

## **SEMO Sports Medicine Concussion Management Plan**

### **Purpose:**

The Southeast Missouri State University Athletic Department recognizes that sport induced concussions pose a significant health risk for those student athletes participating in athletics. Therefore, student athletes, coaches, sports medicine personnel, athletic administrators, and other athletic personnel involved in the student athlete's health and safety should be educated and understand how to respond appropriately on the topic of concussions. The Athletic Department has implemented procedures and a protocol to assess and identify those student athletes who have suffered a concussion. The following procedures and protocol on baseline assessment, management of a concussion, and return to play criteria have been developed in accordance with NCAA Concussion Management Guidelines and National Athletic Trainers Association Concussion Management Position Statement (see references list).

### **Definition:**

A concussion is defined as a trauma induced alteration in mental status that may or may not involve loss of consciousness. Signs and symptoms of a concussion may include, but are not limited to:

#### **Physical Symptoms**

Headache  
Vision Difficulty  
Nausea  
Dizziness  
Fatigue

#### **Cognitive Symptoms**

Amnesia  
Attention Disorders  
Reasoning Difficulty  
Confusion

#### **Emotional Symptoms**

Irritability  
Sadness  
Nervousness  
Sleep Disturbances  
Balance Difficulties

### **Education:**

All NCAA student athletes, coaches, sports medicine personnel (team physicians and Athletic Trainers), athletic administrators, and other athletic personnel involved in the student athlete health and safety decision making will be provided, review, and have an opportunity to discuss educational materials (NCAA concussion fact sheet, Southeast Missouri State University Concussion Management Plan). Each will sign an acknowledgment of having read and understood the concussion material. This will be completed during the beginning of the year squad meetings.

### **Reducing Head Trauma Exposure:**

Southeast Missouri State University is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end and in accordance with NCAA association-wide policy, Southeast Missouri State Missouri will limit

student-athlete head trauma exposure in a manner consistent with Inter Association Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes (see references list). For example:

- SEMO teams will adhere to existing ethical standards in all practices and competitions.
- Using playing or protective equipment (including the helmet) as a weapon will be prohibited during all practices and competitions.
- Deliberately inflicting injury on another player will be prohibited in all practices and competitions.
- All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements.
- SEMO will keep the head out of blocking and tackling in contact/collision, helmeted practices, and competitions.

**Baseline Assessment:**

All NCAA Student Athletes will undergo a Pre-participation Baseline concussion assessment. This assessment will be conducted at Southeast Missouri State University and, at a minimum, will include assessment for the following:

- Neurological history (previous head injury, neurological disorders, mental health symptoms or disorders) is taken during PPE with team physician.
- Symptom evaluation: SWAY Concussion Management System.
- Cognitive assessment baseline: SWAY Concussion Management System.

Balance Evaluation: SWAY Concussion Management System.

Team Physician will determine clearance or if additional consultation or testing is required.

**Medical Coverage of Contact/Collision Sports:**

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be present at all NCAA varsity competitions in the following contact/collision sports sponsored by Southeast Missouri State University including Men's basketball, Women's Basketball, Football, Pole Vault, Soccer, Gymnastics, Softball, Baseball, and Volleyball.

**Present** is defined as: the individual will be on site at the competition.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be available at all NCAA varsity practices in the following contact/collision sports sponsored by Southeast Missouri State University including Men's basketball, Women's Basketball, Football, Pole Vault, Soccer, Gymnastics, Softball, Baseball, and Volleyball. **Available** is defined as: at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper, or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

### **Management of Concussion:**

When it is suspected that a NCAA Student Athlete has sustained a concussion the following procedure will be followed:

### **Concussion Evaluation**

- Remove the athlete from further competition/play until a thorough evaluation can be completed by Athletic Trainer, Team Physician, or Physician designee.
- Initial evaluation should rule out cervical spine trauma, skull fracture, intracranial bleed, and catastrophic injury.
- This assessment includes:
  - Symptom assessment (SWAY and or GSC)
  - Physical and neurological exam
  - Cognitive Assessment (SWAY)
  - Balance Exam (SWAY)
- If it is determined that the athlete has any of the following, The Emergency Action Plan will be activated:
  - Glasgow Coma Scale <13 on initial assessment
  - Glasgow Coma Scale <15 2 hours or more post initial assessment
  - Prolonged loss of consciousness
  - Focal neurological deficit suggesting intracranial trauma
  - Repetitive vomiting
  - Persistent diminished/worsening mental function or other neurological signs and symptoms
- Suspected spine injury
- Suspected skull fracture
- Upon review of assessments a determination will be made by medical staff if further evaluation is warranted.
- If a concussion is suspected, the athlete will be removed from practice/play for at least the remainder of that calendar day
- The athlete may return to play the same day only if a concussion is no longer suspected.
- Athletic Trainer will communicate the status of the athlete to the coaching staff.

