



## Tennessee Secondary School Athletic Association

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### TENNESSEE SECONDARY SCHOOL ATHLETIC ASSOCIATION CONCUSSION POLICY

Beginning with the 2010-11 school year, TSSAA implemented a new concussion policy that all member schools must follow. Every individual involved in athletics must become more proactive in identifying and treating athletes who show signs of concussions. In order to address this critical issue, the NFHS has drafted the following language and made it a part of every sport rule book publication:

*Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.*

Education is the key to identifying and treating student-athletes that show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete, and health-care provider know the symptoms and steps to take when dealing with student-athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

The TSSAA Board of Control approved the following "TSSAA Concussion Return to Play Form" that must be used in practice and games. The form was adapted from the Acute Concussion Evaluation (ACE) plan on the CDC website ([www.cdc.gov/injury](http://www.cdc.gov/injury)). It contains specific instructions that shall be followed before an athlete can return to sports. The form must be completed and signed by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.), or a Clinical Neuropsychologist with Concussion Training before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file at the school by an administrator.

TSSAA is asking the administration of every TSSAA/TMSAA member school to meet with their coaching staff and review this policy prior to the beginning of every sports season. The state office will distribute this information to as many officials, athletic trainers, and health-care providers as possible. We ask that school personnel do the same in their area. This information should also be given to all parents and student-athletes.

Following is a copy of "Signs/Symptoms of Concussion" to help with the educational process. Please make sure every individual involved in athletics at your school has and understands this information. **The NFHS has also developed a free 20-minute course online entitled "Concussion in Sport – What you Need to Know" that we encourage every individual to take. It can be accessed at [www.nfhslearn.com](http://www.nfhslearn.com). Athletic Directors at all member schools are asked to take the lead and require every coach in their school to complete the course and make the information available to parents.** Failure to do so is not an option. Our student-athletes' safety must come first.

If you have any questions regarding this, please feel free to contact our office.

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## PROTOCOL FOR REGISTERED TSSAA OFFICIALS DURING TSSAA/TMSAA CONTESTS

1. Determine prior to the start of the contest whether or not a school has access to a **designated health care provider** during the contest.
2. Continue to monitor players for possible signs of injury as usual.
3. Remove any player that shows signs, symptoms, or behaviors consistent with a concussion per NFHS rules.
4. Inform the head coach that the player is being removed for showing signs, symptoms, or behaviors consistent with a concussion.
5. The school shall have the player examined by their **designated health care provider**. If the **designated health care provider** determines that the student has not sustained a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to contest rules.
6. The head coach is in charge of getting clearance from the school's designated health-care provider.
7. If the school does not have access to a **designated health care provider**, or if the school's **designated health care provider** suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is for the student to be evaluated and cleared by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.) or a Clinical Neuropsychologist with Concussion Training.
8. If signs, symptoms and behaviors consistent with a concussion are observed by an official, and a **designated health care provider** is not available to evaluate the student athlete, the "TSSAA Concussion Return to Play" form MUST be completed and signed by a licensed medical doctor (M.D.), Osteopathic Physician (D. O.) or a Clinical Neuropsychologist with concussion training, and shown to the official(s) by the head coach prior to a student-athlete returning to participate in a contest the same day.
9. If a player that has been removed by an official for showing signs, symptoms, and behaviors consistent with a concussion is allowed to return to play during the contest, an "Unusual Occurrence Form" shall be filed with the state office by the official within 24 hours of the incident.
10. Officials have no role in the diagnosis of a concussion. NFHS Rules do require that the officials remove players from the contest when signs, symptoms, or behaviors consistent with a concussion are observed and the above written protocol must be followed.

