



CONNORS STATE COLLEGE

Concussion Education & Management Handbook

NCAA-Compliant Protocol for Coaches and Athletic Staff

Connors State College Athletics

Head Athletic Trainer/Coordinator

Kari Collier, DPT, Cert DN

Access 2 Healthcare Solutions, Inc.

2244 E. Shawnee Rd.

Muskogee, OK 74403

Office: 918-684-9999

Kari Collier Cell: 918-851-1212

Introduction: Connors State College is committed to protecting the health of and providing a safe environment for each of its participating student athletes. To this end, and in accordance with NCAA legislation, Connors State College has adopted the following Concussion Safety Protocol for all student-athletes.

Purpose

This handbook establishes NCAA-compliant concussion education and management procedures to protect the health and safety of Connors State College student-athletes.

NCAA Compliance Statement

In accordance with NCAA Concussion Safety Protocol requirements, any student-athlete suspected of sustaining a concussion will be removed from play immediately and will not return to play on the same day. Return to participation requires medical clearance from a qualified healthcare provider.

Team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those about concussion and head trauma injuries, for all student-athletes.

Preseason Education

All student athletes will be provided and allowed an opportunity to discuss concussion educational material (e.g., the NCAA Concussion Education Fact Sheet) or other applicable material and will be required to sign an acknowledgement, on an annual basis and prior to participation, that they have been provided, reviewed and understood the concussion education material.

All coaches, team physicians, athletic trainers, directors of athletics and other personnel involved in student-athlete health and safety decision making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) or other applicable material and will be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

Pre-Participation Assessment

All student-athletes will undergo a pre-participation baseline concussion assessment. This assessment assumed individualized medical care, which means: Each athlete and each injury are different. Depending on the severity of prior injuries, the number of concussions, other individual concerns and based on the developing state of science, the team physician/primary health care provider should review each athlete's history and consider discussing with the student-athlete concerns about concussion and repetitive head impact as warranted, including potential risks and benefits from playing sport. Such discussion allows the athlete to make an informed decision about their participation in sport.

Definition of Concussion

A concussion is a mild traumatic brain injury caused by a blow or jolt to the head or body, resulting in temporary disruption of brain function.

Recognition and Diagnosis of Concussion

Medical personnel with training in diagnosis, treatment, and initial management of acute concussion must be present at competitions in the following contact/collision sports: cheerleading; tumbling; baseball; basketball; soccer; softball.

NOTE: 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.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be available at practices in the following contact/collision sports: (tumbling; baseball; basketball; soccer; softball; cheerleading).

NOTE: 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 immediate communication means and that the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Any student-athlete who exhibits signs, symptoms or behaviors consistent with concussion must be removed from practice or competition for evaluation. **Examples of signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes, amnesia).**

Coach Responsibilities

- Remove athletes from play when a concussion is suspected
- Report injuries to athletic training staff
- Enforce no same-day return to play
- Support graduated return-to-play progression

Graduated Return-to-Play Protocol

Stage 1: 24–48 hours rest

Stage 2: Light aerobic activity

Stage 3: Sport-specific exercise

Stage 4: Full practice

Stage 5: Medical clearance and return to competition

Emergency Red Flags

Seek immediate medical attention for worsening headaches, repeated vomiting, loss of consciousness, seizure, confusion, or neck pain.

Important:

- **No Two Concussions are the same**
- **Symptoms can come and go and show up immediately and show up immediately or not until the next day or later**
- **There is no single symptom that is universally present in all subjects.**

CONCUSSION SYMPTOMS

- Concussions present with a diverse range of symptoms, most gradually resolve within a week.

- **Somatic:** headache, balance problems, dizziness, nausea, blurred vision, numbness/tingling, vomiting, drowsiness, fatigue, sensitivity to light/noise.
 - **Neurobehavioral:** sleeping more than usual, trouble sleeping, irritability, sadness, change in mood/personality.
 - **Cognitive:** Feeling in a fog, difficulty concentrating, difficulty remembering.
- If sign or symptom (s/s) in any one of more of the areas are present, a Sports Related Concussion (SRC) should be suspected.
 - These s/s also happen to be non-specific to concussion; presence simply alerts the need for further evaluation.
 - Loss of consciousness (LOC) and amnesia are dramatic signs of concussion, which have historically been regarded as important severity markers.
 - Anterograde (post-traumatic) inability to remember events following concussion.
 - Retrograde is the ability to remember the events preceding the injury. (Tends to persist longer than anterograde amnesia)
 - Acute clinical s/s reflect functional disturbances rather than structural injury. SRC results in a wide range of clinical s/s, resolution of s/s usually follows a sequential course.
 - NO single tool can fully quantify an SRC. Focus on the most prevalent symptoms to help in diagnosis.

- Headache
 - Balance Problems
 - Fatigue
 - Slowed Down
 - Difficulty Concentrating
 - Drowsiness
 - Mental Fog
 - Dizziness
 - Light/Sound Sensitivity
 - Visual Problems
 - Reading Problems
 - Focusing Problems
 - Blurring Vision
 - Causing Headaches
 - Eye Strain
 - Double Vision
- **Suspension Diagnosis of SRC can include one or more of the following:**
 - Symptoms: (headache, feeling in a fog, liability0changing symptoms)
 - Physical Signs: (LOC, amnesia, neurological deficits-coordination)
 - Balance impairments
 - Behavioral Changes (irritability, mood/personality changes)
 - Sleep/Wake Disturbances (drowsiness)

2nd Impact Syndrome

- Vulnerable brain: while brain cells are healing, the brain had a window of “vulnerability.”
- 2nd concussion in this “window” can cause disproportionately irreversible damage- similar to an initial severe concussion.
- Causes more symptoms and longer recovery.
- Possible neurocognitive deficits.
- Death is rare but possible.

Concussion Management

- Not possible to RULE OUT a concussion when an injury occurs associated with transient neurological symptoms.
- In all SUSPECTED cases of concussion, the athlete should be removed from the playing field and assessed by a qualified/licensed physician or healthcare provider.
- Sideline evaluation of cognitive function is an essential component in the injury assessment.
- Players with suspected SRC following a significant head impact or s/s indicating a possible SRC should proceed to a sideline screening.

On-Field Assessment of Concussion

- Player Evaluation by medical professionals using Emergency Management Principles with special attention to the C-Spine. (DO NOT REMOVE PADS/HELMET UNLESS PROPERLY TRAINED)

- Always suspect a head injury with a neck injury. Always suspect a neck injury with a head injury.
- Appropriate mood/actions of players determined.
- Assessment of concussive injury made using sideline tool. (SWAY TEST)
- Serial monitoring for several hours of player for deterioration of symptoms. INJURED PLAYERS SHOULD NEVER BE LEFT ALONE! (no driving drugs, alcohol, etc.)

Any student-athlete who exhibits signs, symptoms or behaviors consistent with concussion must be removed from practice or competition for evaluation. Examples of signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes, amnesia).

Concussion evaluation:

- Must be evaluated by an athletic trainer or team physician (or physician designee) with concussion experience.
 - Allow ample time (e.g., 10-15 minutes) when conducting a multi-modal screen to evaluate a potential concussion.
 - Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
 - May only return to play the same day if the athletic trainer, team physician or physician designee determines that concussion is no longer suspected after evaluation. Even in such cases, consider next day follow-up assessment because initial symptoms may not appear for several hours.
- **RED FLAGS**
 - Neck Pain or tenderness
 - Double vision

- Weakness or tingling/burning in arms and legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasing restless, agitated, or combative

Protocol

1. Injury occurs
2. Side-line assessment (utilize school Athletic Trainer at away games and our Athletic Trainer at home games/events)- if no AT at away games immediately notify Kari Collier for assistance and guidance.
3. If concussion is suspected typical minimum inactive time is 7 days, pending sport and symptoms.
 - a. **Stage 1:** 24-48 hours- Rest with no electronics and stay in dark (cave)
 - b. **Stage 2:** If asymptomatic after 24-48 hours start walking or biking for light cardio and sitting through class (no tests). (Retest full SWAY Test)
 - c. **Stage 3:** If asymptomatic after 24 hours of stage 2 activities, then start sport-specific activities and running at practice.
 - d. **Stage 4:** If asymptomatic after 24 hours of stage 3 activities, then start full practice and classes and resume all daily activities.
 - e. **Stage 5:** If asymptomatic after 24 hours of stage 5 activities, then allowed to return to competition and cleared by Medical Provider.

Post-concussion Management

For all cases of diagnosed concussion, there must be documentation that the post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete, in oral

and/or written form. Because symptoms may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the student-athlete off-field the same day and up to 72 hours.

For all concussion management plans:

Consideration of symptom-limited, light aerobic physical activity within 24-48 hours (e.g., walking).

Consideration of reduced screen use in the first 48 hours after injury.

Re-Evaluation:

Any student-athlete with atypical presentation or persisting symptoms > 4 weeks will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses include but are not limited to: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; cervical and vestibular dysfunction; cognitive impairment and autonomic dysfunction including orthostatic intolerance and postural orthostatic tachycardia syndrome; pain.

Return-to-Learn Management

The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the athletics department, who will navigate return-to-learn with the student-athlete and, in more complex cases of prolonged return-to-learn, work in conjunction with a multi-disciplinary team that may vary student-to-student depending on the specifics of the case but may include, but is not limited to:

- Athletic trainer.
- Psychologist/counselor. (student health services or department of athletics)
- Neuropsychologist.

- Medical specialists.
- Faculty athletics representative.
- Academic counselor.
- Course instructor(s).
- College administrators.
- Office of disability services representative.
- Coaches.

A student-athlete who has suffered a concussion will return to classroom/studying as tolerated with modification of schedule/academic accommodations, as indicated, with help from the identified point-person. The plan may address environment, physical, curriculum and/or testing adjustments. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations.

A student-athlete will be re-evaluated by a team physician (or their designee) and members of the multi-disciplinary team, as appropriate, if concussion symptoms worsen with academic challenges or in the event of atypical presentation or persisting symptoms.

Return-to-Sport Management

Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. Complete rest and isolation should be avoided, even for the initial 24-48 hours. Relative rest is important in the first 24 hours. Final determination of unrestricted return-to-sport will be made by a Connors State College team physician or their medically qualified designee following implementation of an individualized, supervised stepwise progression management plan that includes:

Resources & Supplies

- AT's will assist with reviewing travel bags for first aid/tape/meds and stock them if coaches would like assistance.
- Supplies- Please let AT's know if you need anything.

- Kari Collier (918-851-1212)
- Please advise Kari Collier of all changes in the home game schedule.
- The training room will be open 2 days a week with limited hours for athletes to get taped or quick treatment. If needed, other days or actual rehab- send to Muskogee clinic.

Medical Providers

Orthopedic Surgeons

- Baseball- Dr. Boone
- All other sports- Dr. Worsham

Primary Care Physician

- Dr. Valentine

Therapists- Home Games

- Kari Collier, DPT
- Austin Davis, PTA

Training Room Therapists

- Austin Davis, PTA
- Joyce Dover, PTA
- Kari Collier, DPT

A2HS Rehab Team

- Kari Collier, DPT
- Daniel O'Connor, DPT
- Eric Rouse, PT
- Austin Davis, PTA
- Joyce Dover, PTA
- Reo Ria, PTA
- Alicia Francisco, PTA