

Friends Academy Concussion Management and Return To Play Policy

On July 1st, 2012 NYS enacted a law titled “The Concussion Management Awareness Act.” This act outlines rules and regulations related to students who sustain a concussion, also known as a mild traumatic brain injury (MTBI), at any school sponsored related event or activity.

The long term risks and consequences of repeated head injuries and the guidelines established by the State have led to the formation of our return-to-play protocol following concussions. With the formation of our policy, the family physician’s clearance is one part of several measures we use for a student’s readiness to return. These protocols were developed in conjunction with our school’s athletic trainer, school nurse, school physician and the NYSPHSAA return to play protocol. These protocols are based upon the newest international recommendations for management of head injuries and represent “best practice” by the New York State Public High School Athletic Association and locally by Section VIII Athletics.

As of August 2012, Friends Academy has initiated the ImPACT Testing for an athlete which establishes a baseline to aid in managing suspected head injuries. If an athlete receives a head injury, they will be required to take a post-injury test. Both the baseline test and the post-injury test data can be given to either a family doctor and/or the school’s chief medical officer to help evaluate the injury.

If a student receives any type of head injury during an athletic practice or contest they will not be allowed to resume the activity that day. Accordingly, when a student sustains a head injury diagnosed as a concussion, he/she must be medically cleared by a private physician and remain completely symptom-free for at least 24 hours before a return-to-play is allowed. Thereafter, there is a **mandatory six day graduated return-to-play schedule** that must be followed. If any post concussion symptoms return, the student should drop back to the previous level of activity, then re-attempt the new activity after another 24 hours have passed. A more gradual progression may be considered based on individual circumstances and a private medical provider’s or other specialist’s orders and recommendations.

No day may be skipped to speed up the process of full return-to-play. No exceptions will be made to this re-entry process for any reason due to the risk for re-injury.

This protocol applies to mild concussions which are the first for an athlete. More serious concussions, for example, if there is any loss of consciousness, and subsequent concussions carry more risk and require a longer process. In these cases, the protocol will be individualized and determined by the athletic trainer, private physician and school physician working together. The school physician has the final authority to clear students to participate in or return to athletics and physical education classes.

All final decisions about clearance for school athletics will be determined by the school physician.

Adherence to this protocol helps ensure the health and safety of the student-athlete and their safe return to play and competition. Assistance and cooperation in educating the child in the importance of following a graduated re-entry to play following a head injury is important in this process.

Protocol: Day 1 begins after 24 hour symptom free period and private medical release.

Phase 1- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 2- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3- Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5- Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 6- Return to full activities without restrictions with approval of the school physician.

Medical Clearance for Return-To-Play Following Head Trauma

1. Name of Student: _____
2. Date of concussion (head trauma): _____
3. Loss of consciousness: Yes No
4. Date of private physician clearance: _____

Return to play staging begins after the private physician's clearance. Approximately 24 hours for each stage is required. The athlete will return to the previous stage if symptoms develop.

Stage	Asymptomatic (no signs or symptoms of a concussion) (date and initials of examiner)
Phase 1- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike.	P F Date:____ P F Date:____ P F Date:____ Reason for failure: Initials 1.____ 2.____ 3.____
Phase 2- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope.	P F Date:____ P F Date:____ P F Date:____ Reason for failure: Initials 1.____ 2.____ 3.____
Phase 3- Sport specific non-contact activity. Low resistance weight training with a spotter.	P F Date:____ P F Date:____ P F Date:____ Reason for failure: Initials 1.____ 2.____ 3.____
Phase 4- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.	P F Date:____ P F Date:____ P F Date:____ Reason for failure: Initials 1.____ 2.____ 3.____
Phase 5- Full contact training drills and intense aerobic activity.	P F Date:____ P F Date:____ P F Date:____ Reason for failure: Initials 1.____ 2.____ 3.____
Phase 6- Return to full activities without restrictions with approval of the school physician.	School physician signature and date: