Eastern Illinois University Concussion Management Protocol

Introduction

Eastern Illinois 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 legislation, Eastern Illinois University has adopted the following Concussion Safety Protocol for all NCAA student-athletes. This protocol identifies expectations for institutional concussion management practices as they relate to (1) the definition of sport-related concussion*; (2) independent medical care*; (3) preseason education; (4) pre-participation assessment; (5) recognition and diagnosis; (6) initial suspected concussion evaluation; (7) post-concussion management; (8) return-to-learn; (9) return-to-sport; (10) limiting exposure to head trauma; and (11) written certificate of compliance signed by the athletics health care administrator.

1. Definition of Sport-Related Concussion*

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

- The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

Every concussion is different. Each individual's brain is different. The impact location and force of hit is variable, and the part of the brain affected is different. Therefore, each concussion should be considered unique and it will resolve in its own way.

The term "ding" or referring to an athlete as getting their "bell rung" should not be used to describe a sport related concussion. This implies a diminished seriousness of the injury. If an athlete shows concussion-like signs and reports symptoms after a contact to the head or some other part of the body that results in a whiplash-like effect, the athlete has sustained a concussion and will be treated accordingly.

Resources: Concussion Fact Sheet for Coaches and Athletes:

- Student Athletes: http://fs.ncaa.org/Docs/health_safety/ConFactSheetsa.pdf
- Coaches: http://fs.ncaa.org/Docs/health_safety/ConFactSheetcoaches.pdf

2. Independent Medical Care*

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

3. Preseason Education

All NCAA student-athletes, coaches, team physicians, athletic trainers, directors of athletics, and other athletic personnel involved in NCAA student-athlete health and safety decision-making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis and prior to participation, that they have been provided, reviewed and understood the concussion education material. Student-athletes must sign the Student-Athlete Concussion Acknowledgement (see Appendix VI). This Acknowledgement details the student-athlete's responsibility in reporting all injuries and illness, including concussions, to the Eastern Illinois University Sports Medicine Staff. This Acknowledgement includes educational information on concussions, prevention tactics, and proper care. Coaches, team physicians, athletic trainers, directors of athletics, and other athletic personnel involved in NCAA student-athlete health and safety decision-making must sign the Concussion Management Protocol Awareness Waiver (see Appendix V) detailing their responsibility in noticing potential concussive-type symptoms and reporting them. This Acknowledgement details that each coach and administrator has a role in the health and well-being of student-athletes.

Prevention and Preparation

- Educate student-athletes, coaching staff, and athletic administrators about concussions.

Explain the concerns surrounding concussions and the expectations of safe play to student- athletes, athletic staff and assistant coaches. Our goal is to create an environment that supports reporting, access to proper evaluations and conservative return-to-play according to our protocol below.

- Team Physician determines pre-participation clearance and if there is a need for additional consultation or testing.
- Insist safety comes first.
- Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
- Encourage the practice of good sportsmanship at all times.
- Encourage student-athletes to immediately report symptoms of concussion pertaining to themselves or other teammates
- Prevent long-term problems. A repeat concussion that occurs before that brain recovers from the previous one (hours, days, or weeks) can slow down recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

4. Pre-Participation Assessment / Baseline Testing

Before participating in any athletic activities (i.e. weight training, conditioning, practice, competition), all *new* NCAA student-athletes will undergo a pre-participation baseline concussion assessment. This pre-participation assessment will be conducted by Eastern Illinois University and, at a minimum, will include assessment for the following:

- History of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders.
- Symptom evaluation (symptom score sheet)
- Cognitive assessment (ImPACT Baseline test)
- Balance evaluation (BESS baseline test)

All *returning* student-athletes will undergo annual cognitive assessment with an ImPACT Baseline test.

