



## **Sports Medicine**

### **University of Washington Concussion Management Plan**

The University of Washington, Department of Intercollegiate Athletics (ICA) is committed to ensuring the health and safety of its student-athletes. To this end, and in accordance of NCAA Autonomy Conference Concussion Management Protocol, ICA will adopt the following *Concussion Management Plan (CMP)*. This plan will set forth how student-athletes exhibiting signs and symptoms of concussion and student-athletes diagnosed with concussions will be managed.

Concussions are a potentially serious injury to the brain. Most concussions do not involve a loss of consciousness. Symptoms of concussion include, but are not limited to dizziness, headache, feeling “out of it” or “foggy”, vision changes, sensitivity to light or noise and balance problems. Student-athletes are obligated to report any signs or concerns of possible concussion to the University of Washington athletic trainers (AT) and/or team physicians. Concussions frequently occur in sport and repetitive concussions have been related to long term changes in brain function.

#### **Concussion Management Plan Personnel**

The University of Washington CMP personnel includes the athletic training staff and team physicians. These personnel will have unchallengeable authority when making return-to-play decisions for concussed student-athletes.

University of Washington coaches, student-athletes, strength coaches, athletic trainers, team physicians, academic service providers and any other department personnel have a responsibility to protect student-athlete health and safety, and therefore should report any signs and symptoms of concussion to the University of Washington medical staff.

#### **Education**

Annually, all student-athletes, coaches, team physicians, ATs, and Directors of Athletics with sport supervisory duties will be provided the NCAA Concussion Information Fact Sheet and required to sign an acknowledgement that they have read and understand the Fact Sheet and its contents. Signed acknowledgement for student-athletes will be filed in their medical record. Signed acknowledgement for coaches, team physicians, athletic trainers and directors of athletics will be kept in a centralized file in the athletic training room.

#### **PPE**

All student-athletes undergo a pre-participation examination (PPE) on matriculation to the university, as well as an annual health evaluation. As part of the PPE a series of questions related to brain injury and concussion history will be reviewed. A one-time baseline evaluation including, but not limited to, symptom evaluation, cognitive assessment, assessment of balance and oculomotor assessment will be completed prior to participation in **ALL** varsity sports. Team Physicians will determine pre-participation clearance status for all University of Washington student-athletes.

## **Recognition and Diagnosis**

A member of the CMP medical team (athletic trainer or team physician) with training in the diagnosis, treatment and initial management of concussion will be present for all home varsity competitions.

A member of the CMP medical team (athletic trainer or team physician) with training in the diagnosis, treatment and initial management of concussion will be available for practice in collision/contact sports. A member of the CMP medical team will also be available/on-call for practice for the following sports: men's and women's golf, men's and women's rowing, men's and women's tennis, men's and women's cross-country, men's and women's track & field, and cheerleading.

## **Signs & Symptoms present/identified**

1. If an athlete, teammate, coach, official or member of the medical staff identifies signs, symptoms or behaviors consistent with concussion, the student-athlete will be removed from participation and evaluated by a CMP medical staff member.
  - a. The initial evaluation will include assessment of symptoms, physical or neurological impairment, cognitive status, balance, cervical spine injury, fracture and intracranial bleeding.
2. If a team physician is not present, the AT may allow the athlete to continue play if there is no suspicion for concussion after evaluation. If the AT suspects a concussion is possible, then the athlete will not return to play until they have been evaluated by a team physician.
3. The appropriate emergency action plan (EAP) will be activated by a CMP medical team member if the student-athlete exhibits any of the following signs and symptoms: Glasgow Coma score less than 13; prolonged loss of consciousness; focal neurological deficit or persistent vomiting suggesting intracranial trauma; persistently diminished or worsening mental status or other neurological signs or symptoms; or potential spine injury.