**Designated Health Care Providers** – Certified Athletic Trainer, Certified Nurse Practitioner, Physicians Assistant, Doctor of Medicine, Osteopathic Physician

## **PROTOCOL FOR SCHOOLS WHEN PLAYERS EXHIBIT SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION**

1. Continue to monitor players for possible signs of injury as usual.
2. Remove any player that shows signs, symptoms, or behaviors consistent with a concussion from the activity or competition.
3. The school shall have the player examined by the school's **designated health care provider**. If the **designated health care provider** determines that the student has not sustained a concussion, the player may return to the activity or competition.
4. The head coach shall be responsible for obtaining clearance from the school's designated health care provider.
5. If the school does not have access to a **designated health care provider**, or if the school's **designated health care provider** suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is for the student to be evaluated and cleared by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.) or a Clinical Neuropsychologist with Concussion Training. The person clearing the student must complete and sign the "TSSAA Concussion Return to Play" form. Schools must keep this form on file.

**Designated Health Care Providers** – Certified Athletic Trainer, Certified Nurse Practitioner, Physicians Assistant, Doctor of Medicine, Osteopathic Physician

## **Suggested Guidelines for Management of Concussion**

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

### **Common Symptoms of Concussion Include:**

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes – irritable, anxious, or tearful

### **Suggested Concussion Management:**

1. No athlete should return to play (RTP) or practice on the same day of a concussion
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

For more information, the NFHS has also developed a free 20-minute course online entitled “Concussion in Sport – What You Need to Know” that we encourage every individual to take. It can be accessed at [www.nfhslearn.com](http://www.nfhslearn.com).



# TSSAA CONCUSSION RETURN TO PLAY FORM



This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site ([www.cdc.gov/injury](http://www.cdc.gov/injury)). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select.**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

**This return to play plan is based on today's evaluation.** Date of Evaluation: \_\_\_\_\_

Care plan completed by: \_\_\_\_\_ Return to this office Date/Time: \_\_\_\_\_

Return to school on (date): \_\_\_\_\_

- RETURN TO SPORTS:**
- 1. Athletes should not return to practice or play the same day that their head injury occurred.**
  - 2. Athletes should never return to play or practice if they still have ANY symptoms.**
  - 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.**

**The following are the return to sports recommendations at the present time:**

PHYSICAL EDUCATION: \_\_\_\_\_ Do Not Return to PE class at this time. \_\_\_\_\_ May Return to PE class.

- SPORTS: \_\_\_\_\_ Do not return to sports practice or competition at this time.
- \_\_\_\_\_ May gradually return to sports practices under the supervision of the health care provider for your school or team.
- \_\_\_\_\_ May be advanced back to competition after phone conversation with treating health care provider.
- \_\_\_\_\_ Must return to the treating health care provider for final clearance to return to competition.

-OR- \_\_\_\_\_ Cleared for full participation in all activities without restriction.

**Treating Health Care Provider Information (Please Print/Stamp)**

Please check:

\_\_\_\_\_ Medical Doctor (M.D.) \_\_\_\_\_ Osteopathic Physician (D.O.) \_\_\_\_\_ Clinical Neuropsychologist w/ Concussion Training

Provider's Name: \_\_\_\_\_ Provider's Office Phone: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Office Address: \_\_\_\_\_

**Gradual Return to Play Plan**

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. **Move to the next level of activity only if you do not experience any symptoms at the present level.** If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

**Day 1:** Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

**Day 2:** Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

**Day 3:** Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

**Day 4:** Sports Specific practice.

**Day 5:** Full contact in a controlled drill or practice.

**Day 6:** Return to competition.

## Formulario de TSSAA Para Regresar a Competir en Deportes

Este formulario es una adaptación del Plan de Cuidado para Conmociones Cerebrales (Brain Concussions) que aparece en el sitio web del CDC ([www.cdc.gov/injury](http://www.cdc.gov/injury)). Se recomienda que todos los profesionales de la salud visiten este sitio web si tienen preguntas sobre la información más reciente para la evaluación y cuidado del atleta escolar con una lesión de conmoción cerebral. **Favor de poner sus iniciales en cualquier recomendación que usted escoja.**

Nombre del atleta: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Fecha en que la lesión ocurrió: \_\_\_\_\_

**Este plan para regresar a competir en deportes está basado en la evaluación de hoy.**

Fecha de la evaluación: \_\_\_\_\_ Este Plan de asistencia fue llenado por: \_\_\_\_\_