SYMPTOM SCALE (Circle Appropriate Number for Each Symptom)

Student-Athlete's Name (last, first, middle)							Today's Date	
SYMPTOM	NONE	MILD		MODERATE		SEVERE		
HEADACHE	0	1	2	3	4	5	6	
NAUSEA	0	1	2	3	4	5	6	
VOMITING	0	1	2	3	4	5	6	
DIZZINESS	0	1	2	3	4	5	6	
POOR BALANCE	0	1	2	3	4	5	6	
SENSITIVITY TO NOISE	0	1	2	3	4	5	6	
RINGING IN THE EARS	0	1	2	3	4	5	6	
SENSITIVITY TO LIGHT	0	1	2	3	4	5	6	
BLURRED VISION	0	1	2	3	4	5	6	
POOR CONCENTRATION	0	1	2	3	4	5	6	
MEMORY PROBLEMS	0	1	2	3	4	5	6	
TROUBLE SLEEPING	0	1	2	3	4	5	6	
DROWSINESS/SLEEPY	0	1	2	3	4	5	6	
FATIGUE	0	1	2	3	4	5	6	
SADNESS/DEPRESSION	0	1	2	3	4	5	6	
IRRITABILITY	0	1	2	3	4	5	6	
NECK PAIN	0	1	2	3	4	5	6	

Athletic Trainer / Team Physician / Examiner

The team physician will determine pre-participation clearance and any need for additional consultation or testing and will consider for a new baseline concussion assessment at six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history.

5. Recognition and Diagnosis of Concussion

Response to Signs and Symptoms of a Concussion

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be **present** at all NCAA competitions in the following contact/collision sports: basketball, football, pole vault, and soccer.

> **NOTE:** To be present means to be on site at the campus or arena of the competition.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be **available** at all NCAA practices in the following contact/collision sports: basketball, football, pole vault, and soccer.

> **NOTE:** To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means and that the case can be discussed through

such communication, and immediate arrangements can be made for the athlete to be evaluated.

Any NCAA student-athlete that exhibits signs, symptoms or behaviors consistent with concussion:

- Must be removed from practice or competition for evaluation.
- Must be evaluated by an athletic trainer or team physician (or physician designee) with concussion experience.
- Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
- May only return to play the same day if the athletic trainer, team physician or physician designee determines that concussion is no longer suspected.

6. Initial Suspected Concussion Evaluation

Recognition of Signs and Symptoms of a Concussion[2]
If any one of the following symptoms or problems is present, a head injury should be suspected and appropriate management instituted:

1) Cognitive Features
   a) Unaware of period, opposition, score of game
   b) Confusion
   c) Amnesia
   d) Loss of consciousness
   e) Unaware of time, date, place

2) Typical Symptoms
   a) Headache
   b) Dizziness
   c) Nausea
   d) Unsteadiness/loss of balance
   e) Feeling "out of it," stunned, dazed, or "foggy"
   f) "Having my bell rung"
   g) Seeing stars or flashing lights
   h) Double vision

   Other symptoms such as sleepiness, sleep disturbance, and a subjective feeling of slowness and fatigue in the seeing of an impact may indicate that a concussion has occurred or not completely resolved.

3) Physical Signs
   a) Loss of consciousness/impaired conscious state
   b) Poor coordination or balance
   c) Concussive convulsion/impact seizure
   d) Gait unsteadiness/loss of balance
   e) Slow to answer questions or follow directions
   f) Easily distracted, poor concentration

g) Displaying inappropriate emotions (e.g. laughing or crying)
h) Nausea/vomiting
i) Vacant stare/glassy eyed
j) Slurred speech
k) Emotional symptoms of irritability, sadness, nervousness, or feeling more emotional
l) Inappropriate play behavior (e.g. running in the wrong direction)
m) Significantly decreased playing ability

