Vanderbilt University Athletics in collaboration with sports medicine have developed a comprehensive plan for concussion management, in accordance with current NCAA recommendations. This plan is derived from a continual review of evidence-based research and will utilize the following recommended best practices as set forth by the current Consensus Statement on Concussion in Sport held quadrennially at the International Conference on Concussion in Sport in Zurich, Switzerland.

*Detailed information regarding return-to-learn and return-to-play guidelines can be found in the Vanderbilt Sports Medicine Concussion Management Guidelines.

Vanderbilt University...

1. Shall have on file and annually update an emergency action plan for each athletic venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to head injury, concussion, spinal injury, cardiac arrest, respiratory distress (e.g. asthma), heat illness, and sickle cell trait collapses. All athletics healthcare providers and coaches should review and practice the plan at least annually.

2. Athletics healthcare providers will be empowered to have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, as he or she deems medically appropriate. The athletic department will maintain an administrative structure for the delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and wellbeing of student-athletes. This structure will stipulate that athletic healthcare providers will not be athletic department employees.

3. Shall emphasize student-athlete wellbeing by utilizing the following measures:

   a. Student-athletes, coaches, and athletics healthcare providers will be educated annually regarding concussion safety and the current concussion management plan and will be required to sign a statement in which they accept the responsibility for reporting injuries or suspected injuries to an athletics healthcare provider, including signs and symptoms of concussions.

   b. 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 and current rules of play should be strictly enforced. Practice and competition routines, regimens, and schedules will be continuously reviewed to assess contact exposure and proper sport technique.

4. Shall have on file written, Team Physician-directed Concussion Management Guidelines that specifically outline the roles of athletics healthcare providers (e.g., Team Physician, Certified Athletic Trainer, Neurologist) and includes the following components:

   a. Student-athletes, athletics healthcare providers, and athletics support staff including coaches, academic services, and administrators - including the Director of Athletics - will be educated annually regarding concussion safety and the current concussion management plan and will be required to sign a statement in which they accept the responsibility for reporting injuries or suspected injuries to an athletics healthcare provider, including signs and symptoms of concussions.

   b. Athletics healthcare providers will practice within the standards established for their profession (e.g., Physician, Certified Athletic Trainer, Neurosurgeon).

   c. A baseline assessment for each student-athlete will be completed prior to the start of participation in their respective sport. The baseline assessment will consist of the following areas: medical history, a symptom
checklist, a balance assessment (Modified Balance Error Scoring System), and neuropsychological testing (ImpACT). Participation clearance will reside with the Team Physician. A post-injury assessment will be used after the diagnosis of concussion at appropriate time intervals for follow-up. Post injury neuropsychological test data will be interpreted by a Team Physician.

d. Athletics healthcare providers, with specific training in the diagnosis, treatment and initial management of acute concussion will be PRESENT (on site at facility, arena or venue of competition) at all NCAA varsity COMPETITIONS in the following contact/collision sports: basketball, football, lacrosse, pole vault, and soccer. Additionally, athletics healthcare providers will be AVAILABLE (reachable by phone, messaging, email, beeper, radio or other immediate communication means) – at a minimum – at all varsity PRACTICES of the previously listed contact/collision sports. At all competitions and practices, immediate arrangements can be made for further evaluation of the student-athlete.

e. When a student-athlete shows any signs, symptoms, or behaviors consistent with a concussion, they will be removed from all athletic activities (e.g., competition, practice, conditioning sessions) and evaluated by an athletics healthcare provider (Team Physician, Certified Athletic Trainer) with experience in the evaluation and management of concussion. This evaluation will consist of the following; symptom assessment, physical and neurological exam, cognitive assessment, balance exam and clinical assessment for cervical spine, skull fracture and intracranial bleed.

