CONCUSSION POLICY

Updated (10/3/2018)

POLICY

The NCAA has created guidelines stating the course of action to be followed in the event of a sports related concussion to student-athletes. Treatment of sports-related concussions will follow these guidelines, and include additional steps put in place by the UHealth Sports Medicine Concussion Team. Student-athletes will receive concussion education materials and sign an injury reporting acknowledgement stating their understanding of the responsibility they have to inform the Athletic Training Staff of concussion signs or symptoms. Each coaching staff member will sign an injury reporting acknowledgement form and receive concussion education materials. Return to activity following concussion will follow the steps outlined in the University of Miami Department of Athletics Concussion Guidelines.

PURPOSE

To allow safe return to play for any student-athlete who has experienced concussion signs or symptoms. To follow the NCAA's guidelines for safe management and return to activity following concussion related episodes.

PROCEDURE

See the attached University of Miami Department of Athletics Concussion Guidelines document for all concussion procedures.

UNIVERSITY OF MIAMI DEPARTMENT OF ATHLETICS

CONCUSSION GUIDELINES

I. Baseline Testing and Concussion Education

The University of Miami Department of Athletics will follow the below guidelines with regard to concussion and concussion management of student-athletes.

A. Baseline testing will include ImPACT, a neurocognitive computerized baseline test, the Balance Error Scoring System (BESS), and the King-Devick (football, volleyball, soccer, men's and women's basketball) remove-from-play sideline concussion screening test. These baseline tests are conducted annually, and will be completed prior to the first practice or contact activity of their sport season.

1. Per NCAA Guidelines, institutions should record a baseline assessment for ALL student-athletes prior to the first practice. The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should consider one or more of the following areas of assessment.

    a. The baseline assessment should consist of the use of a symptoms checklist and standardized cognitive and balance assessments (e.g. Balance Error Scoring System [BESS]).

    b. Additionally, neuropsychological testing (ImPACT computerized test) has been shown to be effective in the evaluation and management of concussion. The development and implementation of a neuropsychological testing program should be performed in consultation with a neuropsychologist. Ideally, post-injury neuropsychological test data should be interpreted by a neuropsychologist.

B. All student-athletes will fill out a medical history including brain injury and concussion history which will be reviewed by the sports medicine staff (UM Team Physicians and UM Team Athletic Trainers) prior to their pre-participation physicals. During the review and signing process, student-athletes will be presented with NCAA Concussion Fact Sheet.

C. All student-athletes will be examined by a general medical physician as well as an orthopedic physician as a part of their pre-participation examination. The physician will review each student-athlete's concussion history and will determine their participation clearance.

D. During the annual returning physical examination process, student-athletes must read and sign a statement acknowledging that they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
    a. Each student-athlete will repeat the ImPACT computerized exam, the King-Devick (football, volleyball, soccer, men's and women's basketball) test, and will sign their annual acknowledgement.

E. All UM coaches must read and sign the attached coaches' statement acknowledging that they have read and understand the NCAA Concussion Fact Sheet, will encourage their student-athletes to report any suspected injuries and illnesses related to concussions, and that they accept the responsibility for referring any student-athlete to the medical staff suspected of sustaining a

concussion. Furthermore, the coach acknowledges they have read and understand the UM Concussion Guidelines.

F. All UM Team Physicians (Primary care and Orthopedic), Athletic Trainers, Graduate Assistant Athletic Trainers, and Undergraduate Athletic Training Students must read and sign the attached medical provider statement acknowledging that they will provide the UM student-athletes with the NCAA Concussion Fact Sheet and encourage their student-athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions. Furthermore, the staff acknowledges they have read and understand the UM Concussion Guidelines.

G. The Director of Athletics and all UM administrators must read and sign the attached administrators' statement acknowledging that they have read and understand the NCAA Concussion Fact Sheet, will encourage their student-athletes to report any suspected injuries and illnesses related to concussions, and that they accept the responsibility for referring any student-athlete to the medical staff suspected of sustaining a concussion. Furthermore, the administrator acknowledges they have read and understand the UM Concussion Guidelines.

