; re-assess athlete daily by medical staff; administer symptom checklist daily until completely asymptomatic; consider implementation of DHA Omega-3 supplementation; notify academic advisor (consideration of academic modifications/restrictions)
5. **Athlete Asymptomatic:** Athlete repeats symptom checklist, balance exam, and neuropsychological exam, at a minimum (unless directed otherwise by physician and/or neuropsychologist). Scores will be compared to both baseline and normative values.
  - a. **Test Results Return to Acceptable Clinical Ranges:** Perform exertional testing; re-evaluation by physician for return to play decision
  - b. **Test Results NOT Returned to Acceptable Clinical Ranges:** When medically cleared by physician, repeat test battery; consider neuropsych consult with more detailed test battery
6. **After Exertional Testing - Before Return to Play:** Athlete repeats symptom checklist, balance exam, and neuropsychological exam, at a minimum (unless directed otherwise by physician and/or neuropsychologist).
  - a. **Test Results Return to Acceptable Clinical Ranges:** Physician determines return to play decision
  - b. **Test Results NOT Returned to Acceptable Clinical Ranges:** When medically cleared by physician, repeat test battery; consider neuropsych consult with more detailed test battery
7. **Return to Play:** When medically cleared by physician, repeat exertional testing; re-evaluation by physician for return to play decision

## Exertional Testing Protocol Following Concussion

Symptom checklist, balance exam, and neuropsychological exam, and brief visual exam WNL



**Exertional Testing Protocol**

1. 10 min on stationary bike; exercise intensity <70% maximum predicted heart rate
2. 10 min continuous jogging on treadmill; exercise intensity <70% maximum predicted heart rate
3. Strength training: (i.e. push-ups, sit-ups, squats thrusts)
4. Advanced cardiovascular training: sprint activities
5. Advanced strength training: weight lifting exercises
6. Sport specific agility drills (no risk of contact)

**If no change or increase in symptoms, move to next step.**

Non-contact practice following completion of exertional protocol

**If no change or increase in symptoms, move to next step.**

Limited to full contact practice

**If no change or increase in symptoms, final return to play decision made by medical staff.**



UNIVERSITY of GEORGIA ATHLETIC ASSOCIATION

SPORTS MEDICINE

## Sample Notification Letter

Concussion Notification for \_\_\_\_\_

Student ID # \_\_\_\_\_

Date: / /

The University of Georgia Sports Medicine and Student Services/Academic Counseling Departments would like to inform you that **Name** sustained a concussion on **Date / /** while **provide brief concussion details (i.e. practice/competition, motor vehicle accident, etc...)**. **He/She** was evaluated by **Name of Physician, MD**. **Name** will undergo additional concussion testing in our sports concussion laboratory under the direction of Julianne Schmidt, PhD, ATC. **Name** is currently being held from all athletic activities while symptomatic. **He/she** will be followed daily by our sports medicine staff. When **his/her** symptoms completely clear, follow-up concussion testing will be performed to determine return to activity. **Name** will not return to any athletic activity until **he/she** is completely symptom free and has been cleared by a physician.

A concussion is a type of traumatic brain injury (TBI) that results from a force to the head or body that causes the head and brain to bounce around or twist in the skull, stretching and damaging brain cells and creating chemical changes in the brain. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions. Concussions affect each individual differently. Most students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer.

Educators may be challenged with helping return a student to school still experiencing concussion symptoms as learning problems and poor academic performance can occur. **Name** may require some academic accommodations during the recovery time from **his/her** concussion, which may include excused absence from classes, rest periods during the school day, the extension of assignment deadlines, postponement or staggering of tests, excuse from specific tests and assignments, extended testing time, accommodation for oversensitivity to light and/or noise, excuse from physical exertion activities, use of a reader for assignments and testing, use of a note taker or scribe, and use of a smaller, quieter examination room to reduce stimulation and distraction. You may find additional information related to return to the classroom following a concussion at the web links below.

Any academic accommodations you may provide for **name** during this time would be greatly appreciated. Should you have any questions or require further information, please do not hesitate to contact me at [rcourson@sports.uga.edu](mailto:rcourson@sports.uga.edu) or 706-542-9060 (work) and/or **name's** sport athletic trainer. Thank you in advance for your time and understanding with this circumstance.