## **When a Concussion is Diagnosed – Immediate Steps**

1. The AT and team physician will work closely during the management, treatment and recovery of the concussion.
2. Once a student-athlete is diagnosed with a concussion they shall be withheld from activity for the remainder of that day. The student-athlete will not participate in practice or competition until they have been evaluated by a team physician.
3. An evaluation by a CMP team physician will be arranged.
4. Serial monitoring by a member of the CMP medical staff for deteriorating neurologic symptoms.
5. When it is deemed safe for athletic training room discharge, a signed copy of the *Concussion Information: Home Instruction Sheet* (appendix A) will be provided, detailing what to do in the event that their symptoms deteriorate.
  - a. A responsible adult will also be provided the same signed *Concussion Information: Home Instruction Sheet*, on how to recognize deteriorating symptoms that would warrant further action or transportation of the student-athlete to the Emergency Room.
6. The discharged student-athlete will have a follow-up appointment scheduled with the CMP medical staff within 48 hours.

## **Traveling Provisions**

1. If a concussion occurs while traveling, and a CMP AT is present, they shall work remotely with the CMP team physician to determine a course of treatment until the team returns to Seattle and the SA can be evaluated in person by a CMP team physician. The CMP AT could engage the

host team physician for further assessment. If a concussion is diagnosed or suspected, the Student-athlete will remain in proximity to the CMP AT (hotel) or if the athlete is leaving without the AT, they will be provided the *Concussion Information: Home Instruction Sheet*.

2. If a CMP AT is not with the team, the coach shall work with the host institution and remotely with the CMP AT and team physician to coordinate care until the team returns to Seattle and the SA can be evaluated in person by a CMP team physician.

## **Concussion Management and Treatment**

1. The student-athlete will have serial symptom assessment by the CMP medical staff.
2. Student-athletes with persisting symptoms and/or prolonged recovery will see the team physician on an as needed basis to ensure proper evaluation for additional diagnosis and best management options.
3. After diagnosis, a brief period of physical and mental rest will be utilized. The student-athlete will be held from all team training, practice and competition until deemed safe by a CMP medical staff member.
4. A symptom-limited return to daily activity will be encouraged.
5. Follow-up testing may be performed and could include any or all of the following: neurocognitive assessment, symptom evaluation, balance testing, or oculomotor assessment at the request of the CMP team physician.
6. Once the student-athlete has returned to their baseline assessment level (no longer exhibiting any symptoms attributed to their injury), they will be cleared by a CMP team member to initiate a medically supervised and individualized return to play plan.

## **Return-to-Play**

It is important to recognize each return-to-play plan will be individualized, sport specific, designed and supervised by CMP team members. A student-athlete suffering a concussion will have a period of rest followed by symptom-limited physical and cognitive activity until he/she has returned to baseline assessment level, then progress through an individualized stepwise progression without worsening symptoms by a CMP team member. The stepwise progression will resemble the following:

1. Light aerobic exercise such as walking, swimming or riding a stationary bike for at least 15 minutes. No resistance training is permitted. If asymptomatic with light aerobic exercise, then;
2. Sport-specific activity (mode, duration and intensity specific) exercise with no head impact. If asymptomatic with sport-specific activity, then;
3. Non-contact sport drills and resumption of progressive resistance training. If asymptomatic with non-contact drills and resistance training, then;
4. Full-contact practice. If asymptomatic with full-contact practice, then;
5. Return-to-play. Medical clearance will be determined by the team physician/physician designee, or athletic trainer in consultation with a team physician.

\*If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the CMP team physician will be notified and adjustments made to the return to play progression.

## **Return-to-Learn**

Returning to academics after a concussion is a parallel concept to returning to play after concussion. After concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn (RTL) concept should follow an individualized and step-wise process directed by a multidisciplinary team and should be individualized to the injured student-athlete. At the University of Washington, the multidisciplinary team may include, but not be limited to team physician, athletic

trainer, psychologist, neuropsychologist consultant, faculty athletics representative, learning specialist, academic counselor, course instructor, athletic administrator, coaches and possibly the Office of Disability Resources for Students (DRS). The following RTL guidelines will be followed for student-athletes diagnosed with a concussion at the University of Washington:

1. Once a student-athlete has been diagnosed with a concussion he/she shall not be required to attend any classroom activity on the same day. The athletic trainer working with the student-athlete will communicate directly with the Director of Learning Resources within ICA about the injury and subsequent restrictions.
2. If the student-athlete cannot tolerate light cognitive activity he or she should be advised to remain at home or in the residence hall in order to rest.
3. Once the student-athlete can tolerate cognitive activity without return of symptoms (new or recent), he/she should return to the classroom in a graduated fashion.
4. If at any point during the RTL process the student-athlete's symptoms return or their cognitive measures decline, a representative from the Student Athlete Academic Services team will contact the primary athletic trainer for that sport who will arrange for an evaluation by a CMP team physician.