Por favor, devuelva este formulario a esta oficina, Fecha/Hora: \_\_\_\_\_

Regrese a la escuela en esta fecha: \_\_\_\_\_

**REGRESAR A LOS DEPORTES: 1. El atleta no debe volver a practicar, ni a jugar el mismo día que sufrió la contusión cerebral.**

**2. El atleta no debe volver a jugar o a practicar mientras tenga ALGUN síntoma.**

3. Atleta, asegúrate de que tu entrenador atlético sepa que tienes una conmoción cerebral y los síntomas que tienes. Además, asegúrate que el entrenador tiene la información correcta para contactar tu profesional de la salud.

**Las siguientes son las recomendaciones para regresar a jugar los deportes en este momento:**

EDUCACION FISICA:  No resumes la clase de educación física todavía.

Sí, puedes resumir la clase de educación física.

DEPORTES:  No debes resumir la práctica o competencia de los deportes todavía.

Puedes resumir la práctica de los deportes gradualmente y bajo la supervisión del profesional de la salud de la escuela o de tu equipo.

Puedes resumir la competencia deportiva después de una conversación telefónica con tu profesional de la salud.

Debes volver a tu profesional de la salud para recibir confirmación final de que puedes resumir la competencia de deportes.

Puedes participar completamente en todas las actividades sin restricciones.

**Información sobre el profesional de la salud (Favor de imprimir/usar sello)**

Favor de marcar:

Médico (MD)  Médico Osteópata (DO)  Neuropsicólogo clínico con entrenamiento en conmociones

Nombre del profesional de la salud: \_\_\_\_\_

Teléfono del profesional de la salud: \_\_\_\_\_

Firma del profesional de la salud: \_\_\_\_\_

Dirección del profesional de la salud: \_\_\_\_\_

### **Plan para el Regreso Gradual a las Competencias Deportivas**

El proceso para que el atleta regrese a jugar debe ocurrir en pasos graduales empezando con ejercicio moderado sólo para aumentar la velocidad del corazón (e.g. bicicleta estacionaria); moviéndose para aumentar la velocidad del corazón con movimiento (e.g. corriendo); luego añadiendo contacto físico controlado si fuera apropiado; y finalmente regresando a las competencias deportivas.

Presta atención a tus síntomas y a tus pensamientos y a tu habilidad para concentrar en cada nivel o actividad. Después de completar cada nivel sin recurrir los síntomas, puedes pasar al próximo nivel de actividad el día siguiente. Puedes pasar al próximo nivel de actividad solo si no tienes ningún síntoma en el nivel actual. Si tus síntomas regresan, avisa a tu proveedor, regresa al primer nivel y empieza el programa de nuevo gradualmente.

**Día 1:** Bajos niveles de actividad física (i.e. síntomas no regresan durante o después de la actividad). Esto incluye caminando, corriendo a velocidad moderada, correr en la bicicleta estacionaria, y levantar pesas (de peso moderado y repeticiones moderadas, sin banco de pesas, sin agacharse)

**Día 2:** Niveles moderados de actividad física con movimiento del cuerpo y la cabeza. Esto incluye trotando moderadamente, corriendo brevemente, intensidad moderada en la bicicleta estacionaria, intensidad moderada en levantamiento de pesas (bajar el tiempo y/o bajar las pesas de tu rutina típica)

**Día 3:** Fuerte actividad física sin contacto físico. Esto incluye esprintando/corriendo, alta intensidad en la bicicleta estacionaria, completando la rutina regular de levantamiento de pesas, entrenamiento en deportes sin contacto físico (agilidad- con 3 planos de movimiento)

**Día 4:** Práctica específica para los deportes.

**Día 5:** Contacto físico completo durante entrenamiento o práctica controlada.

**Día 6:** Regresa a la competencia deportiva.

# Concussion Signs and Symptoms Checklist

**Heads Up to Schools:  
KNOW YOUR  
CONCUSSION  
ABCs**

Assess the situation    Be alert for signs and symptoms    Contact a health care professional