4) Cranial Nerve Assessment[5]
   a) Olfactory – Assess sense of smell
   b) Optic - Visual fields, pupillary reflex
   c) Oculomotor, Trochlear, Abducens –Nystagmus, PERRLA, visual tracking (H test
   d) Trigeminal – Facial sensation, jaw clench
   e) Facial – Smile/Grimace
   f) If the athlete has significant deficiencies in any of the above cranial nerves, a possible intercranial hematoma is to be suspected, the athlete's pulse and blood pressure is to be assessed, and transportation to the local emergency room is to be advised by the certified athletic trainer.
   g) Clinical assessment for cervical spine trauma, skull fracture and intracranial bleed.
   h) Assess and Calculate Glascow Coma Scale as defined (Appendix I) Upper Quarter Dermatome/Myotome Assessment
   i) Cognitive Functioning
      (1) 3 Word Recall
      (2) Serial 7s
      (3) Months in Reverse Order
      (4) Serial Testing
   j) Balance exam
      1) Symptom Assessment
   k) Serial testing will be ongoing to assess any deterioration of long term and short-term memory.
   l) Athlete is to undergo an initial evaluation on the side line and to undergo subsequent reevaluation every 5 minutes post-injury or until symptoms resolve

Response to Signs and Symptoms of a Concussion
If an NCAA student-athlete is suspected of the aforementioned signs and symptoms of a concussion/head injury, the athlete must exit play and will be evaluated on the sideline and/or in the locker room by the Eastern Illinois University Sports Medicine staff immediately and before return to play. If symptoms dictate, the athlete may be moved to the locker room to avoid bright lights, loud noise, or other distractions causing acute symptoms to worsen.

The initial concussion evaluation will be conducted by the ATC and include a brief history including current symptom assessment:

- Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed and catastrophic injury.
- Symptom assessment (Glasgow Coma Scale, Post-Concussion Symptom Scale)
- Physical and neurological exam along with BESS Testing

- Cognitive assessment (Serial 7's or SAC Test)
- Balance exam (BESS Test)

The certified athletic trainer will consult with a team physician in determining immediate referral to a physician. Should the team physician not be present, the certified athletic trainer will notify the team physician as soon as possible to develop an evaluation and treatment plan. Any student-athlete diagnosed with a concussion **shall not return** to activity for the remainder of that calendar day. Medical clearance will be determined by the team physician or combination of team physician and certified athletic trainers involved with management of the concussion. Once evaluated by the Eastern Illinois University Sports Medicine staff, the student-athlete will follow the Eastern Illinois University Standard of Care for Concussed Student-Athlete for return to activity.

A "Post-Concussion Symptoms Scale" (Appendix II) and a **written progress note** should be completed by the student-athlete within the first 24 hours following the initial onset of the concussion to document the initial level of symptoms.

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, the student-athlete will be monitored for deterioration while in the presence of an EIU health care professional (e.g. ATC or team physician). For all cases of diagnosed concussion, upon discharge, the student-athlete and another adult responsible for the student-athlete will be provided with written and oral documentation and instructions regarding post-concussion plan of care **(Appendix III).**

Any NCAA student-athlete with atypical presentation or persistent symptoms will be re-evaluated by a physician in order 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.

1. Post-Concussion Management

Emergency Action Plan[6]

1. Eastern Illinois University Sports Medicine personnel will execute the Eastern Illinois University Sports Medicine *Emergency Action Plan* for further medical care and/or transportation as deemed necessary. This may include injury to the neck and/or spine, head trauma, and/or severe concussion signs and/or symptoms.

   The following items may be used to immediately assess the status of the student-athlete as it pertains to transportation to a medical facility and/or initiating the *Emergency Action Plan*:

   1. A Glasgow Coma Scale that diminishes below 13 on initial assessment.
   2. Prolonged loss of consciousness as it relates to the concussion.
   3. Focal neurological deficit suggesting intracranial trauma.

4. Repetitive/uncontrolled vomiting (emesis).
5. Persistently diminished/worsening mental status and/or other neurological signs/symptoms.
6. Spine injury.

Introduction [6]

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes experiencing emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involved formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participant, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

Components of the Emergency Action Plan[6]

There are three basic components of this plan:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment

Emergency Plan Personnel[6]

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including managers; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members on the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, strength coaches and coaches are good choices for this role. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role within the emergency team should be performed. That consists of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, strength coach, or coach may be appropriate for this role.

