



Catawba College Sports Medicine Concussion Management

Revised May 2020

Purpose

Catawba College Sports Medicine and our team physicians recognize sports related concussions pose a significant health risk for student-athletes at Catawba College. Policies and procedures have been established to assess and identify those student-athletes who have suffered a concussion. This process begins with baseline neurocognitive testing which provides important, athlete-specific data to aid with return to full competition decisions for student-athletes on an individual basis. This information is imperative for those participating in collision and/or contact sports, and/or those athletes who have a history of concussions prior to entering Catawba College. Post-injury, changes from baseline data, along with physical examination and/or further diagnostic testing, will be used in determining when it is safe for a student-athlete to begin the return to play protocol, and eventually be cleared for full return to competition.

Concussion Definition

A concussion is a complex injury affecting the brain caused by a blow to the head or body from contact with another player, a hard surface, or a piece of sports equipment. This type of trauma can alter or impair neurological function of the brain. While the terms "mild/moderate/severe" are no longer applicable, there is clear evidence the intensity and duration of symptoms can vary greatly. These symptoms present differently in each athlete and can occur during practice or during competition in any sport. Loss of consciousness or lack of loss of consciousness does not always determine a concussion is present. Concussion signs and symptoms are usually immediate and can worsen within first 24-48 hours, however may not be initially present and be insidious in nature, gradually arising over time.

Signs and Symptoms of Concussion

Certified athletic trainers, sports performance staff, coaches and student-athletes all need to be aware of the signs and symptoms of concussions to properly recognize and intervene on behalf of the student-athlete.

Concussion signs/symptoms include, but are not limited to:

Headache, Pressure in head, Neck pain, Confusion, Amnesia, Loss of Consciousness, Balance problems, Dizziness, Double or Blurred Vision, Sensitivity to Light and Noise, Nausea or Vomiting, Feeling Sluggish, Foggy or Groggy, Feeling Irritable, Sleep Disturbances, Concentration or Memory Problems and Slowed Reaction Time, Emotional changes, and ringing in ears.

Concussion Management

Every year, all athletics related staff, e.g., coaches, sports performance staff, and administrators, are required to sign the NCAA Coaches Concussion Fact Sheet; student-athletes are required to sign the NCAA Student-Athlete Concussion Fact Sheet. All first-time student-athletes to Catawba College (incoming freshman or transfers) will complete baseline tests to assess their individual, non-concussive metrics.

In any circumstance where a concussion is suspected, the first priority is to remove the student-athlete from further activity until a thorough sideline assessment or clinical assessment in the athletic training room can be made. The evaluation and assessment must be done by a member of the sports medicine staff or team physician.

If a concussion has been ruled out via the clinical assessment and/or evaluation, the student-athlete may return to activity. An athlete with a suspected concussion will not be allowed to continue.

Student-Athletes suspected of having a concussion will be removed from all activity until completing the return-to-play protocol and being cleared by team physician. After initial evaluation, student-athletes will see a team physician for official diagnosis and/or any accommodations that may be needed for classroom. The symptoms of the athlete will be monitored throughout their concussion to help determine their progress. Once the student-athlete is symptom-free, tests to compare with the student-athletes baseline scores are performed. The team physician reviews all scores and determines whether the student-athlete can begin the return-to-play protocol or if further rest, testing, etc. is necessary. Progress throughout the return-to-play protocol is closely monitored, and once completed the team physician will reassess before clearing for full return to all athletic participation.

Return-to-Play Protocol

1. Initial evaluation of suspected concussion.
2. The student-athlete will be seen by the team physician after initial injury at first available appointment for official diagnosis and any classroom accommodations that may be needed. A member of the Sports Medicine staff will communicate appropriate members of the student-athletes academic staff, e.g., the disabilities coordinator along with the professors, provost, coaches, and student-athlete to inform them of any accommodations.
3. The student-athlete will complete a Graded Symptom Checklist until asymptomatic. Once asymptomatic for one complete day at rest post-concussion asymptomatic testing will be performed.
4. The team physician will review asymptomatic post-concussion testing. If deemed within normal limits, the team physician will release the student-athlete to begin the five phase return-to-play (RTP) protocol under the direct supervision of the certified athletic trainer; progress is regularly communicated to the team physician.*†
5. RTP Phase 1: The student-athlete will complete light exertional activity.
6. RTP Phase 2: If the student-athlete remains asymptomatic through phase one, progression to phase two, sport specific activity, will commence.
7. RTP Phase 3: If the student-athlete remains asymptomatic through phase two, progression to phase three, increasing resistance training and be involved in non-contact training drills (sport specific movements/drills), will commence.
8. RTP Phase 4: If the student-athlete remains asymptomatic through phase three, the team physician will review and determine if the student-athlete is ready for normal training activities.
9. RTP Phase 5: If the student-athlete remains asymptomatic through phase four, the team physician will review and determine if the student-athlete is ready for full return to competition.

*At any point the athlete becomes symptomatic or clinical measure scores decline, the athlete will be placed on forced rest and withheld from activity for a minimum 24 hours. The team physician will be consulted, and once cleared, the student-athlete resumes the return-to-play protocol from the last asymptomatic phase.

†Phases maybe combined or extended per physician recommendations.