



**Sam Houston State University
Department of Athletics
Concussion Management Policy**

Sam Houston State University will evaluate all student athletes who exhibit signs, symptoms or behaviors consistent with a traumatic brain injury (concussion). The student athlete will be immediately removed from practice or competition, and then evaluated by a member of the sports medicine staff located on site or healthcare provider represented. The staff member on site will be experienced in the evaluation and management of traumatic brain injuries when possible. If a Sam Houston State University Athletic Trainer or in some cases a student athletic trainer assesses that the injured athlete in question has a concussion, the athlete will be held out of activity for the remainder of the day, including but not limited to practice, games, meets, matches, weight lifting and conditioning. This action is mandated by the NCAA, effective August 1, 2010.

1. SHSU will require student-athletes to sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions (attachment A). During the review and signing process student-athletes will watch a NCAA video on concussions if available, and be provided with educational materials on concussions (attachment B).
2. SHSU sports medicine staff members shall be empowered to determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate. Conflicts or concerns will be forwarded to Hope Parker (head athletic trainer) for remediation.
3. SHSU shall have on file a written team physician–directed concussion management plan ^{2,6} (attachment D) that specifically outlines the roles of athletics healthcare staff (e.g., physician, certified athletic trainer, nurse practitioner, physician assistant, neuropsychologist). In addition, the following components have been specifically identified for the collegiate environment:
 - a. SHSU coaches will receive a copy of the concussion management plan, a fact sheet on concussions in sport, and view a video on concussions annually, if available. The SHSU compliance office will maintain a list of staff that have completed the requirement on file.
 - b. SHSU sports medicine staff members and other athletics healthcare providers will practice within the standards as established for their professional practice (e.g., team physician⁷, certified athletic trainer⁸, physical therapist, nurse practitioner, physician assistant, neurologist⁹, neuropsychologist¹⁰).



- c. SHSU shall record a baseline assessment^{6,10,11,12} for each student-athlete in the sports of baseball, basketball, football, pole vaulting, soccer, and softball, at a minimum. In addition, a baseline assessment will be recorded for student-athletes with a known history of concussion. The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should consist of the use of: 1) symptoms checklist) and 2) neuropsychological testing (computerized IMPACT test). Neuropsychological testing has been shown to be effective in the evaluation and management of concussion. The neuropsychological testing program should be performed in consultation with a neuropsychologist, trained physician, or physicians assistant. Post injury neuropsychological test data will be interpreted by a neuropsychologist or trained medical provider prior to return to play. Neuropsychological testing has proven to be an effective tool in assessing neurocognitive changes following a concussion and can serve as an important component of an institution's concussion management plan. However, neuropsychological tests should not be used as a standalone measure to diagnose the presence or absence of a concussion as SHSU uses a comprehensive assessment by its sports medicine staff.
- d. When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete will be removed from practice or competition, by either a member of the coaching staff or sports medicine staff. If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by a member of the sports medicine staff. During competitions, on the field of play injuries will be under the review of the official and playing rules of the sport. SHSU staff will follow such rules and attend to medical situations as they arise. Visiting sport team members evaluated by SHSU sports medicine staff will be managed in the same manner as SHSU student-athletes.
- e. A student-athlete diagnosed with a concussion will be withheld from the competition or practice and not return to activity for the remainder of that day. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.
- f. The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written home instructions (attachment E) upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.
- g. The student-athlete will be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, watching film, athletic meetings, working on a computer, classroom work, or taking a test. Academic advisors and professors will be notified of student-athlete's concussion, with permission for release of information from the student-athlete.