### **Post-Concussion Care**

- Determine a responsible party that will remain with the athlete for observation (parent/roommate).
- Student athlete will be assessed by Team Physician in office.
- Athlete/responsible party will be given written instructions for care.

Any NCAA student-athlete with atypical presentation or persistent symptoms will be re-evaluated by a physician to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; vestibular dysfunction; cognitive impairment and autonomic dysfunction.

### **Serial Assessments**

- Athletic Trainer will perform a Graded Symptom Score test routinely to assess athlete's symptoms.
- Student Athlete will follow up and be evaluated on a weekly basis with Team Physician at clinic or in the Athletic Training Room.
- Team Physician will be notified if symptoms are not improving or worsening, and a course of action will be developed under their guidance.

### **Multi-Disciplinary Approach to Recovery**

Southeast Missouri State will provide student athletes with the following resources:

- Physical Therapy
- Chiropractic Care as indicated
- Suggested Daily adjustments
- Diet/Nutritional guidance
- Sleep education
- Screen time (phones, tablets, television etc.)
- Light physical activity

### **Return to Learn**

- Utilize a team approach to return the student athlete to classes. Team includes athletic trainer, academic coordinators, team physician, and student disability services.
- Return to learn plan will be individualized based on NCAA student athlete tolerance.
- The athletic trainer will serve as the point person and communicate with all necessary members of the team.
- The inclusion of Student Disability Services will ensure compliance with The Americans with Disabilities Act Amendments Act of 2008 guidelines.
- Athlete should not be involved in class activity on the same day that a concussion occurs.
- Athlete will be instructed to engage in cognitive or brain rest. This means minimizing cognitive stressors including schoolwork, watching television, video games, texting and reading.
- Return to academics may begin with the reduction of concussion symptoms.
- If engaging in light cognitive activity increases concussion symptoms the athlete should remain at home.

