



Sports Concussion Policy

The safety of our athletes is of primary importance for administrators and coaches of Wyoming Seminary as it relates to interscholastic sports programs. However, as may occur from time to time, a student athlete may be injured during practice or play at which point decisions must be made to ensure the health and well being of the afflicted player. The main purpose of this policy is to ensure that all athletes with concussions are managed properly so as to avoid more serious injury.

Amended Pennsylvania Senate Bill 200 signed by the Governor on November 9, 2011 is known as the Safety in Youth Sports Act. This law makes certain requirements of Pennsylvania schools and the personnel who supervise the student athletes who represent these schools, as well as the medical personnel who support them when there is an injury.

Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the "impulsive" force transmitted to the head.

- Concussion typically results in the rapid onset of short-lived impairment of neurologic function that usually resolves spontaneously.
- Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury. These changes range from mild to severe and can disrupt the way the brain normally works.
- Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in a small percentage of cases, post-concussive symptoms may be prolonged.
- No abnormality on standard structural neuroimaging studies is seen in concussion.

Athletic activity refers to all of the following:

1. Interscholastic athletics
2. An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading, club-sponsored sports activities and sports activities sponsored by school-affiliated organizations.
3. Practices, interschool practices, and scrimmages for all of the activities listed above.

Appropriate medical professional is defined as:

1. A licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician. At SEM, the Certified Athletic Trainers are licensed and designated by the school doctor to manage concussions and coordinate return to play as outlined in the Standard Operating Procedures.
2. A licensed psychologist neuropsychologically trained in the evaluation and management of concussion or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions.

Any student participating in an athletic activity, and the student's parent or guardian, shall each school year review and sign off on the Concussion and Traumatic Brain Information Sheet as part of the enrollment process. This sheet is located on the student's MAGNUS health record.

GUIDELINES

Removal from play: Authority is granted to game officials, the coach, athletic trainer, licensed physician, or other individuals designated by the school, to determine that a student athlete exhibits signs or symptoms of a concussion or traumatic brain injury. Once the student athlete has exhibited signs or symptoms of a concussion/traumatic brain injury, or is suspected of being injured, he/she must be removed from participation. The student need not have verbally reported the injury to the coach.

- Any athlete who is removed from athletic activity, or is suspected of sustaining a concussion, shall be referred to an appropriate medical professional to be evaluated. The coach is responsible for reporting the injury to the athletic training or health services department. If the coach is off site and is solely responsible for the athlete, they must also contact the parent/guardian of the student athlete and alert them to the injury and referral to the primary care physician or emergency room.

- The student athlete must be evaluated and cleared for return to participation in writing by an **appropriate medical professional**.

Return to Play/Activity: No athlete with a suspected or confirmed concussion shall return to play and participate in athletic activity until seen and cleared in writing by an appropriate medical professional. Medical clearance is coordinated by the Athletic Training Department.

- When diagnosed with a concussion, the athlete's symptoms will be monitored by a Certified Athletic Trainer until they are symptom free with no academic limitations. At that time, appropriate written medical clearance will initiate a graduated individualized return-to-play protocol supervised by a Certified Athletic Trainer or Licensed Physical Therapist, school/team physician. Reference: Consensus Statement on Concussion in Sports, 3rd International Conference on Concussion in Sports held in Zurich, November 2008. *Clinical Journal of Sports Medicine*, Volume 19, No. 3 May 2009, pp. 185-200

Wyoming Seminary's graduated return to play/activity:

1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:
2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum predicted heart rate: no resistance training. The objective of this step is increased heart rate. If no return of symptoms, next day advance to:
3. Sport-specific drills; no head impact activities. The objective of this step is to add movement and evaluate balance and coordination while continuing to increase heart rate. If no return of symptoms, next day advance to:
4. Monitored exertion test followed by non-contact training drills (e.g., passing drills). The student athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
5. Participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:

6. Return to play involving normal exertion or game activity.

- If concussion symptoms recur during the graduated return-to-play protocol, the student athlete will return, at a minimum, to the previous level of activity that caused no symptoms, and the attending physician should be notified.

Required annual training course: Once each school year, every coach shall complete the concussion management certification-training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Pennsylvania Department of Health. A coach shall not coach an athletic activity until the coach completes the training course required under this subsection. The printed certification of completion shall be presented to and kept on file by the athletic director.

- **Violations of Policy penalties:** Any coach in violation of the "Removal from play" or "Return to play" provisions of this policy shall be subject to the following penalties: (1) first violation, suspension from coaching any athletic activity for the remainder of that season; (2) for a second violation, suspension from coaching any athletic activity for the remainder of that season and for the next season; (3) for a third violation, permanent suspension from coaching any athletic activity.

This policy is a dynamic document, which will be altered or amended as new clinical research becomes available.