### **Academic Accommodations**

All academic accommodations/schedule modifications for student-athletes with concussions will be made through a multidisciplinary approach with the Director of Learning Resources/Student Athlete Academic Services (SAAS) coordinating any recommended accommodations with the Office of Disability Resources (ODR) for Students and in compliance with the ADA.

1. The Director of Learning Resources and/or the Senior Associate Athletic Director for Student Development will coordinate learning specialists, academic advisors, and tutor services consistent with recommended modifications.
2. In cases where extended academic accommodations/schedule modifications (greater than 2 weeks) are recommended, re-evaluation by a CMP team physician and possibly other members of the multi-disciplinary team shall occur. Contact with the office of Disability Resources for Students will be made by the Director of Learning Resources.
  - a. ODR may be reached at 206-543-8924 and <http://depts.washington.edu/uwdrs/>.

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

The University of Washington Department of Intercollegiate Athletics is committed to student-athlete health and safety. To that end ICA will be proactive in efforts to minimize exposure to head trauma. The following procedures are currently in place at the University of Washington:

1. The Pac-12 Conference Football Practice Policy will be followed.
2. Concussion Fact Sheets are made available to student-athletes at the time of the pre-participation exam and annual health examination.
3. Concussion Fact Sheets will be made available to coaches, sport administrators, team physicians, athletic trainers and strength & conditioning coaches on an annual basis.
4. Teams will take a "safety-first" approach to sport and educate athletes on how to do the same.
5. The Athletics Health Care Administrator will work to ensure adherence to the following:
  - a. Interassociation Consensus: Year-Round Football Practice Contact Recommendations
  - b. Interassociation Consensus: Independent Medical Care for College Student-Athletes Best Practices
  - c. Making available other head safety, safe play and proper technique resources



## UNIVERSITY OF WASHINGTON

### Concussion Information: Home Instruction Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

You've had a head injury/concussion and need to monitor your symptoms closely for the next 24-48hrs

#### WATCH FOR ANY OF THE FOLLOWING PROBLEMS:

Worsening headache  
Vomiting  
Decreased level of Consciousness  
Dilated Pupils  
Increased Confusion

Stumbling/loss of balance  
Weakness in one arm/leg  
Blurred Vision  
Increased irritability

It is OK to:	There is no need to:	DO NOT:
Use Tylenol (acetaminophen), aleve, or advil at recommended OTC doses for headache. Use an ice pack to head/neck for comfort Eat a light meal Go to sleep	Check eyes with a light Wake up every hour Stay in bed	<b>USE ALCOHOL OR OTHER DRUGS DRIVE A CAR ENGAGE IN SCREEN ACTIVITIES THAT WORSEN SYMPTOMS ENGAGE IN ACTIVITY WITH ANY RISK FOR HEAD TRAUMA</b>

Special Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any of these problems develop, call your athletic trainer or physician immediately.

