Concussion Management Guidelines

Concussions at all levels of sports have received a great deal of attention in the past few years. Adolescent athletes are particularly vulnerable to the effects of concussions. The enclosed guidelines are made based on information from the American Academy of Neurology (AAN), the National Athletic Trainer's Association (NATA), the American Medical Association (AMA) and the Center for Disease Control (CDC). The guidelines are in compliance with Georgia state law, and they have been developed in conjunction with the GHSA and the NFHS.

1. A student athlete who is suspected of having a concussion should be removed from athletic activity and referred to the Certified Athletic Trainer (ATC). ATCs are trained in the Impact Concussion System to perform diagnostic evaluations. Baseline testing data will be referenced and the determination for further evaluation will be made. Parents/guardians can choose to follow the recommendation of the ATC or may take their child to a M.D. or D.O. of their choosing for further evaluation. Parents should consider whether the doctor they select is knowledgeable and trained in the evaluation and management of sports-related concussions.
2. Any athlete with a concussion should be medically cleared by a doctor (M.D. or D.O.) prior to resuming participation in any athletic activity. Parents are encouraged to share the results of a concussion diagnosis or evaluation, including doctors' orders, with the ATC at each PCSD school. The formation of a gradual return to play protocol should be a part of the medical clearance.
3. These guidelines should be applied to any athletic activity which includes, but is not limited to, games, practices, conditioning and scrimmages.
4. The school district representative (in the case of athletics, the ATC) has the final say on an athlete's clearance status following a concussion, regardless of documentation provided by the athlete. "When in doubt, sit them out" is the position taken for concussion management. Student safety is our top priority.

NOTE: Athletes with continued concussion symptoms are at risk for recurrent, cumulative and even catastrophic consequences of a second concussive injury. Such risks are minimized if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made by parents, doctors and trainers.

Parents/guardians should ensure that no athlete should return-to-sport or other at-risk participation when symptoms of concussion are present and recovery is ongoing. The ATC/coach may remove a student from athletic activity at their discretion.

5 Step-Graduated Exertional Return to Play Guideline (PT Solutions)

The following steps are not to be performed on the same day and will typically occur over multiple days and only after an athlete is asymptomatic relative to baseline data.

1. Light exercise: 20 minute stationary bike or walking. NO WEIGHT LIFTING.
2. Running in gym and bodyweight circuit: Squats/sit-ups/push-ups/ 3 sets x 20 seconds. No equipment.
3. Non-contact drills: 60 yard dash, medicine ball throws and or sports specific drills x 15 mins. No equipment.
4. Full contact practice and or training. Continue to monitor for symptoms.
5. Game day participation.

References:

Concussion Vital Signs: http://www.concussionvitalsigns.com/
UNC-Chapel Hill Sports Concussion Policy and Plan: Developed by Matthew Gfeller, Sport-Related Traumatic Brain Injury Research Center; UNC Division of Sports Medicine; Updated Aug. 1, 2010.
Sports Legacy, 7 Steps for Brain Safety Minimum Recommended Guidelines for Youth Sports: http://sportslegacy.org/index.php/education-a-events/sli-minimum-standards-for-brain-protection-in-youth-sports
Heads Up: Concussion in High School Sports www.cdc.gov/concussion/headsup/high_school.html