



Suggested Talking Points for Athletic Trainers Related to Virginia's Concussion Law

The Virginia Athletic Trainers' Association (VATA) encourages Virginia's secondary school athletic trainers to be proactive in managing concussion within your schools. Your education and experience combined with your position within the school makes you uniquely qualified to help all members of your school community better understand the realities of concussion management. Here are some suggested "talking points" you may find helpful when addressing this subject with various stakeholders.

Concussion Management in General (applies to all groups)

- The collective understanding of concussion has changed dramatically in a relatively short period of time and the approach used in managing this injury today is very different from that employed 10 or 20 years ago. It is now widely recognized that once concussion is suspected, immediate action is required to minimize short-term effects and protect the student from possible long-term harm.
- Concussion is an injury to the brain caused by trauma to head and/or body.
- The amount of force required to cause concussion varies from person to person and it is impossible to determine the severity of the injury based solely on the nature of the "hit."
- There is no conclusive evidence to suggest that any helmet, mouthpiece or other piece of protective equipment can reduce the risk of suffering a concussion.
- Concussion may or may not be associated with a loss of consciousness.
- Students suffering from concussion exhibit many different signs and symptoms which can vary significantly from person to person- each concussion is as unique as the individual experiencing the injury.
- In many cases, the signs and symptoms associated with concussion do not develop or reach maximal intensity for several hours or days following the injury and may present in a variety of ways, including:
 - Physical
 - Headache
 - Nausea/vomiting
 - Dizziness
 - Balance problems
 - Visual problems
 - Fatigue/feeling tired
 - Sensitivity to light or noise
 - Numbness/tingling
 - Cognitive
 - Feeling mentally foggy
 - Feeling slowed down
 - Difficulty remembering
 - Difficulty concentrating
 - Emotional
 - Irritability
 - Sadness

- More emotional
 - Nervousness
 - Sleep
 - Drowsiness
 - Sleeping less than usual
 - Sleeping more than usual
 - Trouble falling asleep
- Seek care at the nearest medical facility if the student's symptoms worsen, behavioral changes are noted, or any of the following serious symptoms develop;
 - Headaches that worsen
 - Seizure
 - Neck pain
 - Very drowsy, can't wake up
 - Repeated vomiting
 - Slurred speech
 - Significant irritability
 - Can't recognize people or places
 - Increasing confusion
 - Weakness/numbness in arms/legs
 - Less responsive than usual
- It is difficult to say with any certainty whether or not a given student will be negatively impacted by concussion in the months and years following the injury. However, it is widely accepted that failing to follow treatment recommendations can negatively impact the healing process, increase the time required to recover, and delay the resumption of normal activities.
- Role of the licensed athletic trainer
 - The athletic trainer will be involved in all aspects of the concussion management process including:
 - Initial evaluation
 - Subsequent re-evaluations
 - Communication with parents, teachers, counselors, and physicians
 - Return to play progression
 - Final return to play clearance
 - Throughout the management of this injury, students and parents should feel comfortable contacting the licensed athletic trainer with any questions or concerns.

Parents

- Any student demonstrating any signs or symptoms of concussion, especially following a recent blow to the head or body, should be evaluated by a medical professional. If at any time these symptoms worsen significantly or change dramatically, see a physician as soon as possible.
- If concussion is suspected during an athletic event or other activity, the student should be removed from the practice, contest or activity until evaluated by a qualified medical professional. If there is any question about whether or not a concussion has occurred, the student SHOULD NOT participate until he or she has been medically evaluated: "WHEN IN DOUBT, SIT THEM OUT"
- Individuals suffering from concussion may be advised to limit both physical and cognitive activities as exposing the brain to stress while it is healing can negatively impact the overall healing process. Any recommendations limiting cognitive or physical activity will be made in collaboration with teachers, counselors, school administrators and treating physicians.