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* \_\_\_\_\_

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* \_\_\_\_\_

## DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

**Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion.** For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

| OBSERVED SIGNS   | 0<br>MINUTES | 15<br>MINUTES | 30<br>MINUTES | <input type="checkbox"/><br>MINUTES<br>Just prior to<br>leaving |
|--|--------------|---------------|---------------|---|
| Appears dazed or stunned                                   |              |               |               |   |
| Is confused about events                                   |              |               |               |   |
| Repeats questions  |              |               |               |   |
| Answers questions slowly                                   |              |               |               |   |
| Can't recall events <i>prior</i> to the hit, bump, or fall |              |               |               |   |
| Can't recall events <i>after</i> the hit, bump, or fall    |              |               |               |   |
| Loses consciousness (even briefly)                         |              |               |               |   |
| Shows behavior or personality changes                      |              |               |               |   |
| Forgets class schedule or assignments                      |              |               |               |   |
| <b>PHYSICAL SYMPTOMS</b>                                   |              |               |               |   |
| Headache or "pressure" in head                             |              |               |               |   |
| Nausea or vomiting   |              |               |               |   |
| Balance problems or dizziness                              |              |               |               |   |
| Fatigue or feeling tired                                   |              |               |               |   |
| Blurry or double vision                                    |              |               |               |   |
| Sensitivity to light                                       |              |               |               |   |
| Sensitivity to noise                                       |              |               |               |   |
| Numbness or tingling                                       |              |               |               |   |
| Does not "feel right"                                      |              |               |               |   |
| <b>COGNITIVE SYMPTOMS</b>                                  |              |               |               |   |
| Difficulty thinking clearly                                |              |               |               |   |
| Difficulty concentrating                                   |              |               |               |   |
| Difficulty remembering                                     |              |               |               |   |
| Feeling more slowed down                                   |              |               |               |   |
| Feeling sluggish, hazy, foggy, or groggy                   |              |               |               |   |
| <b>EMOTIONAL SYMPTOMS</b>                                  |              |               |               |   |
| Irritable  |              |               |               |   |
| Sad  |              |               |               |   |
| More emotional than usual                                  |              |               |               |   |
| Nervous  |              |               |               |   |

To download this checklist in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



## Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## Resolution of Injury:

- \_\_ Student returned to class
- \_\_ Student sent home
- \_\_ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR COACHES

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

**Read and keep this page.  
Sign and return the signature page.**

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussion can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

Concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth, causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms such as a change in the athlete’s behavior, thinking or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

## SIGNS AND SYMPTOMS

| SIGNS OBSERVED BY COACHING STAFF  | SYMPTOMS REPORTED BY ATHLETE   |
|---|--|
| <ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness, even briefly</li> <li>• Shows mood, behavior or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul> | <ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just "not feeling right" or "feeling down"</li> </ul> |

### WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first – usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussion can result in brain swelling or permanent brain damage. It can even be fatal.

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about five to 10 minutes on an exercise bike, walking or light jogging. No weightlifting at this point.

**STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity such as sprinting/running, high-intensity stationary biking, regular weightlifting routine and/or non-contact sport-specific drills (in three planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing himself or herself too hard. The athlete

should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, helmets are not designed to prevent concussion. There is no "concussion-proof" helmet. So even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the Parent Information and Signature Form at the beginning of the season.

## ACTION PLAN

## WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

### **1. REMOVE THE ATHLETE FROM PLAY.**

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

### **2. ENSURE THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.**

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

### **3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.**

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

### **4. KEEP THE ATHLETE OUT OF PLAY.**

An athlete should be removed from play the day of the injury and until an appropriate health care provider\* says he or she is symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

\* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

### **REFERENCES**

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the 10M Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press, 2002.
3. Centers for Disease Control and Prevention. Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-27. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm)

If you think your athlete has a concussion take him/her out of play and seek the advice of a health care professional experienced in evaluating for concussion.

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR COACHES

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion and head injury.