Roles within the Emergency Team[6]

- Immediate care of the athlete
- Emergency equipment retrieval
- Activation of the Emergency Medical System
- Direction of EMS to scene
- Call Athletic Training Room to alert Team Physician of situation

Activating the EMS System[6]

Making the Call:

- 911 (if available)
- Telephone numbers for local police, fire department, and ambulance service Providing Information:
- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene
- Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communcation[6]

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment[6]

All necessary emergency equipment should be at the site and be quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Transportation [6]

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or OVC/NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance.

In the event that the ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

2. Return-to-Learn

Returning to academic activities after a concussion is a parallel concept to returning to sport after concussion. Cognitive activities require brain energy utilization and after concussion, brain energy may not be available to perform normal cognitive exertion and function.

If a student-athlete is suspected of a concussion, the following steps will be put into action for the student-athlete to return to normal classroom activities:

1. The student-athlete will be evaluated by a member of the Eastern Illinois University Sports Medicine Department (certified athletic trainer or physician).

2. If determined that the student-athlete has a concussion, the student-athlete will be held out of all classroom activity on the calendar day that the concussion occurred.

3. Cynthia Almon, Director for Athletic Academic Services, will serve as the point person to navigate the individualized return-to-learn protocol.

4. The student-athlete's academic advisors will be notified of the student-athlete's injury with the Academic Concussion Awareness Letter. This letter will be passed along to the student-athlete's instructors and professors.
   *For more complex cases, a multidisciplinary team may include, among others: Student Health Services, neuropsychologist consultant, Faculty Athletics Representative, college administrators, Office of Disability Services, and coaches.

5. Each individual case will include a plan that instructs the student-athlete to remain at home/dorm if the student-athlete cannot tolerate light cognitive activity and gradually return to the classroom and/or studying as tolerated.

6. A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with modification of schedule/academic accommodations, as indicated, with help from the identified point-person. Campus resources will be engaged for cases that

cannot be managed through schedule modification/academic accommodations. Campus resources will be consistent with the ADAAA and will include one of the following:

- Learning specialists.
- Office of Disability Services.
- ADAAA Office.

7. If the concussion symptoms worsen with academic challenges or symptoms persist for more than two weeks, then the student-athlete will be re-evaluated by a team physician.

8. The student-athlete will be re-evaluated once full academic participation has occurred to compare to baseline testing.

This protocol complies with the ADAAA and the full return-to-learn process will be documented until the student-athlete is fully participating in academic activities.

9. *Return-to-Sport*

Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. The first step in any recovery is rest. It has been well recognized that post-concussive symptoms are aggravated by exertion, both physical and cognitive.[1] Final determination of unrestricted return-to-sport will be made by an Eastern Illinois University team physician or his/her medically qualified designee following implementation of an individualized, supervised stepwise return-to-sport progression that includes:

1. Symptom-limited activity.
2. Light aerobic exercise such as walking on a treadmill or stationary cycling for up to 20 minutes (no resistance training).
3. Sport-specific exercise and activity without head impact (e.g. throwing in baseball, running in soccer).
4. Non-contact training drills (may add resistance training progressing from light to heavier weights at steps 2 or 3).
5. Unrestricted training.
6. Unrestricted return-to-sport.

The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours.

NOTE: If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician or physician designee will be notified, and adjustments will be made to the return-to-sport progression.*

The student-athlete will complete the "Post-Concussion Symptom Scale" before and after completing the activity of each step. The student-athlete should progress to the next step only if completely asymptomatic at the current step. Each step should take a minimum of 1 day; symptoms may recur later in the day. If any symptoms are experienced, the athlete should drop back to the previous asymptomatic level and try to progress again after 24 hours.[1]

Dependent on the particular diagnosis of any concussion suffered, the team physician will determine the amount of time an athlete must sit out before being allowed to return of any type of exertional activity, if different from the procedures as described above (a student- athlete suffering Post-Concussion syndrome). In the event that there is more than one concussion suffered by a particular student- athlete, the team physician will determine the amount of time the athlete will be withheld from both exertional activities and class participation. Return to play is not always guaranteed.