f. If a student-athlete diagnosed with concussion exhibits any of the following signs or symptoms: Glasgow Coma Scale <13, prolonged loss of consciousness, focal neurological deficit, repetitive emesis, diminished or worsening mental status, other neurological signs/symptoms, or spine injury; the venue Emergency Action Plan, which includes transportation for further medical care, will be activated.

g. A student-athlete diagnosed with a concussion will be withheld from athletic and academic activity and be withheld for the remainder of that day.

h. Information regarding the injury including incident, evaluation, continued management, and clearance of the student-athlete with a concussion will be documented.

i. The student athlete will be continuously monitored and will be provided with verbal instructions for follow up upon discharge with someone who will remain with them post injury - preferably a roommate or guardian who can ensure that these instructions are followed.

5. The student-athlete will follow a supervised return-to-learn process to allow proper cognitive recovery and integration back into their full academic work load. This process will include a team-based approach involving the Team Physician, Athletic Trainer, and the Assistant Director for Student Academic Services and may include adjustments, accommodations, or modifications as needed. Student-athletes who experience continued or worsening symptoms and/or prolonged academic difficulties greater than two weeks will be re-evaluated by the Team Physician and may be referred for further assessment. Additional campus resources, compliant with ADAAA, are available through the Vanderbilt Equal Opportunity, Affirmative Action, and Disability Services Department. The Team Physician will provide documentation based on Vanderbilt University Mobility and/or Other Chronic Health Documentation Guidelines.

a. Once the student-athlete has successfully returned to their full academic work load and is asymptomatic, return-to-play will follow a medically supervised stepwise process as defined in the *Vanderbilt Sports Medicine Concussion Management Guidelines.*

b. Final authority for return-to-play will reside with the Team Physician. Upon receiving final clearance for full athletic participation, the student-athlete will be monitored to ensure that they remain asymptomatic without difficulty or distress.
Vanderbilt Sports Medicine
Concussion Management Guidelines

The following guidelines have been developed to aid the Vanderbilt Sports Medicine staff in the evaluation and management of the Vanderbilt University intercollegiate student-athlete who has sustained a concussion. These guidelines are derived from current evidence-based practice and are recommended as a minimum standard of care, allowing the Sports Medicine staff to manage concussions individually as the situation warrants. The progression of a student-athlete with a diagnosed concussion will include cognitive and physical exertion in a stepwise process to ensure a safe return to full participation in academics and athletics.

Concussion Management Healthcare Providers
- The following healthcare professionals will be utilized in the management of concussion: Team Physician, Certified Athletic Trainer, Neurosurgeon*
*other healthcare providers may be consulted on a case by case basis at the discretion of the Team Physician

Baseline Testing and Procedures

Concussion Baseline [performed BIENNIALLY*]
- Concussion Baseline Report Form [Appendix A]
- Symptom Checklist (C. Randolph et al 2009) [Appendix B]
- Modified Balance Error Scoring System (M-BESS) (Riemann & Guskiewicz 2000) [Appendix C]
- ImPACT® Baseline Neurocognitive Testing [Appendix D]

*A new baseline will be obtained every two years. If a concussion is sustained during season; a new baseline will be obtained prior to the next playing season, traditional or non-traditional.

Concussion Education [performed ANNUALLY]
- NCAA Educational Material for Student-Athletes [Appendix E]
- Concussion Acknowledgement and Signature Form: Student-Athlete [Appendix F]
- NCAA & Vanderbilt University Educational Material for Coaches/Athletics Support Staff [Appendix G]
- Concussion Acknowledgement and Signature Form: Coaches/Athletics Support Staff [Appendix H]
- Concussion Acknowledgement and Signature Form: Medical Provider [Appendix I]

Time of Injury
- Concussion Injury Report Form/SCAT5
  - Symptom Checklist
  - Modified Balance Error Scoring System (m-BESS)
- Educate the student-athlete on the importance of cognitive rest which includes limiting or removing cell phone use/texting, video games/television, and attending classes/academic work (d’Hemecourt 2011; Kissick & Johnston 2005; Doolan et al 2012).

