



Five Town Football Concussion Policy

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Five Town Football Concussion Policy

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Five Town Football Concussion Policy

PART A PURPOSE & APPLICATION

Purpose:

Five Town Football is committed to the promoting leadership, sportsmanship, community, teamwork and safety within our family of athletes, parents and coaches. The safety and physical and mental well-being of our athletes is of paramount importance, and FTF will not sacrifice the safety of our players, and our opponents, to achieve any other goals.

To that end, the purpose of this policy is to ensure that the FTF organization, its athletes, coaches and parents are working together to keep our players as safe as possible while participating in the sport of football. This effort includes proactive and reactive measures to possible head injuries. The Board of Directors for Five Town Football reserves the right to enforce the enclosed policies, or stricter approaches, if it feels that it is in the best interest of its athletes, coaches or organization.

Application:

This policy shall apply to all athletes who participate in activities sponsored by Five Town Football, including contact and non-contact activities, in-season and off-season activities, camps, practices and games of all types.

FTF shall make this policy available to all athletes, parents, and the public. Participation in FTF activities implies acceptance of the policies contained herein.



Five Town Football Concussion Policy

PART B CONCUSSION INFORMATION

What is a concussion?

A concussion may be caused by a blow, bump, or jolt to the head or by any fall or hit that jars the brain. This “invisible” injury disrupts the brain’s normal physiology which can affect mental stamina and function, causing the brain to work longer and harder to complete even simple tasks. A concussion may involve loss of consciousness (being “knocked out”), but the majority do not. Ultimately, ALL concussions are serious because they are brain injuries!

A concussion can affect a child in many different ways: physically, cognitively, emotionally, and by disturbing sleep.

The table below indicates common symptoms for each category.

Common Concussion Symptoms

<u>Physical</u>	<u>Cognitive</u>	<u>Emotional</u>	<u>Sleep</u>
Headache	Feeling mentally foggy	Irritability	Trouble falling asleep
Dizziness	Feeling slowed down	Sadness	Sleeping more than usual
Balance problems	Difficulty concentrating	Nervousness	Sleeping less than usual
Nausea/vomiting	Difficulty remembering	More emotional than usual	
Fatigue	Difficulty focusing		
Sensitivity to light			
Sensitivity to noise			

While a blow to the head may not seem serious immediately, concussion symptoms can develop upon impact or up to 48 hours after the incident. Ignoring any signs or symptoms of a concussion is putting the child’s long- and short-term health at risk.

Underreporting of concussions: The importance of honesty.

Even though concussions are very serious and potentially life threatening to the young athlete, studies show that less than 50% of high school athletes will report their concussions. Even after being diagnosed, many athletes feel pressured to say they do not have symptoms when they still do. This is dangerous and should always be avoided. Almost all athletes who have died or suffered serious complications from repeated concussions did not report their continued concussion symptoms to their parents, athletic trainer, or doctor. Therefore, it is vitally important that parents, coaches, and athletes recognize the signs and symptoms of concussions and encourage honesty in reporting them.

Is it dangerous for an athlete to play sports with a concussion?

Yes, without question. Second impact syndrome is a catastrophic event that can occur when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact, which may be even a minor blow, causes brain swelling, resulting in severe consequences such as brain damage, paralysis, and even death. This condition occurs only in youth and adolescents up to age 21. Therefore, no child should be allowed to participate in any physical activity if he or she has sustained a possible concussion. In addition, no child should return to participation after sustaining a concussion before he or she is cleared by a qualified medical professional.

Concussion Management:

If an athlete sustains a concussion, what steps should be taken?

First, the child should be monitored for worsening signs and symptoms in the 24 to 48 hours following the injury. If any of the following danger signs present themselves, the child should be evaluated by a physician immediately.