(Adapted from CDC "Heads Up Concussion in Youth Sports")

**Sign and return this page.**

\_\_\_\_\_ I have read the *Concussion Information and Signature Form for Coaches*  
Initial

\_\_\_\_\_ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to  
Initial return to play or practice on the same day.

**After reading the Information Sheet, I am aware of the following information:**

\_\_\_\_\_ A concussion is a brain injury.  
Initial

\_\_\_\_\_ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right  
Initial away. Other signs/symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity  
Initial and referring him/her to a medical professional trained in concussion management.

\_\_\_\_\_ Student-athletes need written clearance from a health care provider\* to return to play or practice  
Initial after a concussion. \* (Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training)

\_\_\_\_\_ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received  
Initial a blow to the head or body that resulted in signs or symptoms consistent with concussion.

\_\_\_\_\_ Following concussion the brain needs time to heal. I understand that student-athletes are much  
Initial more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussion can cause serious and long-lasting problems.  
Initial

\_\_\_\_\_ I have read the signs/symptoms listed on the *Concussion Information and Signature Form for  
Initial Coaches.*

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Coach

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.  
Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it’s OK to return to play.

| SIGNS OBSERVED BY COACHING STAFF                | SYMPTOMS REPORTED BY ATHLETES              |
|---|--|
| Appears dazed or stunned                        | Headache or “pressure” in head             |
| Is confused about assignment or position        | Nausea or vomiting                         |
| Forgets an instruction                          | Balance problems or dizziness              |
| Is unsure of game, score or opponent            | Double or blurry vision                    |
| Moves clumsily                                  | Sensitivity to light                       |
| Answers questions slowly                        | Sensitivity to noise                       |
| Loses consciousness, even briefly               | Feeling sluggish, hazy, foggy or groggy    |
| Shows mood, behavior or personality changes     | Concentration or memory problems           |
| Can’t recall events <i>prior</i> to hit or fall | Confusion                                  |
| Can’t recall events <i>after</i> hit or fall    | Just not “feeling right” or “feeling down” |

\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.



## Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

| Student-Athlete initials |  | Parent/Legal Guardian initials |
|--------------------------|--|--------------------------------|
|                          | A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.   |                                |
|                          | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.  |                                |
|                          | I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.  | N/A                            |
|                          | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.  | N/A                            |
|                          | I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.   |                                |
|                          | Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.  |                                |
|                          | After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.                         |                                |
|                          | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away. |                                |
|                          | Sometimes repeat concussion can cause serious and long-lasting problems and even death.  |                                |
|                          | I have read the concussion symptoms on the Concussion Information Sheet.   |                                |

*\* Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date



# Hoja informativa para los deportistas y sus padres acerca de las conmociones cerebrales

Una conmoción es un tipo de lesión cerebral traumática que ocasiona cambios en la forma en que funciona el cerebro normalmente. Una conmoción es causada por un golpe, impacto o sacudida en la cabeza o el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Hasta un "chichoncito" o lo que pareciera ser tan solo un golpe o una sacudida leve en la cabeza pueden ser algo grave.

## ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE UNA CONMOCIÓN CEREBRAL?

Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta días o semanas después de ocurrida la lesión.

Si un deportista presenta **uno o más** de los síntomas de una conmoción cerebral indicados a continuación,

### ¿Sabía usted que...?

- La mayoría de las conmociones cerebrales ocurren sin pérdida del conocimiento.
- Los deportistas que han sufrido una conmoción cerebral en algún momento de sus vidas, tienen un mayor riesgo de sufrir otra.
- Los niños pequeños y los adolescentes tienen más probabilidad de sufrir una conmoción cerebral y de que les tome más tiempo recuperarse que los adultos.