Recommendations
- If the student-athlete is diagnosed with a concussion they will be withheld from competition or practice and not return to activity for the remainder of that day (NCAA Executive Committee Policy April 2010).
- If the student-athlete is asymptomatic under normal conditions and following functional exertion testing the following day, they should be re-evaluated for return to participation.
- If the student-athlete is still symptomatic under normal conditions and/or following functional exertion testing, they should not return to participation until cleared through the subsequent outlined procedures.
- Cognitive rest is an essential component of the recovery process. Academic accommodations may be necessary as part of the treatment plan.

Post-Concussion Follow-Up [within 24 hours post-injury]
- Medical assessment with Team Physician or the physician’s designee (Certified Athletic Trainer).
- Symptom Checklist
- Modified Balance Error Scoring System (m-BESS)
- Determination of the student-athlete’s ability to attend class is contingent on symptom evaluation during the post-acute phase. Notify Assistant Director for Student Academic Services if accommodations are warranted.
Phase 2 - Functional Testing Progression

**Physiologic goals:** gradually increase HR, BP, RR intensity to anaerobic level

**Biomechanical goals:** incorporate head-neck segment elevation changes, multi-planar movements – forward, backward, lateral, rotational; velocity changes - acceleration/deceleration

- Monitor symptoms
- Initial Functional Exertion: duration approximately 10-15 minutes with 5 minutes rest post session
  - Scissor step/quick step
  - Jogs
  - Lateral shuffle
  - Backpedal
  - Sprints
- Advanced Functional Exertion: duration approximately 10-15 minutes with 5 minutes rest post session
  - Sit-ups
  - Burpees
  - Push-ups
  - Sprints
  - Sprints with intermittent push-ups
  - Four corners with 90 degree spin
- Stepwise return to sport progression will proceed to Phase 3 if student-athlete is asymptomatic at the current level. If any post concussive symptoms occur, reassess the following day and repeat phase.

**Phase 3 - Sport Specific Exertion**

**Physiologic goals:** maintain HR, BP, RR aerobic + anaerobic level; increase duration + intensity of exercise

**Biomechanical goals:** head-neck segment elevation changes, multi-planar movements – forward, backward, lateral, rotational; velocity changes - acceleration/deceleration; sport and position-specific dynamic movements

- Monitor symptoms
- Initial Sport-Specific Exertion: duration approximately 10-15 minutes with 5 minutes rest post session
  - Moderate aerobic exercises specific to sport
  - Monitor symptoms
  - Progression depends on student-athlete remaining asymptomatic
- Intermediate Sport-Specific Exertion: duration approximately 10-15 minutes with 5 minutes rest post session
  - Progressively difficult aerobic exercises specific to sport
  - Monitor symptoms
  - Progression depends on student-athlete remaining asymptomatic
- Advanced: duration approximately 10-15 minutes with 5 minutes rest post session
  - Demanding aerobic exercises specific to sport
  - Monitor symptoms
  - Progression depends on student-athlete remaining asymptomatic

- Sport-Specific Exertion Guidelines
  - Appendix L.01 - Baseball
  - Appendix L.02 - Basketball
  - Appendix L.03 - Bowling
  - Appendix L.04 - Football OL/DL
  - Appendix L.05 - Football RB/TE/LB
  - Appendix L.06 - Football WR/DB
  - Appendix L.07 - Football QB
  - Appendix L.08 - Football Special Teams
  - Appendix L.09 - Golf
  - Appendix L.10 - Women’s Lacrosse
  - Appendix L.11 - Soccer
  - Appendix L.12 - Softball
  - Appendix L.13 - Swimming
  - Appendix L.14 - Tennis
  - Appendix L.15 - Track & Field/Cross Country
  - Appendix L.16 - Volleyball
  - Appendix L.17 - Wrestling

- Stepwise return to sport progression will proceed to Phase 4 if student-athlete is asymptomatic at the current level. If any post concussive symptoms occur, reassess the following day and repeat phase.
References


**Symptom Checklist**

Address each symptom based on how you have felt on an average 24 hour period during the last 7 days. Rate your symptoms on a scale of 0 to 6. Zero (0) means you have never experienced the symptom, 1 means you experienced the symptom briefly, 3 means the symptom has been present for about half of the preceding 24-hour period, and 6 means the symptom has been continuous through preceding 24 hour period (Piland et al 2003).