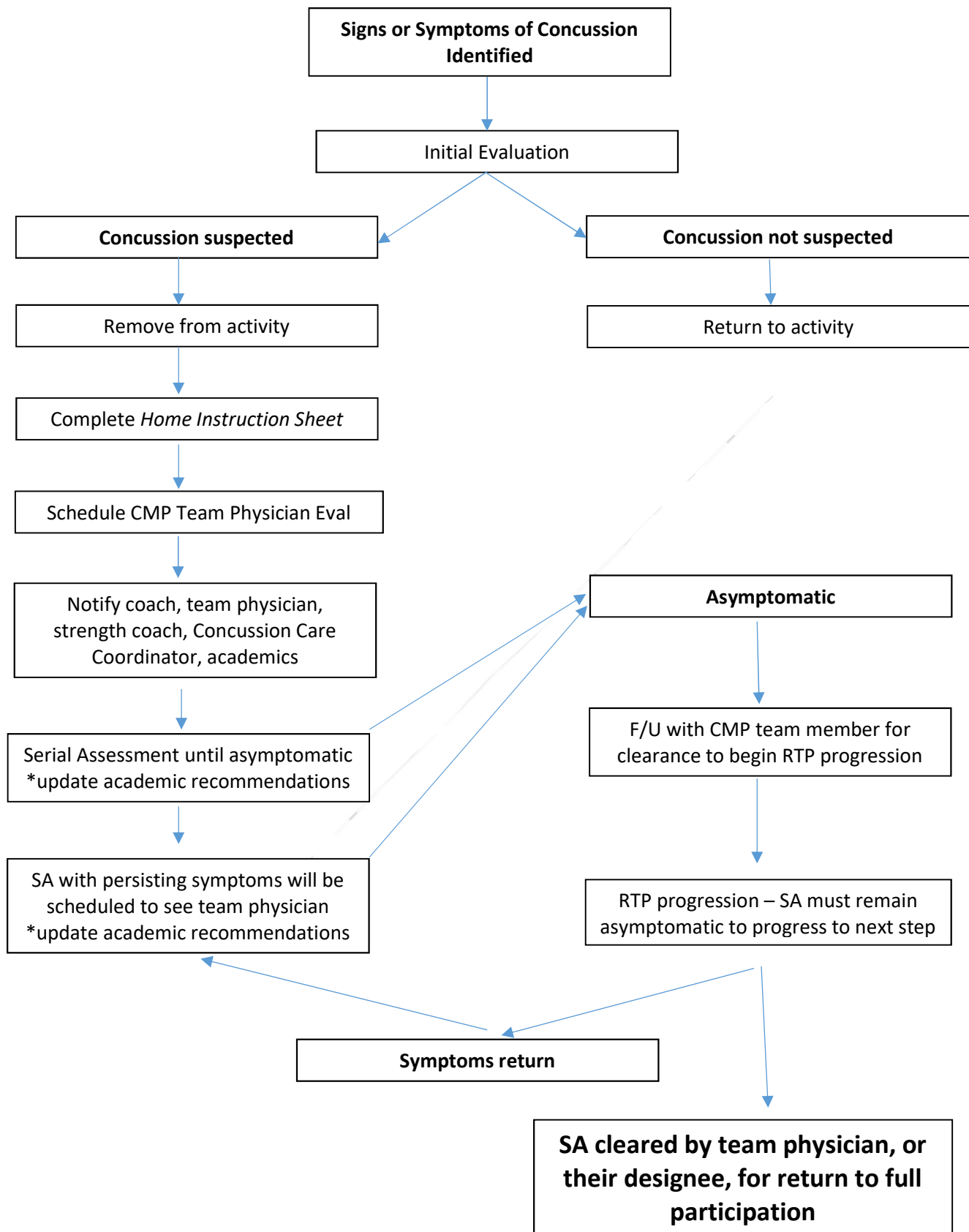
Athletic Trainer \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

You need to be seen for a follow-up examination at \_\_\_\_\_ AM/PM at: \_\_\_\_\_

Recommendation provided to \_\_\_\_\_ By \_\_\_\_\_  
(Athlete name) (ATC/MD)

Athlete Signature \_\_\_\_\_ ATC/MD Signature \_\_\_\_\_



This Concussion Management Plan has been reviewed and approved by the Director of Athletics, the Director of Medical Services/Head Athletic Trainer/Athletics Health Care Administrator and the Head Team Physician.

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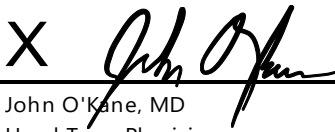
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Rob Scheidegger, L/AT  
Director of Medical Services  
Head Athletic Trainer  
Athletics Health Care Administrator

X 

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Jennifer Cohen  
Director of Athletics

X 

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John O'Kane, MD  
Head Team Physician