

TENNESSEE DEPARTMENT OF HEALTH YOUTH SPORTS CONCUSSION LAW
(Adapted from the Tennessee Secondary School Athletic Association Concussion Policy)

The following information and forms comply with the Tennessee sports concussion law.

In 2013, the Tennessee General Assembly enacted Public Chapter 148. This act, 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. Every individual involved in youth athletics must become more proactive in identifying and treating athletes who show signs of concussion or head injury. In order to address this critical issue, the National Federation of State High School Associations includes the following language in 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 youth athletes who show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete and health-care professional 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 Tennessee Department of Health (TDH) concussion law information is available online at <http://health.state.tn.us/TBI/concussion.htm>.

KEY POINTS

1. Information concerning the nature, risk and symptoms of concussion and head injury should be reviewed by all school administrators, coaches (employed or volunteer), managers, any appointed licensed health care professional, student-athletes and their parent or guardian annually. All persons involved in athletics at the school must sign a form that states this process has been completed prior to the initiation of practice and/or competition.
2. All persons involved in athletics representing the school should complete a concussion recognition and head injury safety education course program. TDH approved courses for concussion training are:
 - a. Concussion in Sports—What You Need to Know.” The course may be accessed at www.nfhslearn.com
 - b. CDC Heads Up Concussion in Youth Sports. The course may be accessed at www.cdc.gov/concussion/Headsup/training/index.html
3. The CDC signs and symptoms concussion checklist must be used when making a determination as to whether a student-athlete exhibits signs, symptoms or behaviors consistent with a concussion.

Signs & Symptoms of Concussion

Signs Observed by Coach	Symptoms Reported by Athletes
<ul style="list-style-type: none"><input type="radio"/> Appears dazed or stunned<input type="radio"/> Is confused about assignment or position<input type="radio"/> Forgets an instruction<input type="radio"/> Is unsure of game score or opponent<input type="radio"/> Moves clumsily<input type="radio"/> Answers questions slowly<input type="radio"/> Loses consciousness, even briefly<input type="radio"/> Can't recall events prior to hit or fall<input type="radio"/> Can't recall events after hit or fall	<ul style="list-style-type: none"><input type="radio"/> Headache or pressure in head<input type="radio"/> Fogginess<input type="radio"/> Difficulty concentrating<input type="radio"/> Easily confused<input type="radio"/> Slowed thought processes<input type="radio"/> Difficulty with memory<input type="radio"/> Nausea or vomiting<input type="radio"/> Lack of energy, tiredness<input type="radio"/> Dizziness, poor balance<input type="radio"/> Blurred or double vision<input type="radio"/> Sensitive to light and sounds<input type="radio"/> Mood changes-irritable, anxious or tearful<input type="radio"/> Numbness or Tingling<input type="radio"/> Does not 'feel right'

4. All documentation of the completion of a concussion recognition and head injury safety education course program and signed concussion and head injury information sheets shall be maintained by the school for a period of three years.
5. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional. Any athlete with a concussion should be medically evaluated and provide written clearance for a full or graduated return to play from an appropriate health care provider-licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training - prior to resuming participation in any practice or competition.
 - a. A Concussion Return to Play (RTP) form must be provided by the returning player to the school signed by licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training. 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. The form must be completed before a student-athlete return to participation. It is recommended by SCS Athletic Department that a copy of the form must be kept on file in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

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">• 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• Shows mood, behavior or personality changes• Can't recall events prior to hit or fall• Can't recall events after hit or fall	<ul style="list-style-type: none">• Headache or "pressure" in head• Nausea or vomiting• Balance problems or dizziness• Double or blurry vision• Sensitivity to light• Sensitivity to noise• Feeling sluggish, hazy, foggy or groggy• Concentration or memory problems• Confusion• Just "not feeling right" or "feeling down"

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 AHTLETE 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

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.

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

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 MINUTES	15 MINUTES	30 MINUTES	MINUTES Just prior to 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				
PHYSICAL SYMPTOMS				
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"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

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

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:

* For more information on concussion and to order additional materials for school professionals **FREE-OF-CHARGE**, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





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). 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 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. 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.

PROTOCOL FOR OFFICIALS DURING CONTESTS

1. Continue to monitor players for possible injury and concussions as usual.
2. Remove any player that shows signs of concussion.
3. Inform the head coach that the player is showing signs of concussion or other injury.
4. The head coach is in charge of getting clearance from proper health-care provider.
5. The “TSSAA Concussion Return to Play” form MUST be completed, 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.
6. If a player that has been removed by an official 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.
7. All TSSAA registered officials must understand and follow the above-written protocol.

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.



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). 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.