



# VSA CONCUSSION POLICY

## What is a Concussion?

A concussion is a traumatic brain injury that alters the normal brain functions. A concussion is a complex pathophysiological event to the brain that is caused by trauma which may or may not involve a loss of consciousness (LOC). Concussions may result in an array of physical, cognitive, emotional, and sleep-related symptoms. Effects are usually temporary but can last from several minutes to days, weeks, months or longer.<sup>1, 2</sup>

## Concussion Education

Virginia Soccer Association is dedicated to educating its members on how to recognize signs and symptoms of concussions along with the protocol in dealing with this injury. VSA will provide at least one concussion seminar a year for its members which they may attend to learn more about concussions. We will continue to provide members with up to date information about concussion protocol, signs and symptoms, and recovery via the VSA website. All staff coaches must attend concussion training once per calendar year and have record of completion maintained in employment folder. All recreational coaches will be provided with concussion education at the start of each season.

## Athlete and Coach Requirements

- All athletes MUST immediately report a concussion to the coach, even if the concussion occurs at a non-VSA event. All protocols, including return to play, are to be followed. Failure to report a concussion and/or failure to follow the concussion policy outlined will result in immediate disciplinary action.
- All VSA coaches (staff and volunteer) must report a suspected or reported concussion using the VSA player injury report procedure. Coaches must follow the protocols outlined in this policy. Failure to follow the policy will result in severe disciplinary action.

## VSA Player Injury Report Procedure

1. The coach reports the concussion to their director  
Rec/SFL reports to Director of Recreation  
Travel reports to Technical Director
2. The director documents the concussion by entering all pertinent information in the Concussion Reporting Spreadsheet (CRS)
3. The player and coach follow the return to play protocol
4. The coach submits the ACE care plan to the director where it is reviewed
5. Once the ACE care plan form is accepted, the player's concussion status is updated in the CRS
6. The director informs the coach and player that the player can return to play
7. All documents pertaining to the player's concussion are filed at VSA headquarters

## VSA CONCUSSION PROTOCOL

1. Did a concussion occur?
  - Evaluate player for signs and symptoms listed in Attachment 1
2. Is emergency treatment required?
  - One pupil larger than the other
  - Drowsiness or cannot be awakened
  - An all over 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
  - Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**IF ANY OF ABOVE SYMPTOMS IS PRESENT, PLAYER NEEDS TO BE SEEN BY A DOCTOR IMMEDIATELY. CALL 911 FOR TRANSPORT.**

3. A possible concussion (one or more symptoms from list on attachment 1) but no emergency treatment required:
  - Player may not re-enter competition, training, or partake in any VSA activities for at least 24 hours even if symptoms have subsided.
  - Continue monitoring symptoms every 15 minutes for duration of VSA event and have parent/guardian monitor for next 24 hours
  - Player **MUST** be evaluated by a licensed healthcare provider and given written clearance using the **Acute Concussion Evaluation (ACE) Care Plan** (Attachment 2) before returning to play. Licensed healthcare providers include a primary care physician M.D. (preferably a neurologist), D.O., Neuropsychologist Ph.D., or an N.P. Players may NOT be cleared by an emergency department physician, urgent care physician, chiropractor, or physical therapist.

## RETURN TO PLAY PROTOCOL AFTER SUSTAINING A CONCUSSION

**A player may not return to play without providing the coach with an appropriately signed and completed ACE Care Plan form (Attachment 2).**

The *Return to Play* protocol is a five-day progressive program that ensures the athlete can begin physical activity and return to full participation without the reoccurrence of symptoms. If the athlete experiences any symptoms during the *Return to Play* process, the athlete will start the five days over and see their personal health care provider if necessary.