10. Limiting Exposure to Head Trauma

Eastern Illinois 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, Eastern Illinois University will limit student-athlete head trauma exposure in a manner consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes. For example:

- Eastern Illinois University 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.
- Eastern Illinois University will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.

Appendix I

GLASGOW COMA SCALE

MINIMUM=3/15 **MAXIMUM=15/15** **INTUBATION <8/15**

Table 1: THE GLASGOW COMA SCALE AND SCORE

Feature	**Scale** Responses	**Score** Notation
Eye opening	Spontaneous	4
	To speech	3
	To pain	2
	None	1
Verbal response	Orientated	5
	Confused conversation	4
	Words (inappropriate)	3
	Sounds (incomprehensible)	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion – Normal	4
	– Abnormal	3
	Extend	2
	None	1
TOTAL COMA 'SCORE'		**3/15 – 15/15**

Appendix II

Athlete's Name: _____

Sport: _____

Concussion Date: _____

Post – Concussion Symptom Scale

This is a list of symptoms that are commonly reported by individuals who have sustained a concussion. On the chart below, please indicate the extent that you have each of these symptoms today. If you do not have the symptom your score would be 0, if the symptom is severe your score would be 6.

Symptom Rating

None **Mild** **Moderate** **Severe**

0 1 2 3 4 5 6

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Symptoms										
Headache										
Nausea										
Vomiting										
Balance Problems										
Dizziness										
Fatigue										
Trouble Falling Asleep										
Sleeping More than Usual										
Sleeping Less Than Usual										
Drowsiness										
Sensitivity To Light										
Sensitivity to Noise										
Irritability										
Sadness										
Nervousness										
Feeling More Emotional										
Numbness or Tingling										
Feeling Slowed Down										
Feeling Mentally "Foggy"										
Difficulty Concentrating										
Difficulty Remembering										
Visual Problems										
Other:										
Total Symptoms Score										

Appendix III

Athletic Training At-Home: Concussion Do's and Don'ts

Some symptoms of a concussion may not be present until hours after the initial injury or the existing symptoms can worsen. If any of the symptoms listed below occur please contact the ATC or contact the local emergency department.

Symptoms:

Persistent or repeated vomiting

Convulsions/ seizures

Difficulty speaking or slurred speech

Difficulty walking

Difficulty seeing or one pupil is larger than the other

Restless, Irritability, or drastic changes in emotional control

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If the above symptoms do not occur, follow the instructions below:

DO NOT:

- Drink alcohol
- Eat spicy foods
- Take Ibuprofen (Advil or Motrin)

