

TOURNAMENT TIME, LLC PROTOCOL FOR RESPONSE OF SCHOOLS/COMMUNITY-BASED YOUTH ATHLETIC ORGANIZATION REPRESENTATIVES IF PLAYERS EXHIBIT SIGNS, SYMPTOMS OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION

1. Coaches (employed or volunteer) and other persons in roles of authority shall remove any player that shows signs, symptoms or behaviors consistent with a concussion from the activity or competition.
2. The school/community-based youth athletic organization shall have the player examined. If the designated health care professional determines that the student has not sustained a concussion, the player may return to the activity or competition.
3. The head coach shall be responsible for obtaining clearance from the designated health care professional.
4. If the school/community-based youth athletic organization does not have access to a designated health care professional or if the school/community-based youth athletic organization's designated health care professional and suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is complete an evaluation by a licensed medical doctor and present a signed "Concussion Return to Play" (RTP) clearance.

Signs/Symptoms of Concussion

Signs (observed by coach) Symptoms (reported by athletes)

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness, even briefly
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall
- 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



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Suggested Concussion Management:

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.

1. No athlete should return to play 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 evaluated and cleared by an appropriate health-care provider - licensed medical doctor, osteopathic physician - prior to resuming participation in any practice or competition.
4. A Concussion Return to Play (RTP) form must be provided by the returning player to the tournament organization. This document should outline a step-wise protocol for return to practice or competition and should include provisions for delayed RTP based upon return of any signs or symptoms.



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TOURNAMENT TIME, LLC CONCUSSION RETURN TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation care plan on the Centers for Disease Control and Prevention website (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 youth athlete following a concussion injury. **Please initial any recommendations selected.**

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 /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 professional 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