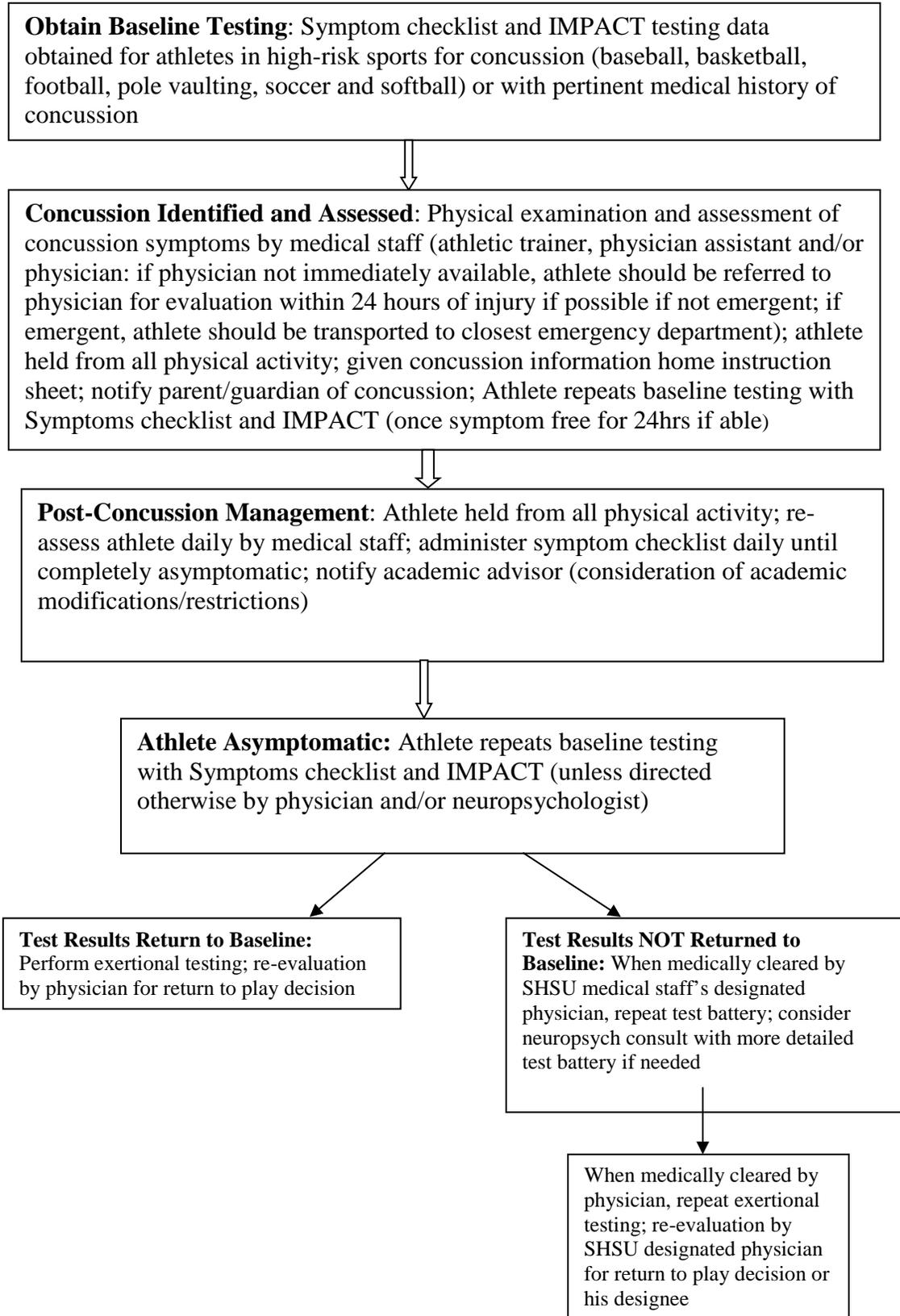
- h. The student-athlete will be evaluated by a team physician as outlined within the concussion management plan. Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play shall follow a medically supervised stepwise process.
- i. Final authority for Return-to-Play¹³ shall reside with the team physician or the team physician's designee as noted in the concussion management flowchart. There will be only one physician that the student athletes will be sent to in order prevent "doctor shopping" that could lead to a miscommunications within the sports medicine team, staff.
4. SHSU will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion. Aggregate concussion numbers per sport will be reported to the Director of Athletics annually when asked produce them.
5. 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.