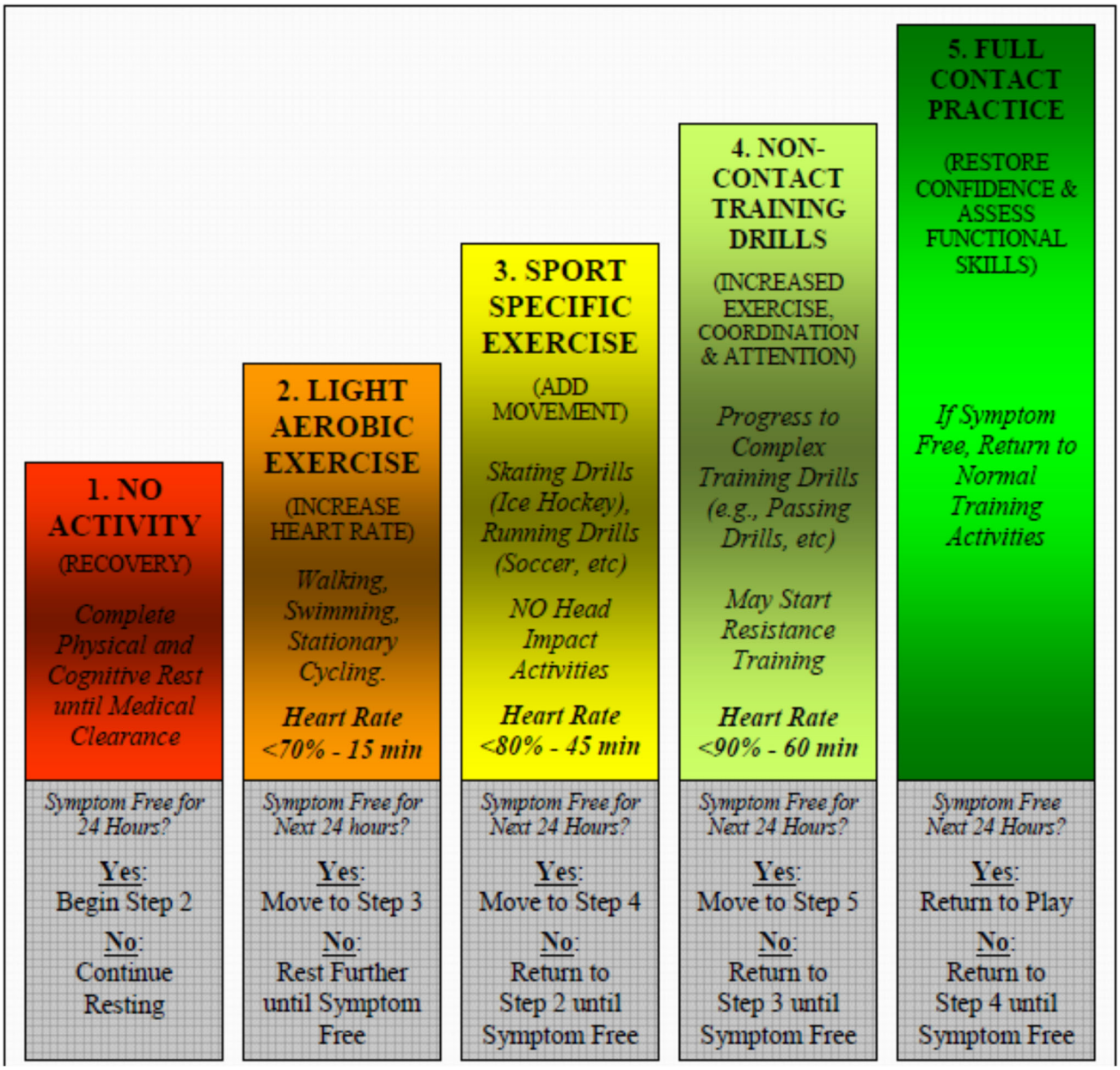
There is no need to:

- Check eyes with a flashlight
- Test reflexes
- Wake them up every hour

It is ok to:

- Use acetaminophen (Tylenol) for headaches as needed
- Use ice pack on head and neck as needed for comfort
- Stay in bed
- Eat a light diet
- Return to classes
- Go to sleep
- Rest (no strenuous activity or sport)

Appendix IV



6. Return to Play:

- Return to normal activity

Appendix V

Concussion Management Protocol Awareness Waiver

I,_____, acknowledge that I am an active participant in the health and well-being of Eastern Illinois University student-athletes. As such, I have a direct responsibility for reporting any injuries, illnesses, and potential concussive-type symptoms to the Eastern Illinois University Sports Medicine staff (e.g., team physician or athletic training staff). I have been provided with educational materials on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to the sports medicine staff.

By signing below, I acknowledge that I have received Eastern Illinois University's Concussion Management Protocol. I have been given the opportunity to ask questions about areas and issues that are not clear to me.

_____ _____

Signature of Athletic Coach/Administrator Date

Appendix VI

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I tell if an athlete has a concussion?

You may notice the athlete …

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

Note that no two concussions are the same. All possible concussions must be evaluated by an athletic trainer or team physician.

The athlete may tell you he or she is experiencing …

- A headache, head pressure or that he or she doesn't feel right following a blow to the head
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

What can I do to keep student-athletes safe?