- Cognitive rest includes limiting activities that require concentration, including:
 - Homework, schoolwork or job-related work
 - Texting
 - Phone , computer or television use
 - Video games
- Physical rest includes avoiding activities that elevate heart rate or may expose the student to physical contact with participants or equipment, including:
 - School based team practices or competitions
 - Non-school based team practices or competitions
 - Dance, drama, choral or instrumental activities
- Once a student is no longer experiencing symptoms consistent with concussion at rest, cognitive and physical activities will be reintroduced. This process is gradual in nature, featuring several distinct steps or stages depending on the nature of the activity. The specific requirements of the return to activity progression will vary from person to person, but is highlighted by a structured increase in both the cognitive and physical demands experienced by the student. This process will take several days to weeks to complete, and progressing from one stage to the next is depends on the student’s ability to complete each level without the reemergence of any signs or symptoms related to the concussion.

Coaches

- Any student-athlete demonstrating any signs or symptoms of concussion, especially following a recent blow to the head or body, **MUST** be removed from play and **SHALL NOT** return to activity until he or she has been evaluated by a qualified medical professional. If there is any question about whether or not a concussion has occurred, the student **SHOULD NOT** participate until he or she has been medically evaluated: “WHEN IN DOUBT, SIT THEM OUT”
 - If there is not a Virginia licensed athletic trainer or other qualified medical profession available, the coach should refer to the CDC’s Heads Up Concussion Sideline Evaluation for Coaches reference card.
 - Note: If any sign or symptom is present, even just a headache, the student **SHALL NOT** return to play that day.
 - Repeat this evaluation periodically (every 15-30 minutes) to ensure existing signs or symptoms have not worsened OR new, previously unreported signs or symptoms have not developed.
 - If at any time any symptoms worsen significantly or change dramatically, initiate your emergency action plan.
- Once a student receives clearance from a qualified medical professional, he or she may begin the return to play progression. This process gradual in nature, takes a minimum of 5-7 days to complete and features several distinct steps or stages depending on the nature of the activity. Sample return to play progression:
 - Jogging
- Progressing from one stage to the next depends on the student-athlete’s ability to complete each level without the reemergence of any signs or symptoms related to the concussion.
 - If any signs or symptoms develop, stop the progression and consult a qualified medical professional.
- Consider providing copies of CDC materials to reinforce these points

Teachers, Counselors and School Administrators

- Students suffering from concussion may be advised to limit both physical and cognitive activities as exposing the brain to stress while it is healing can negatively impact the overall healing process.
 - Cognitive rest includes limiting activities that require concentration, including:
 - Homework, schoolwork or job-related work
 - Texting
 - Phone or computer use
 - Video games
 - Physical rest includes avoiding activities that elevate heart rate or may expose the student to physical contact with participants or equipment, including:
 - School based team practices or competitions
 - Non-school based team practices or competitions
 - Dance, drama, choral or instrumental activities
- Concussion affects a student's ability to concentrate and focus on tasks. Until these issues resolve, students may have great difficulty comprehending or demonstrating their understanding of information and may benefit from temporary modifications to his or her normal academic day. These include:
 - Opportunities for rest breaks during class;
 - Shortened school day;
 - Extra time to complete coursework/homework;
 - Rescheduling of tests, quizzes or other assignments;
 - Reduced homework;
 - Reduced classroom and/or standardized testing;
 - Limitations specific to participation in physical education classes;
 - Online courses;
 - Realignment or balancing of class schedule.
- Consider providing copies of CDC materials to reinforce these points

School Nurses

- Collaboration between the athletic trainer and school nurse and/or health room aide can result in a mutually beneficial relationship that helps both parties provide quality care to all students.
- Both parties should make an effort to keep one another informed regarding injuries occurring to student-athletes, regardless of when the injury occurred (during school or after school).
- In addition to teachers, counselors and school administrators, the school nurse/health room aide should be included in discussions pertaining to modifications of a student's academic day following concussion. Of particular interest is whether or not a student could rest in the health room for a predetermined period of time should concussion symptoms force the student to leave class.
- Consider providing copies of CDC materials to reinforce these points

Physicians

- Refer to VAFP website for additional information on current best practice related to concussion management