Reference Documents

1. NCAA and CDC Educational Material on Concussion in Sport. Available online at www.ncaa.org/health-safety
2. *NCAA Sports Medicine Handbook*. 2009-2010.
3. **National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics.** *Journal of Athletic Training*, 2002; 37(1):99-104.
4. ***Sideline Preparedness for the Team Physician: A Consensus Statement.*** 2000. Publication by six sports medicine organizations: AAFP, AAOS, ACSM, AMSSM, AOSSM, and AOASM.
5. ***Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics.*** National Athletic Trainer's Association. 2000. Revised 2003, 2007, 2010.
6. ***Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, 2008.*** *Clinical Journal of Sport Medicine*, 2009; 19(3):185-200.
7. ***Concussion (Mild Traumatic Brain Injury) and the Team Physician: A Consensus Statement.*** 2006. Publication by six sports medicine organizations: AAFP, AAOS, ACSM, AMSSM, AOSSM, and AOASM.
8. **National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion.** *Journal of Athletic Training*, 2004; 39:280-297.
9. **Practice parameter: the management of concussion in sports (summary statement).** Report of the Quality Standards Subcommittee. *Neurology*, 1997; 48:581-5.
10. **Neuropsychological evaluation in the diagnosis and management of sports-related concussion.** National Academy of Neuropsychology position paper. Moser, Iverson, Echemendia, Lovell, Schatz Webbe, Ruff, Barth. *Archives of Clinical Neuropsychology*, 2007; 22:909-916.
11. **Who should conduct and interpret the neuropsychological assessment in sports-related concussion?** Echemendia RJ, Herring S, Bailes J. *British Journal of Sports Medicine*, 2009; 43:i32-i35.
12. **Test-retest reliability of computerized concussion assessment programs.** Broglio SP, Ferrara MS, Macciocchi SN, Baumgartner TA, Elliott R *Journal of Athletic Training*, 2007; 42(4):509-514.
13. **The Team Physician and Return-To-Play Issues: A Consensus Statement.** 2002. Publication by six sports medicine organizations: AAFP, AAOS, ACSM, AMSSM, AOSSM, and AOASM.



SHSU Concussion Management Plan





**Sam Houston State University
Department of Athletics**

Exertion Testing Protocol Following Concussion

Symptom checklist and IMPACT testing WNL

Exertional Testing Protocol: The athlete will continue to move through daily progression as long as no symptoms are reported before, during or after activity. If symptoms are induced by activity the athlete will remain at the current stage until they are symptom free.

Day 1 – 24 hours without concussion symptoms complaints or exhibited

Day 2 – approximately 30mins of safe, supervised cardiovascular activity, ie, bike riding, track, court, field walking at an average to intense speed to increase heart and metabolic rate. Balance/Coordination activities as well

Day 3 – approximately 30mins of safe, supervised cardiovascular activity and 30 minutes of body weight/dumbbell strength training intense enough to elevate heart and metabolic rate. Balance/Coordination activities as well

Non-contact practice following completion of exertional protocol.

If athlete begins developing post-concussion syndrome symptoms at any time they will remain at the step currently on. The athlete will only move forward once there are no symptoms.

Day 4 – Cardio, conditioning activity with team; Limited skill drills, walk through, ie. sport specific drills approximately 45 mins

Day 5 - Cardio, conditioning activity with team; Limited skill drills, walk through, ie. sport specific drills approximately 65 mins

Day 6 – Athlete is to go through three quarters of a full practice session or no less than 90 minutes of practice session

Return to Full Practice/Play:

Day 7 – Athlete is able to return to full practice/play for their sport

****If no change or increase in symptoms, final return to play decision is made by SHSU medical staff. Return to baseline if symptoms return.**



Name _____ Date _____

Symptom Checklist: Circle **“YES”** if you have experienced the symptom within the last 24 hours or **“NO”** if you have not experienced the symptom over the last 24 hours.

