



**Sports Medicine Manual**  
**Department: Sports Medicine**

**Subject:** Concussion Management

**Purpose:** To ensure proper management and safe return to play guidelines for athletes suffering a concussion.

**Policy:**

- I. Certified Athletic Trainer will perform an assessment of the injured person to determine the presence of concussion and associated injuries.
  - a. Diagnosis of concussion can include one or more of clinical domains:
    - i. Symptoms: somatic (e.g. Headache), cognitive (eg. Feeling like in a fog), and/or emotional symptoms (e.g. Lability)
    - ii. Physical signs (e.g. Loss of consciousness, amnesia)
    - iii. Behavioral changes (e.g. Irritability)
    - iv. Cognitive impairment (e.g. Slowed reaction time)
    - v. Sleep disturbance (e.g. Drowsiness)
- II. When a player shows any signs of concussion:
  - a. The player should be medically evaluated using standard emergency management principle, with particular attention to excluding a cervical spine injury
  - b. After clearing first aid issues, assessment of brain injury is undertaken with focused history, neuropsychological evaluation, and physical exam. The SCAT-3 or other similar tools may be used.
  - c. The player should not be left alone following the injury and serial monitoring for deterioration is essential over the next few hours. With any deterioration in the athlete, urgent referral into the healthcare system will be initiated.
  - d. A player diagnosed with a concussion will not be allowed to return to play on the day of injury.
- III. Sports medicine personnel will inform the player, coach, and if available the parents, of the diagnosis of concussion and need for further evaluation either acutely or as the player improves and seeks to return to play.
- IV. Return to play guidelines will follow a graduated protocol
  - a. No Activity
    - i. Symptom limited physical and cognitive rest
    - ii. Patient must be 24 hours symptom free or return to baseline prior to progressing
  - b. Light aerobic exercise
    - i. Walking, swimming or stationary cycling
    - ii. Keeping intensity less than 70% maximum permitted heart rate



- iii. No resistance training
- c. Sport-specific exercise
  - i. Drills specific to designated sport that do not include head impact activities
- d. Non-contact training drills
  - i. Progress to more complex training drills specific to sport
  - ii. May start progressive resistance training
- e. Full-contact practice
  - i. Following medical clearance, participate in normal training activities
- f. Return to play
  - i. Normal Game play
- V. As per North Dakota High School Activities Association rules, if Trinity Sports Medicine is qualified by a school as an “appropriate health care provider”, written or electronic clearance to return to play will be forwarded to school administration.
- VI. Prolonged or persistent symptoms, failure to improve, or special circumstance may dictate referral to athlete’s primary care physician and can be done at any time during the evaluation, recovery, and rehabilitation period.

**References:** Consensus Statement on Concussion in Sport: 4th International Conference on Concussion in Sport, November 2012. *British Journal of Sports Medicine* 2013; 47:250-258

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