Tuskegee University recognizes that concussions may occur outside of participating in a sport. Therefore, the acute management of the student-athlete with such a concussion may occur outside the scope of this document. However, return to play decisions for the student-athlete that may have suffered a concussion outside of sport participation will be guided by this policy.

I. EDUCATION

Prior to each pre-season, each student-athlete and coach will be educated on the Tuskegee University Concussion Management Policy, by participating in the “Response and Recognition” training video located on the United Educators website. This training will educate each party how to recognize signs and symptoms of concussion, as well as current trends in concussion management.

At the conclusion of the educational session, each student-athlete and coach will sign a statement acknowledging the receipt of the education, as well as their role in reporting any student-athlete exhibiting signs and symptoms of a concussion to the appropriate member of the Sports Medicine Staff.

The education process utilized specifically for our coaches, athletic trainers, and medical personnel is the completion of the United Educators Concussion Awareness Online Course and the NCAA Concussion Coaches Fact Sheet. The course via the United Educators website is the Concussion Awareness- Coaches Training session that consists of a virtual concussion scenario. This is completed by each coach, athletic trainer, and medical personnel upon hiring or start of volunteer work.

II. SIGNS AND SYMPTOMS

Concussions and other brain injuries can be serious and potentially life threatening injuries. Research indicates that these injuries can also have serious consequences later in life if not managed properly. Signs and symptoms of a concussion may include, but are not limited to the following:

- Headache that persists or increases in severity
- Dizziness
- Loss of consciousness
- Post-traumatic amnesia
- Retrograde amnesia
- Tinnitus (ringing in ears)
- Nausea, vomiting, unsteadiness
- Visual disturbances/blurry vision
- Sensitivity to light and/or noise
- Abnormal drowsiness or sleepiness
- Delayed verbal or motor responses
- Vacant stare
- Convolutions
- Weakness of facial muscles, arms, or legs
- Loss of appetite

Exercise or activities that require a lot of concentration may cause symptoms to re-appear or worsen, thus increasing the time one needs to recover from a concussion.
III. BASELINE TESTING

According to the Center for Disease Control (CDC), baseline testing is a pre-season exam conducted by a trained health care professional. Baseline tests are used to assess a Tuskegee University athlete’s balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he/she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if a concussion occurs. Baseline testing generally takes place during the pre-season – ideally prior to the first practice.

A. THE PLAN

The process will begin with pre-season baseline testing. Every new (first year or transfer) student athlete in the sports of baseball, basketball (men and women), football, softball, cheerleading, track and field (pole vaulters and high jumpers), and volleyball must receive a pre-season baseline assessment for concussion which involves a check for concussion symptoms, as well as balance and cognitive (such as concentration and memory) assessments.

- The respective team’s athletic trainers will conduct the following assessment for all new athletes: Computerized or paper-pencil neuropsychological tests may be included as a piece of an overall baseline test to assess a student-athlete’s concentration, memory, and reaction time.
- The respective team’s athletic trainer will also provide the educational material to all athletes on their respective teams and will acquire appropriate signatures on specific documentation.

During the baseline pre-season test, healthcare professionals should also assess for a prior history of concussion (including symptoms experienced and length of recovery from the injury). It is also important to record other medical conditions that could impact recovery after concussion such as a history of migraines, depression, mood disorders, or anxiety, as well as learning disabilities and Attention Deficit/Hyperactivity Disorder.

An athlete suspected of sustaining a concussion will be evaluated by the team’s athletic trainer using the Graded Symptom Checklist (GSC). Should the team physician not be present, the athletic trainer will notify the team physician to develop an evaluation and a treatment plan. If able, an assessment of symptoms will be performed at the time of injury and then serially thereafter (i.e., 2-3 hours post-injury, 24 hours, 48 hours, etc.). The presence or absence of symptoms will dictate additional testing.

Any student-athlete diagnosed with symptoms of a concussion will not return to activity for the remainder of the day. Medical clearance will be determined by the team physician and or the combination of the team physician and athletic trainer involved.