1. Have you had a **headache** in the last 24 hours? YES / NO
2. Have you experience **nausea** in the last 24 hours? YES / NO
3. Have you had any **difficulty balancing** in the last 24 hours? YES / NO
4. Have you experienced **fatigue** in the last 24 hours? YES / NO
5. Have you experienced **drowsiness** in the last 24 hours? YES / NO
6. Have you experienced **sleep disturbances** in the last 24 hours? YES / NO
7. Have you had **difficulty concentrating** in the last 24 hours? YES / NO
8. In the last 24 hours have you felt like you are **“in a fog”**? YES / NO
9. In the last 24 hours have you felt **“slowed down”**? YES / NO
10. Have your eyes been **sensitive to light** in the last 24 hours? YES / NO
11. Have you felt **sadness** in the last 24 hours? YES / NO
12. Have you experienced **vomiting** in the last 24 hours? YES / NO
13. Have your ears been **sensitive to noise** in the last 24 hours? YES / NO
14. Have you experienced **nervousness** in the last 24 hours? YES / NO
15. Have you had **difficulty remembering** things in the last 24 hours? YES / NO
16. Have you experienced **numbness** in the last 24 hours? YES / NO
17. Have you experienced any **tingling** sensations in the last 24 hours? YES / NO
18. Have you experienced **dizziness** in the last 24 hours? YES / NO
19. Have you experienced any **neck pain** in the last 24 hours? YES / NO
20. Have you been **irritable** in the last 24 hours? YES / NO
21. Have you experienced feelings of **depression** in the last 24 hours? YES / NO
22. Have you experienced **blurred vision** in the last 24 hours? YES / NO



Concussion Awareness Letter

The Sam Houston State University and Student Services/Academic Counseling Departments would like to inform you that _____ sustained a concussion during _____ on __/__/__. He/she was evaluated by _____, MD, team physician. _____ will undergo additional concussion testing today. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor — they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this athlete may experience one or more of these signs and symptoms.

Headache	Nausea
Balance Problems	Dizziness
Diplopia - Double Vision	Confusion
Photophobia – Light Sensitivity	Difficulty Sleeping
Misophonia – Noise Sensitivity	Blurred Vision
Feeling Sluggish or Groggy	Memory Problems
Difficulty Concentrating	

As a department, we wanted to make you aware of this injury and the related symptoms that the student athlete may experience. Although the student is attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact us.

Hope Parker, MA, ATC-LAT
Head Athletic Trainer
(936) 294-1710
Ath_shg@shsu.edu

Thank you in advance for your time and understanding with this circumstance.



Concussion Patient Information Sheet

Name: _____: You have had a concussion and need to be watched closely for the next several days until you have completely recovered. The following information is regarding your treatment and recovery.

What is a concussion? A concussion is a brain injury that is caused by a blow to the head or body. It may occur from contact with another player, hitting a hard surface such as the ground, floor, being hit by a piece of equipment such as a bat or ball, or a motor vehicle accident. A concussion can change the way your brain normally works. It can range from mild to severe and presents itself differently for each athlete. **A concussion can happen even if you do not lose consciousness.**

What are the symptoms of a concussion? You can't see a concussion, but you may notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms may include:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Nausea (feeling that you might vomit)
- Feeling sluggish, foggy or groggy
- Feeling unusually irritable
- Difficulty getting to sleep or disrupted sleep
- Slowed reaction time
- Concentration or memory problems (forgetting game plays, facts, meeting times)

How do you recover from a concussion? Your brain needs time to heal. **Until you completely recover from your concussion, you will be held from all athletic activity.** Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life. You will be evaluated by your physician initially and undergo some testing to determine how the concussion is affecting your ability to balance (Neurocom test) and process information (IMPACT test). You will be followed daily by your athletic trainer to monitor your symptoms. When your symptoms are completely gone and your concussion testing results have returned to a normal level, you will perform some exertional tests under the supervision of your athletic trainer. **Before returning to your sport, you must be re-evaluated by your physician and medically cleared for return.**

What to watch for? If you develop any new symptoms or increases in current symptoms, contact your athletic trainer or physician immediately at: _____

Medications: You have been given two medications to take as follows:

Acetaminophen (Tylenol): take 2 tablets every 4 hours *as needed for headache.*

Additional Instructions: **DO NOT** drive a car or motor scooter, drink alcohol, eat greasy or spicy foods, or take aspirin, Aleve, Advil or other anti-inflammatory medications.

Follow-up: You will be seen for follow-up examination by _____ on _____ at _____