Sincerely yours,

Ron Courson, ATC, PT, NRAEMT, CSCS  
Senior Associate Athletic Director - Sports Medicine

**Sport Athletic Trainer**

cc: David Shipley, JD	Greg McGarity	Darrice Griffin	Magdi El Shahawy
Fred Reifsteck, MD	Julianne Schmidt, PhD	<b>S-A Name</b>	<b>Head Sport Coach</b>

CDC link: [http://www.cdc.gov/concussion/pdf/TBI\\_Returning\\_to\\_School-a.pdf](http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf)

NCAA link: <http://www.ncaa.org/health-and-safety/medical-conditions/concussion-return-learn-guidelines>

NATA link: <http://www.nata.org/sites/default/files/attr-45-05-pg-492-498.pdf>





# University of Georgia Sports Medicine

## Concussion Patient Information Sheet

**Name:** \_\_\_\_\_: You have had a concussion and need to be watched closely for the next several days until you have completely recovered. The following information is regarding your treatment and recovery.

**What is a concussion?** A concussion is a brain injury that is caused by a blow to the head or body. It may occur from contact with another player, hitting a hard surface such as the ground, floor, being hit by a piece of equipment such as a bat or ball, or a motor vehicle accident. A concussion can change the way your brain normally works. It can range from mild to severe and presents itself differently for each athlete. **A concussion can happen even if you do not lose consciousness.**

**What are the symptoms of a concussion?** You can't see a concussion, but you may notice some of 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 that you might vomit)
- Feeling sluggish, foggy or groggy
- Feeling unusually irritable
- Difficulty getting to sleep or disrupted sleep
- Slowed reaction time
- Concentration or memory problems  
(forgetting game plays, facts, meeting times)

**How do you recover from a concussion?** Your brain needs time to heal. **Until you completely recover from your concussion, you will be held from all athletic activity.** 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. 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. You will be evaluated by your physician initially and undergo some testing to determine how the concussion is affecting your ability to balance (e.g. Neurocom test) and process information (e.g. computer neuropsychological test). You will be followed daily by your athletic trainer to monitor your symptoms. When your symptoms are completely gone and your concussion testing results have returned to a normal level, you will perform some exertional tests under the supervision of your athletic trainer. **Before returning to your sport, you must be re-evaluated by your physician and medically cleared for return.**

**What to watch for?** If you develop any new symptoms or increases in current symptoms, contact your athletic trainer or physician immediately at: \_\_\_\_\_

**Medications:** You have been given medications to take as follows:

Acetaminophen (Tylenol): take 2 tablets every 6 hours *as needed for headache (no more than 3 grams per day)*.

**Additional Instructions:** **DO NOT** drive a car or motor scooter, drink alcohol, eat greasy or spicy foods, or take aspirin, Aleve, Advil or other anti-inflammatory medications!

**Follow-up:** You will be seen for follow-up examination by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

**Recommendations provided to** \_\_\_\_\_ **by** \_\_\_\_\_ **on** \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I acknowledge that I have received and understand the concussion information above and that I will notify a healthcare provider immediately with any changes in my signs and symptoms. \_\_\_\_\_

Student-Athlete Signature

Date



# University of Georgia Sports Medicine

## Concussion Return to Athletic Activity Acknowledgement

- ☐ **I acknowledge that I have sustained a concussion.** I understand that a concussion is a brain injury that is caused by a blow to the head or body. It may occur from contact with another player, hitting a hard surface such as the ground, floor, being hit by a piece of equipment such as a bat or ball, or a motor vehicle accident. A concussion can change the way your brain normally works. It can range from mild to severe and presents itself differently for each athlete. **A concussion can happen even if you do not lose consciousness.**
- ☐ **I acknowledge that I have experienced signs and symptoms of concussion following my injury; however, all of my symptoms have fully resolved.** I understand that 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 that you might vomit)
  - Feeling sluggish, foggy or groggy
  - Feeling unusually irritable
  - Difficulty getting to sleep or disrupted sleep
  - Slowed reaction time
  - Concentration or memory problems  
(forgetting game plays, facts, meeting times)
- ☐ **I acknowledge that I have recovered from my concussion.** I understand that my brain needs time to heal following injury. I was held from athletic activity until I completely recovered. I understand that 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. I understand that 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.
- ☐ **I acknowledge that I have been evaluated by a physician, undergone concussion testing, performed exertional tests, and have been medically cleared for return to athletic activity.**
- ☐ **I acknowledge that if I experience any concussion signs and symptoms, I will immediately report to a healthcare provider.**