B. CONCUSSION ASSESSMENT

NO ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY, AND NO ATHLETE IS PERMITTED TO RETURN TO PLAY WHILE SYMPTOMATIC FOLLOWING A SUSPECTED CONCUSSION.

- **Baseline Testing:** performed on each athlete upon entering as a first year student, transfer, or for those athletes sustaining a concussion the previous season (reestablish a baseline)
- **Time of Injury:** clinical evaluation, GSC, and appropriate referral if needed; each athlete will receive a Head Injury Information Card that they can take with them.
- **1-3 hrs post-injury:** if available reevaluate, GSC and appropriate referral, if needed
- **Next day:** reevaluate, GSC
- **Follow-up evaluations** daily to track signs and symptoms
- **Administer Computerized or Paper-Pencil Neuropsychological Testing**, when athletic trainer and or team physician deems necessary
- **Once the athlete becomes asymptomatic:**
  - The athlete must be asymptomatic for 24 hours before any physical exertion activity will take place. This must be documented in the athletes file and the results of the Computerized or Paper-Pencil Neuropsychological Test must be placed in athletes’ file.
5 Step Graduated Physical Exertion Return to Play Protocol

The protocol allows for a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs/symptoms during and after each physical exertion activity. The athlete will be reassessed prior to each step when it takes place.

The following steps are not ALL to be performed on the same day. In some situations, steps 1, 2, or 3 may be completed on the same day, but usually will take place over a couple of days. The step process will be determined by each teams’ respective athletic trainer. The activities in each step will be specific as deemed by each athletic trainer and with consultation of the team physician.

- **Step 1**: 10-20 minute stationary bike ride (low intensity); monitor signs/symptoms as well as vital signs.
- **Step 2**: Interval bike ride: sprinting and recovery periods; athletic trainer may add other activities (i.e. squats, pushups, sit-ups, etc); monitor signs/symptoms as well as vital signs.
- **Step 3**: Running activities (short sprints); plyometric advances as well as sport specific activities as deemed by athletic trainer; monitor signs/symptoms as well as vital signs.
- **Step 4**: Limited, controlled return to full-contact practice; monitor signs/symptoms as well as vital signs.
- **Step 5**: Return to FULL participation in a practice.

IV. REPORTING A CONCUSSION

Anyone (including student-athletes) that suspects a student-athlete has a concussion, or notices any athlete suffering from any symptoms of a concussion, must report the concerns to the appropriate member of Tuskegee University Sports Medicine Staff.

V. ACUTE MANAGEMENT OF A CONCUSSION

Any student-athlete that suffers from symptoms of a concussion shall be removed from athletic participation for an evaluation by the Sports Medicine Staff. Following the evaluation from the Sports Medicine Staff, decisions will be made whether the athlete should be transported to the local hospital for emergency care and/or further diagnostic testing.

Once a concussion is diagnosed by a Physician, and any emergent care issues are addressed, a computerized or paper-pencil neuropsychological test will be administered by the Sports Medicine Staff. Any athlete that is diagnosed with a concussion by a physician or athletic trainer shall not return to participation for the remainder of that day. This is to ensure that the athlete does not negatively influence the nature of the injury by further exerting themselves.

VI. POST-ACUTE CONCUSSION MANAGEMENT

Follow-up Physician care will be determined on an individual basis as directed by Tuskegee University Sports Medicine Staff. Computerized or paper-pencil neuropsychological testing will be performed as determined by the Sports Medicine Staff based on the individual, and their symptoms. Once a student-athlete has been asymptomatic for at least 24 hours and the computerized or paper-pencil neuropsychological testing scores have returned to the baseline scores, a gradual return-to-play protocol shall be implemented, unless directed otherwise by a Physician.

A. ACADEMIC ADVISORS & ACCOMMODATIONS

Sport specific academic advisors will be notified when a student-athlete sustains a TBI or concussion. A letter outlining the injury with signs and symptoms will be forwarded to the academic advisor and will be sent to the professors of the student-athlete. If accommodations must be made, the academic advisor will make the arrangements with each professor.

