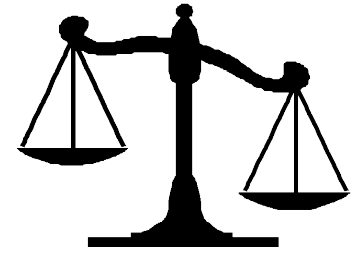




Best Practices for Concussion Management

John Reynolds MS, ATC, VATL
George C. Marshall High School
Chair, VATA Secondary School
Committee

The “Law” of the Land



- Evolving at multiple levels relatively quickly
- ATs MUST be vigilant and remain current on best practices for concussion management
- New Legislation provides ATs with an unprecedented opportunity to:
 - Be seen as the resident EXPERT; and
 - Advocate for and promote student safety at local level

National Federation of High Schools

- Concussion rule, revised 2010
 - Removal of player showing signs/symptoms/behaviors of concussion
 - No RTP until cleared by appropriate health care provider
- “Appropriate Health Care Provider”
 - Can vary widely across the country...
 - Now defined under Virginia law

Commonwealth of Virginia: SB 652



- July 1, 2011, local school divisions must develop P&P related to concussion management that include
 - Annual education for parents and student-athletes
 - Signed statement acknowledging receipt of information
 - Student suspected of sustaining concussion shall be removed from activity that day
 - No return until evaluated by an appropriate licensed health care provider AND in receipt of written clearance
- Board of Education worked with VATA and others to develop guidelines as the framework for local school division policies
 - Writing group convened 9/2010

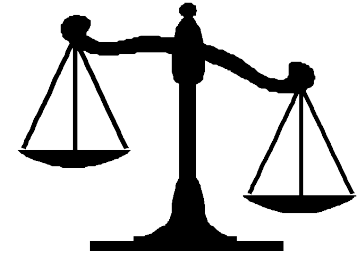
Draft Board of Education Guidelines

- Develop P&P related to the identification and management of suspected concussion
- Annual education for students and parents **PRIOR** to participation
 - Signed student/parent acknowledgement
- Removal from play if concussion suspected
 - No return to play that day
 - No Return to play until in receipt of written clearance from **Appropriate Licensed Health Care Provider**
- Appropriate Licensed Health Care Provider will utilize standard sideline concussion assessment instruments
- Establishment of **Concussion Policy Management Team**

Federal Legislation

- H.R. 6172 Protecting Student Athletes from Concussion Act
 - Prompted House Education and Labor Committee Hearing September, 2010
- H.R. 1347 Concussion Treatment and Care Tools Act of 2010
 - Establish concussion management guidelines addressing prevention, identification, treatment and management of concussion in school-aged children
 - Includes standards for return to play
 - Includes medical, athletic and educational stakeholders

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Current Best Practice

- Abandonment of previously developed grading scales in favor of symptom based-approach (Zurich)
 - S&S fall into four categories: physical, cognitive, emotional, sleep (CDC)
- Education remains important (AAP, AAN)
 - Awareness, recognition and management
 - Variety of materials available
(CDC “Heads Up” toolkits for example)

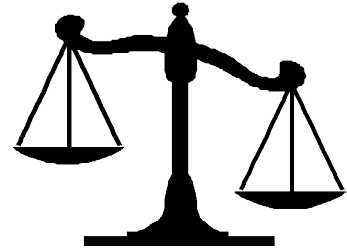
Current Best Practice

- Removal from activity if concussion suspected (Zurich, AAN)
 - No same day RTP (AAP, Zurich)
 - Evaluation by qualified medical professional (AAP)
 - Physician or neurologist (AAN)
 - Qualified medical professional (AAP)
- Evaluation
 - Use of sideline assessment tool:
Maddocks questions, SAC, BESS,
SCAT 2 (AAP, Zurich)
 - Monitoring over initial few hours (Zurich)
 - Use of neuropsychological testing as a means of providing objective
measure of brain function (AAP)

Current Best Practice

- Adequate time provided to allow for full recovery
 - Cognitive rest (AAP, Zurich)
 - Communication with school staff imperative (AAP)
 - Physical rest (AAP, Zurich)
 - No RTP while symptomatic (AAP, AAN)
- Return to play process
 - Graduated RTP once asymptomatic at rest (Zurich)
 - Recommend minimum of 5 days, 24 hours between steps (AAP)
 - Progression continues as long as asymptomatic (AAP)

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Role of the AT Under Virginia Law

- The Virginia Board of Education recognizes the Certified Athletic Trainer, licensed by Virginia's Board of Medicine, as an ***Appropriate Licensed Health Care Provider***
- Implement current best practice related to concussion evaluation and management, including:
 - Immediate sideline evaluation using recommended tools
 - Evaluation over time prior to return to play
 - Rationale for/implementation of cognitive and physical rest
 - Implementation of graduated return to play protocols when ready

Role of the AT in School/Community

- Participate in the development of school division's concussion management P&Ps
 - *Concussion Policy Management Team*
- Implement P&Ps and educate parents, student-athletes, coaches, teachers and others about head injuries
- Professional opportunity
 - Be the expert of concussion management
 - Be a resource regarding academic and social consequences of concussions

Opportunity to Make a Difference

- Raise awareness about state and local regulations and policies regarding concussion management
- Be a leader in the development and implementation of local P&P
- Communicate best practice through clinics and presentations for coaches, teachers, students and others

Resources

- Virginia SB 652
<http://leg6.state.va.us/cgi-bin/legp604.exe?101+ful+SB652ER>
- Federal HR 6172
<http://edlabor.house.gov/blog/2010/09/protecting-student-athletes-fr.shtml>
- Consensus Statement on Concussion in Sport (3rd International Conference on Concussion in Sport, Zurich, November 2008)
<http://www.sportconcussions.com/html/Zurich%20Statement.pdf>
- Sports-Related Concussions in Children and Adolescents, Pediatrics
<http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-2005v1?rss=1>
- Centers for Disease Control and Prevention
http://www.cdc.gov/concussion/HeadsUp/online_training.html
- American Academy of Neurology, Position Statement on Sports Concussion
<http://www.aan.com/globals/axon/assets/7952.pdf>
- Sports Concussion Assessment Tool (SCAT), Concussion in Sport Group
http://www.amssm.org/MemberFiles/SCAT_v13-Side_2.doc
- The Sideline Assessment for Concussions, Brain Injury Association of America
http://www.knowconcussion.org/pdfs/sideline_assessment.pdf and
<http://www.knowconcussion.org/pdfs/bess.pdf>