II. NCAA Recommendations

The NCAA Safeguards committee reaffirms its recommendation from December 2009 that an athlete exhibiting an injury that involves significant symptoms, long duration of symptoms or difficulty with memory function should not be allowed to return to play during the same day of competition and expands upon it by stating a student-athlete diagnosed with a concussion should not return to activity for the remainder of that day. Student-athletes that sustain a concussion outside of their sport should be managed in the same manner as those sustained during sport activity. The student-athlete should be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, working on a computer, classroom work, or taking a test.

Healthcare professionals should assume a concussion when unsure and waiting for final diagnosis. When in doubt, sit the athlete out. Institutions should ensure healthcare professionals attain continuing education on concussion evaluation and management annually. Structured and documented education of student-athletes and coaches is also recommended to improve the success of the recognition and referral components of a consistent concussion management program.

III. University of Miami Concussion Treatment and Return to Play Guidelines

A. 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 guidelines will be used for student-athletes suspected of sustaining a concussion.

B. Medical personnel with training in the diagnosis, treatment and initial management of acute concussions will be physically present at all athletic competitions at the University of Miami.

C. Medical personnel with training in the diagnosis, treatment and initial management of acute concussions will be present and/or available for all team practices, weight room and conditioning activities.

D. In the event a suspected concussion occurs, UM Athletic Trainers will:

1. Rule out cervical spine, skull fracture, intracranial bleed, or any other immediate life-threatening injuries.

    a. In the case any of these life-threatening injuries are suspected, the Athletic Trainer will immediately activate the Emergency Action Plan. The Athletic Training Staff will stabilize the student-athlete and monitor vital signs until Emergency Personnel arrives at the scene.

    b. Emergency Personnel will stabilize the student-athlete will transport the student-athlete to the nearest medical facility for further evaluation and treatment.

2. Perform a symptom assessment.

    a. If the student-athlete displays any of the following symptoms, the Emergency Action Plan should be activated:
        i. Glasgow Coma Scale <13
        ii. Prolonged loss of consciousness
        iii. Focal neurological deficit
        iv. Repetitive emesis
        v. Persistently diminishing mental status

3. Administer the King-Devick test on the sideline or locker room (football, volleyball, soccer, men's and women's basketball).

4. The student-athlete shall be withheld from the competition or practice and not return to activity for the remainder of that day.

5. Contact a UM Team Physician for evaluation and/or referral of the student-athlete.

6. The student-athlete will receive serial monitoring for deterioration. Student-athletes will be provided with written instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.

7. Complete a repeat ImPACT and BESS Test for the student-athlete (within 24-72 hours of suspected concussion), as per the Team Physician's instructions.

8. Notify UM Department of Athletics Academics Services that the student-athlete has sustained a possible head injury. Academic Services will arrange daily meetings with the student-athlete to assess accommodations that may be necessary.

9. Refer the student-athlete as needed, upon the recommendation by the UM Team Physicians, for further neurological evaluation to UHealth Concussion Program group, led by Dr. Kester Nedd and Dr. Gillian Hotz Ph.D.

10. If the student-athlete has been evaluated by the UHealth Concussion Program group, they will follow the recommendations of the UHealth Concussion Program group, led by Dr. Nedd and Dr. Hotz for return-to-play guidelines, along with any academic accommodations that may be necessary.

11. Monitor the student-athlete for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, working on a computer, classroom work, or test-taking.

12. The UM athletic training staff will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion in the NExtt Solutions Injury Database.

13. Although sports currently have rules in place; athletics staff, student-athletes and officials should continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted and current rules of play should be strictly enforced.

