



University of Wisconsin – Madison
Division of Intercollegiate Athletics
Concussion Management Plan



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Education

1. The sports medicine staff (licensed athletic trainers and team physicians) will review the NCAA regulations and recommendations on concussions.
2. Coaches, Team Physicians, Athletic Trainers, and Directors of Athletics will receive concussion education materials provided by the NCAA.
3. Coaches, Team Physicians, Athletic Trainers, and Directors of Athletics will be required to sign an acknowledgement of having read and understood the NCAA concussion education materials that they have been provided, and accept responsibility for reporting symptoms of a concussion experienced by a student-athlete that they may witness.
4. All student-athletes will receive educational materials provided by the NCAA and a presentation on concussion by a member of the athletic training staff. All student-athletes will sign an acknowledgement form that states they have received concussion education and understand the importance of immediately reporting symptoms of head injury/concussion to the sports medicine staff.

Baseline Assessment

1. All student-athletes will complete baseline concussion assessment based on NCAA guidelines including: brain injury and concussion history, symptoms evaluation with the SCAT3 symptoms checklist, cognitive assessment utilizing Standardized Assessment of Concussion (SAC) and ImPACT, and balance evaluation utilizing the Balance Error Scoring System (BESS).
2. Team physicians will determine pre-participation clearance and/or the need for additional consultation or testing for each student-athlete. Student-athletes involved in the following higher risk contact/limited contact sports will undergo baseline testing prior to any organized practice and at a minimum of every two years during their athletic career. Contact/limited contact sports include: football, men's and women's soccer, men's and women's basketball, men's and women's ice hockey, softball, wrestling, volleyball, diving and pole vault student-athletes.

Sport Coverage for Recognition and Diagnosis of Concussion

1. 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; ice hockey; pole vault; soccer; wrestling. 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.
2. Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be available at all NCAA varsity practices in the following

contact/collision sports: basketball; football; ice hockey; pole vault; soccer; wrestling. 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 direct communication means, through which the incidence of concussion (actual or suspected) can be discussed and arrangements for the student-athlete's evaluation can be made.

3. Sport competition and practice schedules will be provided by the coaching staff to the assigned medical staff member and athletics health care administrator. When scheduling changes arise, they will be communicated by the coaching staff to the assigned medical staff member and athletics health care administrator.

Management of Concussion Injury

1. Any student-athletes suspected of having a concussion or reporting concussion like symptoms, will be removed from activity and evaluated by a licensed athletic trainer or physician member of the sports medicine staff utilizing symptoms assessment (SCAT3 symptoms checklist), physical and neurological exam, cognitive assessment (SAC), and balance exam (BESS). The evaluation will also include clinical assessment for cervical spine trauma, skull fracture, and intracranial bleed when indicated. If the evaluation results in concern for a concussion, the student-athlete will be removed from athletic and classroom activity for the remainder of that day unless directed otherwise by a team physician.
2. The department Emergency Procedure Plan will be utilized for any student athlete that has: a Glasgow Coma Scale of <13, prolonged loss of consciousness, focal neurological deficit, repetitive emesis, persistently diminished or worsening mental status, or possible spine injury (Appendix 1).
3. Student-athletes suspected of having a concussion and another responsible adult, will be provided and review the handout "Concussion Information for Student-Athletes and Family/Friends" following their evaluation. Student-athletes will be advised of the importance of being supervised by a responsible adult for the remainder of the day. Arrangements will be made for follow-up of the student-athlete the next day (Appendix 2).
4. Student-athletes suspected of having a concussion, will be referred to a physician for consultation and further evaluation. Student-athletes may be provided the "Documentation of Concussion" letter to outline any suggested temporary academic accommodations that may be necessary as a result of their concussion. Student-athletes will be expected to return to academics prior to returning to athletic participation (Appendix 3).
5. Student-athletes with a concussion, will undergo serial monitoring utilizing a graded symptom checklist.
6. Student-athletes with symptoms lasting longer than 72 hours will be followed by a physician weekly or as determined by the physician.
7. When a student-athlete's concussion-related symptoms have improved, the student athlete will undergo concussion testing for comparison to their baseline concussion assessment. Student-athletes may begin the sport specific portion of the return-to-play progression after

resolution of concussion related symptoms, a normal physical exam, when performing at or above pre-injury levels on all objective concussion assessments, and consultation with a physician or at the direction of a team physician.