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
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<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pressure in head</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Neck pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sensitive to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sensitive to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Feeling like “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>“Don’t feel right”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nervous or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total Symptom Score**
ImPact Concussion Testing Instructions

Notes:

- If using a laptop, be sure to use a mouse rather than the track pad. Using track pad instead of the mouse will skew the results of reaction time tests
- If using a laptop, make sure the laptop is plugged in and charging
- Make sure all other programs are closed, this includes other internet windows that are not part of the ImPact website

1. Open your web browser and go to: www.impacttest.com
2. Click on “Customer Login”
3. Enter your email in the email section
4. For password, type your assigned password from ImPact
5. Click on the “Start New Test” icon
6. In the drop down box next to: “Please pick the organization you would like the test taker to be tested under” Select your sport
7. Click on the “Launch Baseline Test” tab. This is the first tab on the left.
8. Select the language to be tested in
9. From this point, follow instructions as prompted on screen
   a. The first area to fill out is the “Sport and Health History” including:
      i. General information
      ii. Education
      iii. Sport
      iv. Concussion History
      v. Other Medical History
   b. The second section is the “Current Symptoms and Conditions”
      i. This is to be filled out as you feel right now, while taking the test
   c. The third and final section is the “Neurocognitive Testing” section
      i. Follow the instructions for each section within the testing
Vanderbilt University Athletics
Concussion Acknowledgement Form: Student-Athlete

As a student-athlete at Vanderbilt University, I acknowledge that I have a
direct responsibility to be honest and forthcoming by reporting all injuries or
illnesses to the Vanderbilt Sports Medicine staff (athletic trainers or team
physicians). I further understand and acknowledge that participation in my
sport may result in a head injury or concussion. The Sports Medicine staff at
Vanderbilt University has provided me with educational materials regarding
concussions and I have read them.

Specifically, I agree the following to be true:

- I have read and understand the Concussion Fact Sheet provided to me
  and have been given an opportunity to ask questions about
  concussions and anything I’m not clear about regarding this issue.

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

- A concussion can affect my ability to perform everyday activities,
  and affect reaction time, balance, sleep, and classroom performance.

- If I suspect a teammate has a concussion, I am responsible for
  reporting it to my athletic trainer or team physician.

______________________________
Student Athlete Printed Name

______________________________
Student Athlete Signature

______________________________
Date

Witness

______________________________
Date

Witness

______________________________
Date
Vanderbilt University Concussion Management Guideline Synopsis

In addition to the NCAA Concussion Fact Sheet, the following information will provide educational insight into the Concussion Management Guidelines utilized for Vanderbilt Athletics. These guidelines are recommended as a minimum standard of care, allowing the Sports Medicine staff to manage concussions individually as the situation warrants. The progression of a student-athlete with a diagnosed concussion will include cognitive and physical exertion in a stepwise process to ensure a safe return to full participation in academics and athletics.