B. DISQUALIFICATION FOR THE SEASON

A CT scan will be prescribed on an individual basis by the team physician dependent on the severity of symptoms and longevity of symptoms. The Athletic Training staff and team physicians recommend termination of a season after the third concussion within the same season if all other factors, information, and test results warrants this category of decision.
VII. RETURN TO PLAY PROTOCOL

1. No activity – complete physical and cognitive rest.
2. Light aerobic activity – walking, swimming, or stationary biking; no weight training.
3. Sport-specific activity – running drills; no head impact activities.
4. Non-contact training drills – progression to more complex training drills; may start light weight training.
5. Full contact practice – following medical clearance, participate in normal training activities.
6. Return to play – Normal game play.
7. Clearance

This protocol is a stepwise progression. The athlete can and should continue to proceed to the next level if asymptomatic at the current level. Each step should take 24 hours unless otherwise directed by the team physician. If any post-concussion symptoms occur during the stepwise progression, then the athlete will drop back to the previous asymptomatic level and try the progression again after a further 24 hour period of rest has passed.

NO STUDENT-ATHLETE WILL RETURN TO FULL ACTIVITY OR COMPETITION UNTIL ASYMPTOMATIC IN LIMITED, CONTROLLED, AND FULL-CONTACT ACTIVITIES, AND CLEARED BY TEAM PHYSICIAN. THESE ACTIVITIES ALSO INCLUDE WEIGHT TRAINING AS WELL AS ACTIVITY COURSES.

VIII. FACTORS IN CONCUSSION MANAGEMENT

Tuskegee University recognizes that there are several factors that influence the concussion management policy. These factors include, but are not limited to:

- Medical History
- Symptoms
- Age
- Medication
- Sport

If it is determined by the Sports Medicine Staff that the athlete should follow an adapted concussion management protocol, it is in an effort to ensure the safety of the student-athlete during their recovery from a concussion. At any point throughout the recovery of the student-athlete, a neurologist, or other specialist specifically trained in concussion management may be consulted as determined by the Team Physician.

The entire management process from initial evaluation, until eventual return to full participation, including any diagnostic testing, shall be documented in the student-athlete’s medical file.
Tuskegee University Student-Athlete Concussion Facts and Athlete History

STUDENT-ATHLETE ACKNOWLEDGEMENT

What is a concussion?
A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific symptoms (like those listed below) and often does not involve loss of consciousness.

Concussion should be suspected in the presence of any one or more of the following:
· Symptoms (such as headache), or
· Physical signs (such as unsteadiness), or
· Impaired brain function (e.g. confusion) or
· Abnormal behavior

**Playing with a concussion can result in significant long and short term adverse side effects. It is of extreme importance to know your individual concussion/head injury history.**

HEAD INJURY HISTORY
Have you ever been told that you had a concussion? Yes/ No
If so how many? 1 2 3 4 5 6 7 8 Dates: _________________
Did you have loss of conscience with a concussion? Yes/ No
Did you have amnesia with a concussion? Yes/ No
How long were you held from practice or play with a concussion? _______________
Was the concussion sports related? Yes/ No Practice or game?
Did you have a CT/MRI? Yes/ No
Did you see a neurologist? Yes/ No
Did you have long term academic side effects? Yes/ No
Did you have recurrent headaches after the concussion? Yes/ No
Have you ever been removed from practice or games to be evaluated for a concussion? Yes/ No
Do you know your sickle cell trait status? Yes/ No
Does anyone in your family have sickle cell disease or trait? Yes/ No
Have you ever had a heat illness requiring hospitalization? Yes/ No

CONCUSSION MANAGEMENT POLICY ACKNOWLEDGEMENT
I, the undersigned, acknowledge that I have read Tuskegee University’s Athletic Department Concussion Management Policy found on the athletic website and that I understand the information included in this policy. I will report any trauma to my head or upper body that causes pain, abnormal feelings, and symptoms listed.