E. Return-To-Play Guidelines

In order to be considered for return to play, the student-athlete must:

1. Follow the outlined guidelines by the UM Team Physician and/or the UHealth Concussion Program group for management of his/her injury;

2. Be fully asymptomatic at rest, with exertional testing, and with supervised non-contact and contact sports-specific activities:

   Exertional guidelines allow for a gradual increase in volume and intensity during the return to play process. The student-athlete will be monitored for any concussion-like signs/symptoms during and after each exertional activity. If at any point during the process the student-athlete becomes symptomatic, the student-athlete should be re-assessed daily until asymptomatic. Once asymptomatic, the student- athlete should then begin the gradual increase in exertional exercise again. Each step should take approximately 24 hours.

   Graduated Return to Play from ZURICH Consensus Statement:

   a. No Activity: Complete and cognitive rest until asymptomatic. Objective is rest and recovery.

   b. Light aerobic exercise: Walking, stationary bike at >70% intensity. Objective is to increase heart rate. Example: 20-minute stationary bike ride – evaluate for symptoms.

   c. Sport-specific exercise: Running, soccer/football drills etc. Objective is to add movement. Examples: Interval bike ride: 30 sec sprints 30 sec rest x 10 sprints - evaluate for symptoms; Bodyweight circuit: Squats, Push Ups, Sit-ups x 20sec x 3 - evaluate for symptoms.

   d. Non-contact training drills: More advance drills like passing drills, etc. May add resistance training. Objective is to add coordination and cognitive load with exercise.

      Examples: 60-yard shuttle run x 10 (40sec rest) and plyometric workout: 10 yard bounding, 10 medicine ball throws, 10 vertical jumps x 3, non-contact sport specific drills for approximately 15 minutes – evaluate for symptoms.

e. Full contact practice: Participate in normal training activities. Objective is to restore confidence and allow assessment of functional skills by coaching staff. Example: Limited, controlled return to full contact practice and monitoring for symptoms.

f. Return-To-Play: No student-athlete can return to full practice activity or competitions until the student-athlete is asymptomatic in limited, controlled, and full-contact activities, and cleared by the UM Team Physician. Example: Full sport participation in a practice.

3. Be within normal baseline limits on all post-exertion assessments as determined by the UM Team Physicians and/or the UHealth Concussion Program group; AND

4. Be cleared for participation by a UM Team Physician and/or the UHealth Concussion Program group. Should the student-athlete be cleared by the UHealth Concussion Program, the team AT will notify the UM Team Physician of the updated clearance status.

F. Return-to-Learn Guidelines

1. Once a student-athlete has sustained a concussion or head injury, the Athletic Trainer will notify the student-athlete's Academic Advisor in Academic Services, who will be the point person in notifying the student-athlete's professors

2. The student-athlete will be excused from all classroom activity the same day as the initial concussion, and may remain at home/dorm if light cognitive activity cannot be tolerated.

3. The Team Physicians, along with the UHealth Concussion Program group, will determine what classroom accommodations may be necessary based on their evaluation and the student-athlete's symptoms. They will provide this information in writing, which will be sent to the Academic Advisor.

4. The Academic Advisor will notify all professors and will contact any other resources that may be necessary (e.g., learning specialists, office of disability services) in a manner that is compliant with ADAAA.

5. The student-athlete will follow-up with Team Physicians and/or the UHealth Concussion Program group, to progress the gradual return into classroom/studying. If the student-athlete is continuing to experience symptoms with academic work, the Team Physician and/or the UHealth Concussion Program group will re-evaluate the accommodations necessary.

G. Student-Athlete With Prolonged Symptoms:

1. If a student-athlete is not able to complete the graduated return-to-play criteria, or if they have a recurrence of symptoms during the process, the student-athlete will follow-up with their UM Team Physician and/or UHealth Concussion Program group at UM Sports Medicine.

a. UM Team Physicians and/or the UHealth Concussion Program group at UM Sports Medicine will consider other possible diagnosis, including but not limited to post-concussion syndrome, sleep dysfunction, migraines, mood disorders, or ocular or vestibular dysfunction.

b. The student-athlete will perform all necessary testing and will follow-up per UM Team Physicians and/or UHealth Concussion Program group at UM Sports Medicine's orders.

2. The Athletic Trainer will notify Academic Services, and if necessary a note will be obtained from the physicians if any accommodations need to be made academically.