Baseline Testing
Concussion Baseline – done initial year followed by every other year of participation
- Symptom Checklist
- Modified Balance Error Scoring System (m-BESS)
- ImPACT® Baseline Neurocognitive Testing

Concussion Education – done every year
- NCAA Educational Material for Student-Athletes, Coaches & Support Staff
  - Fact Sheet, Concussion Acknowledgement and Signature Form

Return to Learn
Phase 0 – Cognitive Exertion
- Cognitive rest is an essential component of the recovery process. Academic accommodations may be necessary
- The time frame for rest and continuation of cognitive activities are dependent upon symptoms
- Each individual will respond uniquely and therefore must be managed on an individual case basis
- Once the student-athlete demonstrates a trending decrease in symptoms, they may return to class with the council of Academic Services and the medical staff.
- When the student-athlete has returned to a full, normal academic load (classes, study hall, assignments, etc) without return of symptoms or need for modifications, they may begin the return to play protocol.

Return to Play
Phase 1 – Aerobic Exertion
- Stationary bike testing
- Incremental treadmill testing

Phase 2 – Functional Testing Progression
- Increase aerobic demand
- Initial functional exertion – basic directional movements
- Advanced functional exertion – directional movements + acceleration/deceleration, & elevation changes
- Weight lifting may resume if asymptomatic with above exertion

Phase 3 – Sport Specific Exertion
- Increase aerobic demand; specific functional movements to sport and position
- Initial sport-specific exertion
- Intermediate sport-specific exertion
- Advanced sport-specific exertion

Phase 4 – Return to Limited Drills and Non-Contact Practice
- Limited training drills dependent upon sport; no full contact
- Repeat ImPACT testing to compare to baseline; Team Physician consultation for clearance to Phase 5

Phase 5 – Return to Full Practice Participation with Contact
- Completion of Phase 5 without symptom recurrence results in release to full participation without restriction
Vanderbilt University Athletics
Concussion Acknowledgement Form:
Medical Provider

I have read and understand the NCAA Concussion Fact Sheet and Vanderbilt Concussion Management Guidelines.

After reading the Concussion Fact Sheet and Vanderbilt Concussion Management Guidelines, I agree the following to be true:

- **Initial** A concussion is a brain injury.

- **Initial** I realize I cannot see a concussion, but I might notice some of the signs in the student-athlete right away. Other signs and symptoms can show up hours or days after the injury.

- **Initial** If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity and reporting it to the appropriate medical staff.

- **Initial** I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.

- **Initial** I will encourage my student-athletes to report any suspected injuries and illnesses to the medical staff, including signs or symptoms of concussions.

- **Initial** Following a concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

- **Initial** I am aware that every freshman/transfer student-athlete must be baseline tested prior to participation in sport. Re-baseline assessments will be performed biennially or prior to the next season, traditional or non-traditional, if the student athlete is diagnosed with a concussion during the previous season.

Printed Name of Medical Provider

Signature of Medical Provider   Date
**SCAT5®**

**SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION**

**DEVELOPED BY THE CONCUSSION IN SPORT GROUP**

**FOR USE BY MEDICAL PROFESSIONALS ONLY**

**supported by**

![FIFA](image)

![Olympics](image)

![FEI](image)

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**Patient details**

Name: ____________________________

DOB: ____________________________

Address: ____________________________

ID number: ____________________________

Examiner: ____________________________

Date of Injury: ____________________________ Time: ____________________________

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**WHAT IS THE SCAT5?**

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation, or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

**Recognise and Remove**

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

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**Key points**

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should not be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal”.

**Remember:**

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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## SPORTS SPECIFIC EXERCISES – BASEBALL

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
</table>
| **Initial**   | • Jogging poles  
• Short toss 60-90 feet  
• Ground balls/defensive work  
• Swings off a tee in cages |
| **Intermediate** | • Base running  
• Long toss 90-150 feet  
• Position specific drills – catchers, infield, outfield; pitching mechanics  
• Front toss or side toss in cages |
| **Advanced**  | • Defensive diving/sliding  
• Live batting practice  
• Inning play versus opponent  
• Live pitching full mechanics  
• Catcher blocks |
### Sports Specific Exercises - Bowling