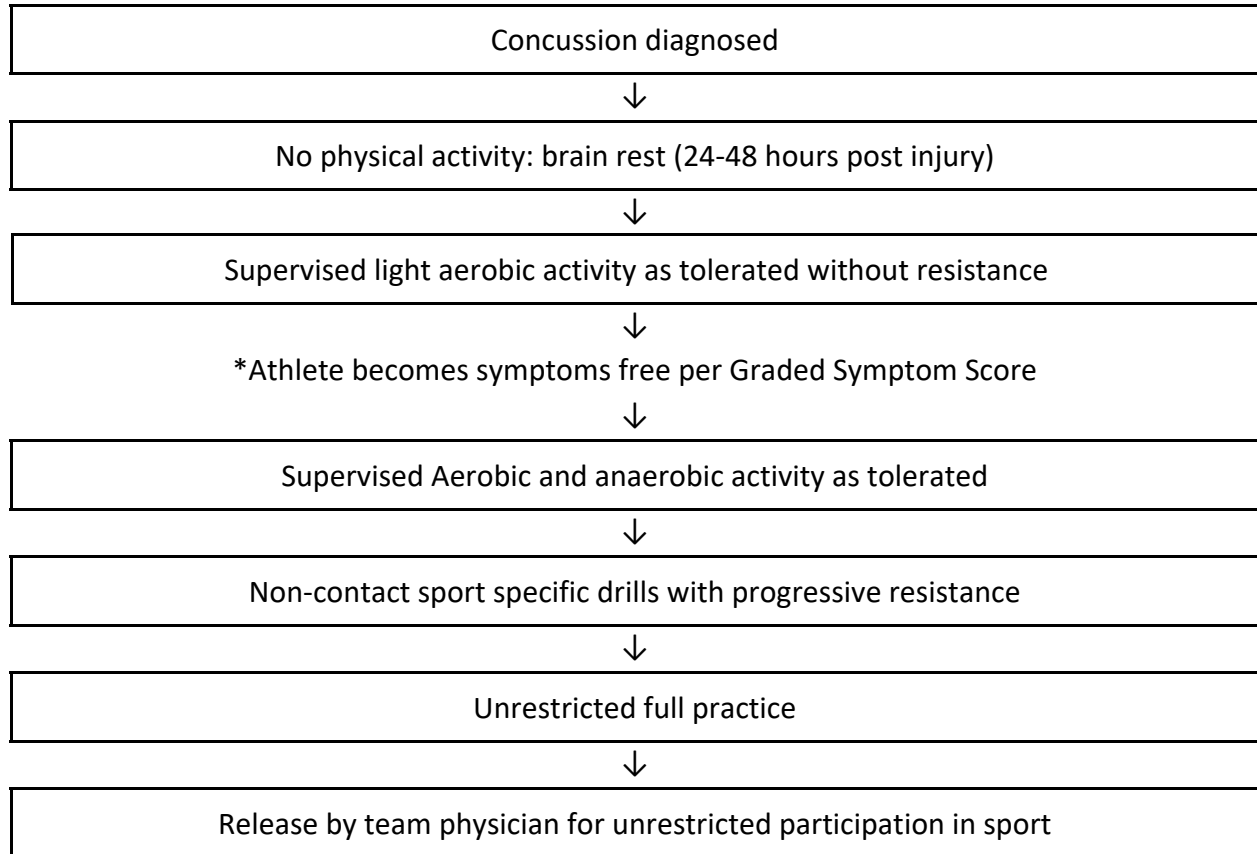
- Once athlete can tolerate light cognitive activity they can return to academics if it does not increase concussion symptoms.
- If symptoms persist for over two weeks the Athletic Trainer will act as the point person and contact disability services. Student disability services will make accommodations for the student athlete.
- Re-evaluation will be done by the team physician and members of the multidisciplinary team, as appropriate, for student-athlete with atypical presentation or persistent symptoms lasting longer than two weeks.
- Refer to team physician if concussion symptom worsens with academic challenges.

### **Return to Sport**

When a concussion is diagnosed, the athlete will be evaluated by a team physician or medically qualified physician designee with experience in the management of concussions who will outline a plan for return to play. The plan will follow these steps (one step 24-hour period) and be supervised by the above professionals to ensure a step wise progression is being followed. Should symptoms reoccur during any step in the progression, the activity will cease, and the athlete will remain on the current step until they are able to complete the step without symptoms recurring.

The final return to play decision will be made by the team physician. This decision is final and unchallengeable.

**Return to Play:**



\*Stages should be separated by at least 24 hours. However, if activity at any stage results in a return of symptoms or a decline in test performance, then the activity should be immediately halted and restarted at least 24 hours later.

**Summary:**

The Southeast Missouri State Athletic Training Department is committed to providing quality health care services for all student athletes. As such, we are very proactive in the assessment and management of concussions. To do so limits the risks of concussions associated with athletics, and the potential catastrophic and long-term complications from said concussions.

**References:**

[https://www.nata.org/sites/default/files/concussion\\_management\\_position\\_statement.pdf](https://www.nata.org/sites/default/files/concussion_management_position_statement.pdf)  
[https://ncaaorg.s3.amazonaws.com/ssi/injury\\_prev/SSI\\_PreventingCatastrophicInjuryBooklet.pdf](https://ncaaorg.s3.amazonaws.com/ssi/injury_prev/SSI_PreventingCatastrophicInjuryBooklet.pdf)  
<https://www.ncaa.org/sports/2021/2/10/sport-science-institute-concussion.aspx>  
[https://www.swaymedical.com/product/cognitive?utm\\_campaign=Sway%20Product&utm\\_source=ppc&gclid=Cj0KCQjw7KqZBhCBARIsAI-fTKlwqO38lZNIhJUHS8qyMsGwph7dVMTsmeSniTOL2C4NFYaErfMaKaEaAkgiEALw\\_wcB](https://www.swaymedical.com/product/cognitive?utm_campaign=Sway%20Product&utm_source=ppc&gclid=Cj0KCQjw7KqZBhCBARIsAI-fTKlwqO38lZNIhJUHS8qyMsGwph7dVMTsmeSniTOL2C4NFYaErfMaKaEaAkgiEALw_wcB)

