**CONCUSSION PROTOCAL**

Following is the protocol to provide Competitive and Recreational coaches, officials, parents, and players with guidelines for recognizing signs of a concussion, procedures to follow when a concussion is suspected, as well as policy concerning the return to play for an affected player.

**DEFINITION**
Concussion can be a common injury in soccer. Concussions range from mild to severe and can occur at any age, or circumstances. A concussion is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary, but can include problems with headache, concentration, memory, judgment, balance and coordination. Although concussions usually are caused by a blow to the head, they can also occur when the head and upper body are violently hit or shaken. These injuries can cause a loss of consciousness, but most do not.

**EDUCATION and PRE-TEST**

It is recommended that each teams Coach and Health/Safety manager (prefer a medical professional) attend a concussion education class. They will learn the causes, signs and symptoms plus testing. Each team should have at least one blank SCAT2 and medical release form. Each competitive player in the U10 and above age groups is recommended to participate in the concussion pre-test so all players have a baseline score.

**RECOGNITION**

Recognizable signs of concussion include:

|  |  |
| --- | --- |
| **Signs observed** | **Signs reported by athlete** |
| * Appears to be dazed or stunned
* Is confused about assignment
* Forgets plays
* Is unsure of game, score, or opponent
* Moves clumsily
* Answers questions slowly
* Loses consciousness (even temporarily)
* Shows behavior or personality change
* Forgets events prior to hit (retrograde amnesia)
* Forgets events after hit (anterograde amnesia)
 | * Headache
* Nausea
* Balance problems or dizziness
* Double or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish
* Feeling "foggy"
* Change in sleep pattern
* Concentration or memory problem
 |

**RESPONSE**
A player showing any of the signs of a concussion must be removed from the field and kept out of the training session or game. Competitive team designee should should record any and all symptoms observed either via app or manually on the SCAT2 form.

Additionally, the player must be observed carefully for at least the next 30 minutes for any additional signs of concussion. Nausea and vomiting, persistent confusion, disorientation, dizziness, momentary loss of consciousness, or amnesia can indicate a more serious concussion requiring medical attention.

**SPECIAL CONSIDERATION**
In addition to the standard response for suspected concussion, if any of the following is observed by any coach, player, official, or spectator following physical impact, immediate emergency medical assistance should be obtained

* goes limp, even for an instant.
* loses consciousness, even for an instant
* eyes are closed and the player does not or cannot open them.
* unresponsive to tactile (hand squeeze) or verbal commands, questions or statements.
* Seizures or convulsions
* uneven pupils

**MEDICAL ASSESSMENT**

It is recommended that any player with signs of a suspected concussion/ head injury be examined by a medical doctor. Parents should be given the SCAT2 and the medical release forms to give to MD. Competitive parents should be given their childs pre-test SCAT2 form if applicable.

**RETURN TO PLAY (RTP)**

According to the Vienna, Prague and Zurich Conference and Concussion in Sport Group (CISG) Recommendations, athletes should complete the following step-wise process prior to return to play following concussion:

* Removal from contest following signs and symptoms of concussion
* No return to play in current game
* Medical evaluation following injury. Rule out more serious intracranial pathology

| Stage | Functional Exercise | Objective |
| --- | --- | --- |
| 1. No Activity | Complete physical and cognitive rest | Recovery |
| 2. Light aerobic exercise | Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate. No resistance training | Increase heart rate |
| 3. Sport-specific exercise | Skating drills in ice hockey, running drills in soccer. No head impact activities | Add Movement |
| 4. Non-contact training drills | Progression to more complex training drills, e.g. passing drills in football and ice hockey. May start progressive resistance training | Exercise, coordination, and cognitive load |
| 5. Full contact practice | Following medical clearance, participate in normal training activities | Restore confidence and assess functional skills by coaching staff |
| 6. Normal game play |  |  |

While most athletes can return to play in about 7-10 days, some may take longer for their symptoms to subside and may have a more prolonged absence from sports. This may be especially true in the young athlete. Once all symptoms subside, your child may begin a RTP progression, supervised by a healthcare professional. This progression often takes place over a period of 4-6 days and allows the athlete to gradually return to physical activity, and eventually sports. At each stage of the RTP protocol, specific objectives and restrictions are implemented to make sure a gradual progression is followed by the athlete and also allows for monitoring of signs and symptoms. In some cases, your healthcare professional may also want to repeat objective concussion assessments following exertion. The athlete is allowed to continue to the next level/stage if he/she is asymptomatic after the completion of the current stage. Each phase should occur for a period of 24 hours, allowing for the athlete to rest and the observation of the onset of any delayed post-activity signs and symptoms. If any post-concussive symptoms do occur along the stepwise progression, the athlete is required to drop back to the previous asymptomatic stage and then allowed to continue the return to play protocol after a rest period of 24 hours.

Equally as important as physical rest, for complete recovery, is cognitive rest. Athletes sustaining a concussion who are reporting numerous symptoms such as headache, dizziness, fatigue, and inability to concentrate should be encouraged to limit scholastic activities and other cognitive stressors. Daily activities such as reading, watching television, text-messaging and playing video games should also be avoided to allow a period of cognitive rest. This cognitive rest may also require scholastic modifications varying on a continuum from not attending school while symptomatic to attending school with academic accommodations (e.g. longer time to complete tests or assignments, rest periods). It would be wise to inform teacher(s), administrator(s), and the school nurse about your child’s head injury and symptoms.

Any player with a concussion/head injury must provide record of medical clearance, preferably the ACE RTP/school form, from a medical doctor prior to participating in soccer activities again. Returning to activity too soon can prolong the symptoms and can cause long term problems.

**INCIDENT REPORT**

An incident report should be filed reporting the event.

**IF IN DOUBT, SIT THE PLAYER OUT.**

Below are information provided by the Centers for Disease Control and Prevention (CDC). Their “Heads Up: Concussion in Youth Sports” initiative gives facts about concussions, signs and symptoms, and suggestions for prevention and treatment

Heads Up online training video: <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Coaches Information Fact Sheet: <http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf>

Parents Information Fact Sheet: <http://www.cdc.gov/concussion/pdf/parents_Eng.pdf>

Players Information Fact Sheet: <http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf>

Information about protective headgear: <http://www.nfhs.org/content.aspx?id=3384>