3. If a student-athlete has returned-to-play and develops recurrent symptoms or sustains any other head trauma, he/she will follow-up with the Team Physicians and/or the UHealth Concussion Program group at UM Sports Medicine.

Concussion and Injury Reporting Acknowledgement
Medical Provider Concussion Statement

I have read and understand the UM Concussion Guidelines.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the UM Concussion Guidelines, I am aware of the following information (please initial beside each statement):

_____ 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 has received a blow to the head or body that results in concussion-related symptoms.

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

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

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

_____ I am aware that every student-athlete participating on specified UM teams must be baseline tested annually 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 assessed by the medical staff. Once symptoms have resolved the student-athlete will begin a graduated return to play guideline, following full recovery of neurocognition and balance.

_____ _____

Signature of Medical Provider Date

_____

Printed name of Medical Provider

U ATHLETIC TRAINING

Concussion and Injury Reporting Acknowledgement
Student-Athlete Concussion Statement

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.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information (please initial beside each statement):

_____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

_____ 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 team physician or athletic trainer.

_____ 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 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.

_____ _____

Signature of Student-Athlete Date

_____

Printed name of Student-Athlete

_____ _____

Date of Most Recent Impact Test ATC Signature

Concussion and Injury Reporting Acknowledgement
Coaches Concussion Statement

I have read and understand the UM Concussion Guidelines.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the UM Concussion Guidelines, I am aware of the following information (please initial beside each statement):

_____ 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 has received 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 student-athletes has a concussion, it is my responsibility to have that student-athlete see the medical staff.

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

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

_____ I am aware that every first-year student-athlete participating on specified UM teams 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 assessed by the medical staff. Once symptoms have resolved the student-athlete will begin a graduated return to play guideline, following full recovery of neurocognition and balance.

_____ _____

Signature of Coach Date

_____

Printed name of Coach

Concussion and Injury Reporting Acknowledgement
Administrators Concussion Statement

I have read and understand the UM Concussion Guidelines.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet and reviewing the UM Concussion Guidelines, I am aware of the following information (please initial beside each statement):

_____ 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 has received 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-athletes has a concussion, it is my responsibility to have that student-athlete see the medical staff.

_____ I will encourage student- athletes to report any suspected injuries and illness to the medical staff, including signs and symptoms of concussions.

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

_____ I am aware that every first-year student-athlete participating on specified UM teams 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 assessed by the medical staff. Once symptoms have resolved the student-athlete will begin a graduated return to play guideline, following full recovery of neurocognition and balance.

_____ _____

Signature of Administrator Date

_____

Printed name of Administrator

Balance Error Scoring System (BESS) Procedures-

Athlete Position-

Shoes off
Roll pant legs above ankles
Feet narrowly together
Hands on the iliac crests
Eyes closed

Test Procedures / Patient Instructions-

Test begins when the patient closes his/her eyes
Patient is instructed to make any necessary adjustments in the event that they lost their balance and to return to the testing position as quickly as possible
Test #1-Double Leg Stance (feet together)
Test #2-Single Leg Stance (non-dominant foot; free leg should be bent to 90 degrees)
Test #3-Tandem Stance (non-dominant foot in the rear; weight evenly distributed)
20 seconds per test
Each test is performed on a firm surface (grass, turf, court, etc.) and a 10-cm-thick foam / unstable surface

Balance Errors-

Hands lifted off of iliac crests
Opening eyes
Step, stumble, or fall
Moving hip into more than 30 degrees of flexion or abduction
Lifting forefoot or heel
Remaining out of testing position for more than five (5) seconds

BESS Scoring-

The number of balance errors (1 point per error) on each of the six (6) tests are added together for a total BESS Score

Athlete Name			
Examiner			
Date			
SCORE CARD # ERRORS		FIRM SURFACE	FOAM SURFACE
	Double Leg Stance Feet together		
	Single Leg Stance Non-Dominant foot		
	Tandem Stance Non-Dominant foot in back		
	Sub-Totals		
		Total Score:	