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
</table>
| Initial     | • Floor throws without ball  
              | • Floor throws with ball     |
| Intermediate| • End position throws with ball  
                | • Half speed approach        |
| Advanced    | • ¾ speed approach with ball  
                | • Approach with throw        
                | • Progress from frame play to entire game |
SPORTS SPECIFIC EXERCISES - FOOTBALL RUNNING BACK/TIGHT END/LINEBACKER

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Stance/stops</td>
</tr>
<tr>
<td></td>
<td>• Pass routes – check down/flats or pass reads</td>
</tr>
<tr>
<td></td>
<td>• Run drills/run blocking/run reads</td>
</tr>
<tr>
<td></td>
<td>• Boards/bags – footwork and handwork</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Pass routes with ball or pass read with ball</td>
</tr>
<tr>
<td></td>
<td>• Pass block/pass rush versus dummy</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Stance versus sled</td>
</tr>
<tr>
<td></td>
<td>• Run block versus sled</td>
</tr>
<tr>
<td></td>
<td>• Ball security with perturbation</td>
</tr>
</tbody>
</table>
## Sports Specific Exercises - Football Quarterback

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Stationary throwing</td>
</tr>
<tr>
<td></td>
<td>• Run play footwork</td>
</tr>
<tr>
<td></td>
<td>• Pass drop footwork</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Rollout footwork</td>
</tr>
<tr>
<td></td>
<td>• Pass drop with throws</td>
</tr>
<tr>
<td></td>
<td>• Throws from knees</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Pressure pass drop with throws</td>
</tr>
<tr>
<td></td>
<td>• Knee to upright throws</td>
</tr>
<tr>
<td></td>
<td>• Bucket throws</td>
</tr>
</tbody>
</table>
## Sports Specific Exercises – Golf

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Putting stroke without ball contact</td>
</tr>
<tr>
<td></td>
<td>• Short game stroke without ball contact</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Putting stroke with ball contact (short to long)</td>
</tr>
<tr>
<td></td>
<td>• Short game with ball contact (short to long)</td>
</tr>
<tr>
<td></td>
<td>• Dry swings with irons and drivers without ball contact</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Practice range with irons and driver</td>
</tr>
<tr>
<td></td>
<td>• Putting green scenarios</td>
</tr>
<tr>
<td></td>
<td>• Progress hole play to round play</td>
</tr>
</tbody>
</table>
# Sports Specific Exercises – Soccer

## Field Players

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Field running/agility drills</td>
</tr>
<tr>
<td></td>
<td>• Ball footwork</td>
</tr>
<tr>
<td></td>
<td>• Passing drills</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• T-drills</td>
</tr>
<tr>
<td></td>
<td>• Dynamic run passing</td>
</tr>
<tr>
<td></td>
<td>• Short headers</td>
</tr>
<tr>
<td></td>
<td>• Offensive/defensive drills</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Run plays + shooting</td>
</tr>
<tr>
<td></td>
<td>• Long headers</td>
</tr>
<tr>
<td></td>
<td>• Offensive/defensive drills versus opponent</td>
</tr>
</tbody>
</table>

## Goalkeepers

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Goal footwork – shuffles, power jumps</td>
</tr>
<tr>
<td></td>
<td>• Stationary catches</td>
</tr>
<tr>
<td></td>
<td>• Punting</td>
</tr>
<tr>
<td></td>
<td>• Lay down dive stops</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• T-drills from ground</td>
</tr>
<tr>
<td></td>
<td>• Kneeling dives</td>
</tr>
<tr>
<td></td>
<td>• Corner kick clearances</td>
</tr>
<tr>
<td></td>
<td>• Shuffle catches</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Timed Illinois test</td>
</tr>
<tr>
<td></td>
<td>• Reaction catches</td>
</tr>
<tr>
<td></td>
<td>• Standing dives</td>
</tr>
</tbody>
</table>
## SPORTS SPECIFIC EXERCISES – SWIMMING