	Preseason	In-Season	Time of Injury	Recovery
What can I do?	Create a culture in which concussion reporting is encouraged and promoted.	Know the signs and symptoms of concussions.	Remove athletes from play immediately if you think they have a concussion and refer them to the team physician or athletic trainer.	Follow the recovery and return-to-play protocol established by team physicians and athletic trainers.
Why does it matter?	Athletes who don't immediately seek care for a suspected concussion take longer to recover.	The more people who know what to look for in a concussed athlete, the more likely a concussion will be identified.	Early removal from play can mean a quicker recovery and help avoid serious consequences.	Team physicians and athletic trainers have the training to follow best practices related to the concussion recovery process.
Tips and strategies	Be present when your team physician or athletic trainer provides concussion education material to your team. Tell your team that this matters to you.	Check in with your team physician or athletic trainer if you want to learn more about concussion safety.	Provide positive reinforcement when an athlete reports a suspected concussion.	Tell athletes that decisions related to their return to play and health are entirely in the hands of the team physician and athletic trainer.

You play a powerful role in setting the tone for concussion safety on your team. Let your team know that you take concussion seriously and reporting the symptoms of a suspected concussion is an important part of your team's values.

What happens if an athlete gets a concussion and keeps practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with a concussion have reduced concentration and slowed reaction time. This means they won't be performing at their best.
- Athletes who delay reporting concussion may take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions *may* have an increased risk of degenerative brain disease, and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- Most contact or collision teams have at least one student-athlete diagnosed with a concussion every season.
- Your school has a concussion management plan, and team physicians and athletic trainers are expected to follow that plan during a student-athlete's recovery.
- NCAA rules require that team physicians and athletic trainers have the unchallengeable authority to make all medical management and return-to-play decisions for student-athletes.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

For more information, visit ncaa.org/concussion.

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EASTERN ILLINOIS
ATHLETIC COMPLIANCE

STUDENT-ATHLETE CONCUSSION ACKNOWLEDGEMENT

Please read and <u>initial</u> each statement:

____ I understand that I am responsible for reporting any illness or injury to the EIU Sports Medicine Staff, including any treatment and medications.

____ I understand that a concussion is a brain injury and I must immediately report any symptoms of a concussion to the EIU Sports Medicine Staff.

____ I have received and read the NCAA Concussion Fact Sheet that outlines the causes of concussion and its signs and symptoms.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

____ A concussion can affect my ability to perform everyday activities, including but not limited to, reaction time, balance, sleep, and classroom performance.

____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to a member of the EIU Sports Medicine Staff.

____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

____ Following a concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before symptoms resolve.

____ In severe cases, a repeat concussion can cause permanent brain damage and even death.

STUDENT-ATHLETE PRINT NAME:		E#:	
STUDENT-ATHLETE SIGNATURE:		DATE:	
PARENT/LEGAL GUARDIAN SIGNATURE: (if student-athlete is under 18 years old)		DATE:	

References

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3. *P McCrory, K. J.-B. (2005). Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004.* British Journal of Sports Medicine *, i78–i86.*
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EASTERN ILLINOIS UNIVERSITY
Concussion Management Plan

By signing and dating this form, I hereby acknowledge, on behalf of the institution identified above, that for the 2020-21 academic year, the attached Eastern Illinois University Concussion Safety Protocol is consistent with the NCAA Concussion Safety Protocol Checklist and otherwise fulfills the requirements of all applicable NCAA Concussion Management Plan legislation.

Required Signature
Athletics Health Care Administrator

Print Name: Kiersten Klekner-Alt

Sign: *Kiersten Klekner-Alt*

Date: 5/1/2020

Optional Signature**

Print Name: _____

Sign: _____

Date: _____

Option Signature**

Print Name: _____

Sign: _____

Date: _____

Optional Signature**

Print Name: _____

Sign: _____

Date: _____

** The form allows for additional optional signatures to accommodate conference or institutional signature requirements beyond the signature required by NCAA legislation.