**Return to Play Protocol once released by appropriate health care provider:**

### Rehabilitation Stages

Stage 1 - No activity



- Complete physical and cognitive rest
- Objective is Recovery
- Stage 2 – Light aerobic exercise
  - Walking or stationary cycling. No resistance training.
  - Objective is Increase HR
- Stage 3 - Sport-specific exercise
  - Running drills, ball handling drills, no head impact activities
  - Objective is add movement
- Stage 4 - Non-contact training drills
  - Progression to more complex training drills.
  - May start progressive resistance training.
  - Objective is exercise and coordination
- Stage 5 - Full contact practice
  - Following medical clearance; participate in normal training activities
  - Objective is to restore confidence, assessment of functional skills
- Stage 6 - Return to normal game play

Each step must take at least 1 day before moving on to the next step. If at any time the athlete has reoccurring symptoms, (s)he is to cease all training and be evaluated by his/her physician.

## **VSA MEMBER EDUCATION**

- **Travel Coaches**
  - Will be sent Concussion Policy and will sign a statement acknowledging receipt.
  - Will complete the Heads Up Quiz and will verify completion by printing a copy of the Certificate and sending it to the Head of Operations of VSA
- **Coaches/Parents/ Players**
  - Education on concussion management and injury prevention will be offered to VSA coaches, parents and players by Novant Health (NHUVAHS).
- **Rec/SFL Coaches**
  - Will be sent Concussion Policy and will sign a statement acknowledging receipt.
- **Parents**
  - Will be sent Concussion Policy and will sign a statement acknowledging receipt.
- **All Members**
  - Will be sent the link to the HEADS UP to Youth Sports URL

### **Concussion Baseline ImPACT Testing**

- **All VSA Players**
  - Concussion Baseline ImPACT tests are available at NHUVAHS Bull Run Manassas and Bristow clinic locations (Appointments necessary).

**\*All statements of acknowledgements from coaches, parents and members, and all concussion course certificates will be kept for no less than 7 years.**

# Attachment 1- How to Recognize a Concussion

## Concussion Signs and Symptoms<sup>2</sup>

### Observed

- Appears dazed or stunned
- Is confused about events
- Repeats questions
- Answers questions slowly
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgetful

### Physical

- Headache or "pressure" in head (not just localized pain)
- Nausea/vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light
- Sensitivity to noise/ringing in ears
- 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

<sup>1</sup> Mayo Clinic

<sup>2</sup> Center for Disease Control: Heads Up

**Attachment 2**



# ACUTE CONCUSSION EVALUATION (ACE)

## CARE PLAN

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<sup>1</sup>Children's National Medical Center  
<sup>2</sup>University of Pittsburgh Medical Center

Patient Name: _____
DOB: _____ Age: _____
Date: _____ ID/MR# _____
Date of Injury: _____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).				___ No reported symptoms
Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following			
Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

### Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
  - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
  - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

### Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
  - Increased problems paying attention or concentrating
  - Increased problems remembering or learning new information
  - Longer time needed to complete tasks or assignments
  - Greater irritability, less able to cope with stress
  - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

-Continued on back page-

SCHOOL VERSION



### Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

- No return to school. Return on (date) \_\_\_\_\_
- Return to school with following supports. Review on (date) \_\_\_\_\_
- Shortened day. Recommend \_\_\_ hours per day until (date) \_\_\_\_\_
- Shortened classes (i.e., rest breaks during classes). Maximum class length: \_\_\_\_\_ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by \_\_\_\_\_%. Maximum length of nightly homework: \_\_\_\_\_ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

### Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

#### The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual** return to sports practices under the supervision of an appropriate health care provider.
  - Return to play should occur in gradual steps beginning with 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 of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, stop these activities and let your health care professional know. Once you have not experienced symptoms for a minimum of 24 hours and you receive permission from your health care professional, you should start again at the previous step of the return to play plan.

### Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e., ). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/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).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

\*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

#### **This referral plan is based on today's evaluation:**

- Return to this office. Date/Time \_\_\_\_\_
- Refer to: Neurosurgery \_\_\_ Neurology \_\_\_ Sports Medicine \_\_\_ Physiatrist \_\_\_ Psychiatrist \_\_\_ Other \_\_\_
- Refer for neuropsychological testing
- Other \_\_\_\_\_

ACE Care Plan Completed by: \_\_\_\_\_ MD RN NP PhD ATC