***I acknowledge that I fully understand the concussion information above, that the acknowledgements above are true and correct to the best of my knowledge, and that I will notify a healthcare provider and my coach immediately with any changes in my signs and symptoms.***

\_\_\_\_\_  
Student-Athlete Name (print)

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# University of Georgia Sports Medicine

## Student-Athlete Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask your athletic trainer or team physician to explain it to you.*

Student-Athlete Name (printed): \_\_\_\_\_

☐ I have read and understand the *NCAA-CDC Concussion Fact Sheet for Student-Athletes*.

*If true, please check box.*

☐ I am over 18 years old.

*If true, please check box. If you are not yet 18 years old, please consult your team physician or athletic trainer.*

Student-Athlete Initials	By initialing, you confirm that you understand the following information that has been provided to you about concussions:
	A concussion is a brain injury caused by a blow to the head or body.
	A concussion can change the way your brain normally works, such as the ability to think, balance, and perform classwork.
	A concussion can range from mild to severe.
	A concussion can present itself differently for each athlete.
	A concussion can occur during practice or competition in any sport. A concussion can also occur outside of sport.
	A concussion can occur even if you do not lose consciousness.
	You can't see a concussion, but you might notice some symptoms right away or hours/days after the injury.
	Exercise or activities that involve a lot of concentration may cause concussion symptoms to reappear or get worse.
	I should tell my athletic trainer and coach if I think I may have sustained a concussion.
	I should tell my athletic trainer and coach if I think one of my teammates may have sustained a concussion.
	I should not return to participation in a game, practice or other activity with symptoms.
	After a concussion, the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play or practice before concussion symptoms go away. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change my whole life.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

CONCUSSION ASSESSMENT, RESEARCH AND EDUCATION (CARE) CONSORTIUM -  
LONGITUDINAL CLINICAL STUDY CORE  
POST-INJURY PACKET

\*\*\*Completed Every Day Post-Injury Until Asymptomatic\*\*\*

**INTERNAL USE ONLY**

Internal School ID: _____	Examiner's name _____
Institution/School Name _____	Evaluation Date(mm/dd/yyyy) _____
Quesgen ID _____	Examination Time (hh:mm) _____ (24 Hour)
GUID _____	Injury Date(mm/dd/yyyy) _____

**EVALUATION OF SELF**

On a scale of 0-100, how much do you feel like yourself today? (0 not at all, 100 completely like yourself) \_\_\_\_\_

**SCAT Symptom Evaluation**

Test was completed using C3 ☐ Yes ☐ No

How do you feel? You should score yourself on the following symptoms, based on how you feel now.

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
"Pressure in Head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Fatigue or Low Energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
More Emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

How many hours did you sleep last night? \_\_\_\_\_ (hrs)

Do the symptoms get worse with physical activity? ☐ Yes ☐ No ☐ N/A

Do the symptoms get worse with mental activity? ☐ Yes ☐ No

Assessment End Time (hh:mm) \_\_\_\_\_ (24 Hour)

Assessment not performed because: ☐ Athlete unavailable ☐ Athlete physical inability

☐ Medical Leave of Absence ☐ Athlete refused to complete

☐ Time point was not completed ☐ Symptoms worsened during assessment ☐ Other \_\_\_\_\_



# CONCUSSION SAFETY

WHAT STUDENT-ATHLETES  
NEED TO KNOW

## What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

### How can I keep myself safe?

#### 1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

#### 2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

#### 3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery. If left unmanaged, there may be serious consequences.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

### How can I be a good teammate?

#### 1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

#### 2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

#### 3. Support your injured teammates.

- If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

*No two concussions are the same. New symptoms can appear hours or days after the initial impact. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.*