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
</table>
| Initial      | • Short yardage stroke work/1,000 yards preferred main stroke(s)  
• In-pool wall starts, open turns only |
| Intermediate | • Increase yardage up to 3,000 yards  
• In-pool starts, flip turns at wall  
• Pace work for time |
| Advanced     | • Training yardage with full stroke  
• Stroke progression, multiple strokes  
• Block starts with sprints |
### SPORTS SPECIFIC EXERCISES – TRACK & FIELD/CROSS COUNTRY

#### Sprinters / Hurdlers

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• 2 point, 3 point start stance get-out's</td>
</tr>
<tr>
<td></td>
<td>• Short run mechanics/strides</td>
</tr>
<tr>
<td></td>
<td>• Hurdle stretch + walk-overs</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Block starts</td>
</tr>
<tr>
<td></td>
<td>• In's/out's acceleration patterns</td>
</tr>
<tr>
<td></td>
<td>• Hurdle quick legs – cycles, leg kicks</td>
</tr>
<tr>
<td></td>
<td>• Slow approach hurdle hops</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Sprint pace work</td>
</tr>
<tr>
<td></td>
<td>• Timed splits</td>
</tr>
<tr>
<td></td>
<td>• Full approach hurdles</td>
</tr>
</tbody>
</table>

#### Jumpers – Long, Triple, High Jump; Pole Vault

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• Shadow approaches</td>
</tr>
<tr>
<td></td>
<td>• Jump drills</td>
</tr>
<tr>
<td></td>
<td>• Runway approaches</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Box jumps with controlled landing</td>
</tr>
<tr>
<td></td>
<td>• Soft approach pit landings</td>
</tr>
<tr>
<td></td>
<td>• Bridge ups</td>
</tr>
<tr>
<td></td>
<td>• Walk overs</td>
</tr>
<tr>
<td></td>
<td>• Pop-up vault</td>
</tr>
<tr>
<td></td>
<td>• Mat drills – tumbling/landing for high jump + pole vault</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Full runway approaches</td>
</tr>
<tr>
<td></td>
<td>• Power jumps with landing</td>
</tr>
<tr>
<td></td>
<td>• Inversion jumps – high jump</td>
</tr>
<tr>
<td></td>
<td>• Short approach vault</td>
</tr>
</tbody>
</table>
## SPORTS SPECIFIC EXERCISES - VOLLEYBALL

<table>
<thead>
<tr>
<th>Progression</th>
<th>Functional Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>• On court agilities</td>
</tr>
<tr>
<td></td>
<td>• Footwork drills</td>
</tr>
<tr>
<td></td>
<td>• Ground serving</td>
</tr>
<tr>
<td></td>
<td>• Shadow blocks + approaches without ball</td>
</tr>
<tr>
<td></td>
<td>• Passing drills</td>
</tr>
<tr>
<td></td>
<td>• Setting against wall</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Stationary hitting</td>
</tr>
<tr>
<td></td>
<td>• Peppering with partner</td>
</tr>
<tr>
<td></td>
<td>• Jump serving</td>
</tr>
<tr>
<td></td>
<td>• Blocking + hitting drills with ball</td>
</tr>
<tr>
<td></td>
<td>• Setting to target</td>
</tr>
<tr>
<td>Advanced</td>
<td>• Blocking + attacking live hitting</td>
</tr>
<tr>
<td></td>
<td>• Defensive drills with diving</td>
</tr>
<tr>
<td></td>
<td>• Full serve/receive</td>
</tr>
<tr>
<td></td>
<td>• Full ball digs</td>
</tr>
</tbody>
</table>
Concussion Management Process

Baseline Concussion Testing, Education, and Signed Acknowledgement

Must Be Completed Prior to Participation

Traumatic Event

Examination, Cognitive Evaluation, and Functional Testing Normal?

NO

No Return to Play for the Remainder of that Day

YES

Return to Play