We recommend that each school establish a head injury contact person that oversees treatment of concussed athletes in the school setting.

Sideline Evaluation:

1. The Coach or Athletic Trainer will monitor the athletes during practices and contests and be responsible for identifying athletes that may have sustained a concussion.
2. In the event of a mild traumatic brain injury the athlete will be evaluated and kept out of further participation. If the Coach or Athletic Trainer is unsure whether or not the athlete has suffered a mild traumatic brain injury they will err on the side of caution when making a determination, *when in doubt sit them out*.
3. When a player shows any symptoms or signs of a concussion:
   a. The player should not be allowed to return to play in the current game or practice.
   b. A CONCUSSION CHECKLIST should be filled out by the Coach or Athletic Trainer
   c. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
4. If the athlete displays deterioration then the Emergency Action Plan will be enacted.
5. If the athlete does not deteriorate then the Coach or Athletic Trainer will talk to the athlete’s parents and send them home with the follow-up care for a head injury form, with signs and symptoms of what to look for and instructions for the parents.

6. The player should be medically evaluated by the athletic trainer or physician following the injury. If this is a second or reoccurring concussion, the athlete needs to be evaluated by the sports medicine physician, or their primary care physician.

Follow-up Evaluation:

1. The athlete will follow up with the Athletic Trainer, nurse, and or contact person the next available day for a reassessment and a referral of an appointment for ImPACT testing.

2. For the schools that do not employ a full time athletic trainer, the athlete can be seen in the CMC sports medicine clinic for follow up ImPACT testing. The student athlete can also be seen by his/her doctor.

3. Return to play is based on an individual basis and the results of subsequent ImPACT scores.

4. The athlete requires mental and physical rest from activity in order to heal.
   a. Arrangements may need to be made at school to accommodate the athlete.
   b. We encourage the schools to have a designated concussion team that can modify school work, tests, and participation for concussed individuals.

Return to Play:
1. The cornerstone of proper concussion management is rest until all symptoms resolve and then complete a graded progression of exertion before return to sport.

2. Once the athlete is symptom free for 24 hours and the sports medicine physician clears him/her for activity, the athlete will begin the exercise progressions:
   - Day 1-light aerobics, jogging
   - Day 2-running, light team drills
   - Day 3-light weight lifting, team drills, sprints
   - Day 4-full, non-contact team practice
   - Day 5-full practice
   - Day 6-full participation including game play

3. If any symptoms return the athlete is to stop training immediately, rest until the following day and repeat the same workout. The athlete must progress symptom free.

4. After completion of the return to play protocol, the athletic trainers, under the supervision of the sports medicine physician, can make the determination if the athlete is cleared to play.

If the athletic trainer is not scheduled, and the athlete does not see the sports medicine physician, the athlete must be seen by his primary care physician. The athlete must also follow the school district protocol for return to play. The athlete cannot return prior to release from the physician, but the school can hold the athlete from full return if the athlete has not completed the return to play protocol. We want to work collaboratively with the student athlete’s physicians and are always happy to speak with them.