Name (print) ____________________________
TU ID# ____________________________ Date of Birth ____________________________
Signature ____________________________ Date ____________________________
Parent/Guardian Signature (if under 19) ____________________________ Date ____________________________
Tuskegee University Concussion and Injury Reporting Acknowledgement

COACHES CONCUSSION STATEMENT

€ I have read and understand the Concussion Guidelines.
€ I have read and understand the NCAA Concussion Fact Sheet.
€ I have completed the United Educators Concussion Awareness-Coaches Training course.

After reading the NCAA Concussion Fact Sheet and reviewing the TU Concussion Guidelines, I am aware of the following information:

INITIAL ALL BLANKS

_____ A concussion is a brain injury, which athletes should report to the medical staff.

_____ A concussion can affect the athlete’s ability to perform everyday activities, and affect initial reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ I will not knowingly allow my athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.

_____ Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

_____ If I suspect one of my athletes has a concussion, it is my responsibility to have that athlete see the medical staff.

_____ I will encourage my athletes to report any suspected injuries and illness to the medical staff, including signs and symptoms of concussions.

_____ Following concussion, the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before your symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that every first-year student-athlete participating on specified TU teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition and balance if the athlete were to become injured.

_____ I am aware that athletes diagnosed with a concussion will be assessed by the medical staff. Once symptoms have resolved the athlete will begin a graduated return to play guideline, following full recovery of neurocognition and balance.

As an Athletic Coach/Personnel it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the NCAA.

_____________________________________________     ________________________
Signature of Coach                                Date

_____________________________________________      ________________________
Printed name of Coach                             Sport
As a medical provider, it is important to recognize the signs, symptoms, and behaviors of concussions. As a medical provider it is important to understand the protocols within Tuskegee University’s TBI/Concussion Management Plan. By signing this form you are stating that you understand the guidelines set forth by the NCAA and agree that it is your responsibility to ensure that these protocols are followed by everyone within Tuskegee University’s Athletic Department.

**Medical Providers Agreement:**

I ________________________________ have completed the necessary medical training and understand the standard of care expected by the NCAA as stated in their concussion management guidelines. I also understand that I serve as the authority in such cases and I am to act in the best interest of Tuskegee University when managing suspected concussion cases. Failure to manage this protocol in a responsible manner would be a derogation of duties and would be in direct contrast to the Hippocratic Oath that I took as a medical provider.

I understand my responsibilities to the management of the TBI/Concussion Management Plan and acknowledge the management role that I must play in order for it to be effective.

______________________________  ______________________
Signature of Medical Provider          Date

______________________________  ______________________
Printed name of Medical Provider     Title
Home Instructions for Concussions

_____________________________________________ has sustained a concussion during ________________________ today.

To make sure he/she recovers as completely and as safely as possible, please, follow these important recommendations:

Things that are ALLOWED during early stages of recovery:
• Take acetaminophen (Tylenol)
• Use ice packs on heads or neck as needed for comfort
• Eat a light diet
• Get some rest (it is very important)
• Return to school – when allowed by doctor

Things that should NOT BE ALLOWED during early stages of recovery:
• Activities or sports
• Texting or talk on cellular or phone
• Watching television
• Listen to ipod or mp3
• Playing video games
• Read – except upon return to school
• Use a computer – except upon return to school
• Bright lights – except upon return to school
• Loud noises – except upon return to school

Things you don’t need to do:
• Check eyes with a flashlight
• Wake up every hour
• Test reflexes

Signs and symptoms of closed head injuries do not always present until hours or days following an injury. Please monitor your roommate/teammate frequently for any worsening of, but not limited to, these signs and symptoms.

Persistent or repeated vomiting ________________ Convulsions/Seizures
Difficulty seeing ________________ unequal pupil size
Difficult or slurred speech ________________ bleeding or drainage from nose or ear
Any other abnormal behavior ________________ progressive or sudden impairment of consciousness Restless, irritability, drastic changes in emotional stability

NOTE: If at any time you feel the parental need to call 911, do not hesitate to do so. Tuskegee University Student-Athletes who are suspected of having sustained a concussion must follow-up with the athletic trainer every day upon return to school until cleared by a medical professional. Although cleared by a medical professional, the athlete must complete the return-to-play protocol before being released for competition.