luego de un golpe, impacto o sacudida en la cabeza o el cuerpo, no se le debe permitir continuar jugando el día de la lesión y no debe volver a jugar hasta que un profesional médico con experiencia en evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

| SIGNOS OBSERVADOS POR EL PERSONAL DE ENTRENAMIENTO          | SÍNTOMAS REPORTADOS POR LOS DEPORTISTAS                   |
|---|---|
| Parece aturdido o desorientado                              | Dolor de cabeza o "presión" en la cabeza                  |
| Está confundido en cuanto a su posición de juego            | Náuseas o vómitos   |
| Olvida las instrucciones                                    | Problemas de equilibrio o mareo                           |
| No está seguro del juego, de la puntuación o de adversarios | Visión borrosa o doble                                    |
| Se mueve con torpeza  | Sensibilidad a la luz                                     |
| Responde a las preguntas con lentitud                       | Sensibilidad al ruido                                     |
| Pierde el conocimiento (aunque sea por poco tiempo)         | Sentirse débil, desorientado, aturdido, atontado o grogui |
| Muestra cambios de ánimo, comportamiento o personalidad     | Problemas de concentración o de memoria                   |
| No puede recordar lo ocurrido antes del golpe o caída       | Confusión   |
| No puede recordar lo ocurrido después del golpe o caída     | No "sentirse bien" o "con ganas de no hacer nada"         |

## SIGNOS DE PELIGRO POR UNA CONMOCIÓN CEREBRAL

En casos poco frecuentes, en las personas que sufren una conmoción cerebral puede formarse un coágulo de sangre peligroso que podría hacer que el cerebro ejerza presión contra el cráneo. Un deportista debe recibir atención médica de inmediato si luego de sufrir un golpe, impacto o sacudida en la cabeza o el cuerpo presenta alguno de los siguientes signos de peligro:

- Una pupila está más grande que la otra
- Está mareado o no se puede despertar
- Dolor de cabeza que es persistente y además empeora
- Debilidad, entumecimiento o menor coordinación
- Náuseas o vómitos constantes
- Dificultad para hablar o pronunciar las palabras
- Convulsiones o ataques
- No puede reconocer a personas o lugares
- Se siente cada vez más confundido, inquieto o agitado
- Se comporta de manera poco usual
- Pierde el conocimiento (las pérdidas del conocimiento deben considerarse como algo serio aunque sean breves)

## ¿POR QUÉ DEBE UN DEPORTISTA NOTIFICAR A ALGUIEN SI TIENE SÍNTOMAS?

Si un deportista sufre una conmoción, su cerebro necesitará tiempo para sanar. Cuando el cerebro de un deportista se está curando, tiene una mayor probabilidad de sufrir una segunda conmoción. Las conmociones repetidas (o secundarias) pueden aumentar el tiempo que toma la recuperación. En casos poco frecuentes, repetidas conmociones

### *Recuerde*

Las conmociones cerebrales afectan a las personas de manera diferente. Si bien la mayoría de los deportistas que sufren una conmoción cerebral se recuperan en forma completa y rápida, algunos tienen síntomas que duran días o incluso semanas. Una conmoción cerebral más grave puede durar por meses o aún más.

cerebrales en los jóvenes deportistas pueden ocasionar inflamación del cerebro o daño cerebral permanente. Incluso pueden ser mortales.

## ¿QUÉ DEBE HACER SI CREE QUE SU DEPORTISTA HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

Si considera que un deportista tiene una conmoción cerebral, sáquelo del juego y busque atención médica de inmediato. No intente juzgar usted mismo la seriedad de la lesión. No permita que el deportista regrese a jugar el mismo día de la lesión y espere a que un profesional médico con experiencia en la evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

El descanso es la clave para ayudar a un deportista a recuperarse después de una conmoción cerebral. Durante el ejercicio o las actividades que requieran de mucha concentración, como estudiar, trabajar en la computadora o los juegos de video, pueden causar que los síntomas de la conmoción cerebral reaparezcan o empeoren. Después de una conmoción cerebral, volver a practicar deportes y regresar a la escuela debe ser un proceso gradual que tiene que ser controlado y observado cuidadosamente por un profesional médico.

Mejor perder un juego que toda la temporada. Para más información sobre la conmoción cerebral, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Nombre del estudiante o deportista

\_\_\_\_\_  
Firma del estudiante o deportista

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del padre o tutor legal

\_\_\_\_\_  
Firma del padre o tutor legal

\_\_\_\_\_  
Fecha