8. Return-to-play progression from concussion injury will include the following six stages. The typical time frame consists of 24 hours between stages. Student-athletes must complete each stage without return of symptoms to progress to the next stage. If activity at stage 2 or later results in a return of symptoms or decline in test performance then the activity should be modified and restarted the next day if symptoms are resolved. Return-to-play is case dependent and the directing physician can shorten or lengthen the time frame when appropriate based on the individual student-athlete. Review by a physician will occur prior to participation in unrestricted activity.

Stage 1 – No activity, prescribed treatment related activity, and activities of daily living

State 2 – Light exercise: <70% of age-predicted maximal heart rate

Stage 3 – Sports-specific activities without the risk of contact from others

Stage 4 – Noncontact training or practice involving others and resistance training

Stage 5 – Unrestricted/Contact training or practice

Stage 6 – Return to play

Management of Individuals with Prolonged Concussion Symptoms

The majority of student-athletes with concussion have symptoms improve at a steady rate, in cases when symptoms persist:

1. Student-athletes should be considered for referral to multi-disciplinary practitioners for specific evaluation of their symptoms.
2. Results of the student-athlete's evaluation can be utilized in seeking academic accommodations due to their injury if the need exists.

Return to Learn Management Plan

The Assistant AD for Academic Services is designated as the point person within athletics who will navigate, along with others listed below, the return-to-learn plan with the student-athlete.

The Multi-Disciplinary Team that is charged with additional help to navigate the more complex cases of prolonged return-to-learn include (as each case dictates):

- Team Physician
- Athletic Trainer (ATC)
- Psychologist/Counselor
- Neuropsychologist consultant
- Faculty Athletic Representative(s)
- Sport Academic Advisor
- Course Instructor(s)
- School/College Administrators
- Disability Resource Center (McBurney)
- Coach(es)

Return to learn progression from concussion injury will be in compliance with ADAAA.

It will include the following stages:

Stage 1: Onset of concussion injury

- No classroom activity on same day of injury unless directed otherwise by team physician
- Academic point person (or sport academic advisor) receives notification from sports medicine/medical staff of injury and prescribed cognitive rest/Individualized Initial Plan (IIP) (i.e. limit visual and cognitive activity based on symptoms)
- Faculty are notified (as timely as possible) of injury to student-athlete and of the prescribed cognitive rest/IIP and approximate time frame of recovery/absence period
 - IIP to include the following: 1) Non-attendance in classroom activities if SA cannot tolerate light cognitive activity. 2) Gradual return to classroom/studying as tolerated

Stage 2: Continuation of concussion injury

- Academic advisor and faculty member have communicated and established basic plan for return to learn. Student-athlete recovery proceeds per established protocol.
- Academic point person (or sport academic advisor) receives updated notification from sports medicine/medical staff of return to learn progress and additional/continued prescribed cognitive rest/Individualized Initial Plan (IIP)
- Faculty notified of additional updates

Gradual return planned

- Faculty notified of planned return to learn date/time details
- Regular check-in meetings from advisor with SA and faculty member of assignments and progress for each class
- Re-evaluation by team physician if concussion symptoms worsen with academic challenges

Extended absence from learning (>1 week)

- Modification of schedule/academic accommodations for up to 2 weeks
- Re-evaluation by team physician and members of multi-disciplinary team
- Engage campus resources for cases not managed through schedule modification/ academic accommodations (consistent with ADAAA and to include both Learning Specialists and McBurney Center staff)

Reducing Exposure to Head Trauma

The following steps will be taken to emphasize ways to minimize head trauma exposure:

1. Concussion education presentations to student athletes will emphasize and encourage the utilization of proper technique of the individual sport and the importance of taking the head out of contact in collision sports.
2. Coaches adhere to relevant live contact practice NCAA legislation for preseason, in-season, postseason, bowl and spring practice.
3. Coaches will be provided Inter-Association Consensus statements that exist pertaining to their sport that attempt to identify ways to reduce head trauma exposure (Appendix 4).
4. Coaches will be provided the *Independent Medical Care Guidelines* (Appendix 5).

Reviewed: 4-25-2019

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