- Severe or increased headache
- Unequal pupils
- Unusual/increased drowsiness
- Projectile or repeated vomiting
- Severe personality changes
- Numbness in the face/extremities
- Double vision
- Convulsions
- Bleeding/clear fluid from the ear/nose
- Unusual stiffness in the neck area
- Weakness in either arm(s) or leg(s)

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Second, follow these recommendations:

- Do not let the child perform any strenuous activity or go back to playing in sports.
- Do not use aspirin or ibuprofen for headaches. Use acetaminophen (Tylenol) only.
- Encourage your child to rest and eat a light diet.
- Allow them to use ice packs on the head and/or neck to ease pain.
- Let them sleep in a cool, dark, quiet room.

Third, arrange for the athlete to be evaluated by a medical professional qualified and educated in concussion evaluation and management, such as an athletic trainer or sports medicine physician. Knowledge about concussions is rapidly evolving. The previous severity scales, such as a grade 1 or grade 3 concussion are no longer used. Preventing the child from going to sleep or to wake him or her every hour after a concussion is also an outdated practice. Don't be afraid to ask the healthcare provider if he or she is aware of the up-to-date concussion protocols.

Concussion Recovery:

Concussion recovery should be a collaborative approach

A concussion can affect school, work, and sports. Along with coaches and teachers, the child's school nurse, athletic trainer, employer, and other school administrators, such as a guidance counselor, should be aware of the child's injury and their roles in helping the child recover. Varying or mixed messages from any of these parties may cause the child unnecessary distress and confusion, so clear communication among the group is vital.

Should an athlete be diagnosed with a concussion, Five Town Football requires that the athlete complete the Back to Play Protocol, and written approval from a physician to do so.

Why is mental rest important to recovery?

A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. In this context, mental activities are defined as those in which the brain must work hard to process information. This includes critical thinking and problem-solving activities such as schoolwork, homework, and technology use.

What should the athlete do to achieve mental rest?

Restrictions from the following should be considered, because these activities increase brain function, and therefore may worsen symptoms and delay recovery:

- Computer work/Internet use
- Video games
- Television

Part B – Concussion Information

- Excessive text messaging/cell phone use
- Bright lights, such as strobe lights at school dances
- Listening to loud music or music through headphones
- Loud noises
- Parties, concerts, pep rallies, etc.
- Driving
- Work

How to tell when the child is using his or her brain too much?

Continued activity when symptoms are moderate to severe can prevent the brain from healing. Therefore, the key to concussion recovery is to reduce mental activities until symptoms improve and then gradually begin increasing the length and difficulty of those activities as symptoms allow.

On days where the symptoms are severe (which often occur in the first few days after injury), it may be better to suspend any scheduled mental activities (i.e. school, work, homework, etc.) and have the child rest at home.

As symptoms improve, the child may begin to gradually resume simple school-related mental activities. As difficulty is increased, continue monitoring symptoms. Ask, “Do you have any symptoms? Are your symptoms getting worse since you started this activity?” If the child states symptoms are worsening, have him or her stop what they are doing and rest. If the symptoms resolve with rest in a short period of time (20 minutes or less), the child may be allowed to resume the mental activity. If symptoms remain elevated, the child should discontinue the activity and rest and re-attempt when symptoms have improved (such as the next day).

Note that there may be good days when symptoms are very mild and bad days when symptoms may be a little worse.

This is a normal part of recovery. Sometimes there is a fine line between how much mental activity is okay and how much is too much. The key is to try to figure out where that line is to minimize symptoms as much as possible.

How is school affected by a concussion?

Schoolwork demands focus, memory, and concentration – all brain processes that are affected by a concussion.

Academic accommodations, ranging from medically necessary absences to tutoring or extra time for test taking, may be necessary in some cases to decrease symptoms and begin the healing process.

Notify the child’s teachers that he or she has sustained a concussion and provide them with any written recommendations you were given during your visit to your healthcare professional.

Part B – Concussion Information

Nationwide Children’s Hospital Sports Medicine has a document specifically for teachers, which highlights academic accommodations for students healing from concussion. This document, An Educator’s Guide to Concussions in the Classroom, can be found on our website at: NationwideChildrens.org/Concussions

Why is physical rest important to recovery?

In the context of concussions, physical activity is any situation in which a child has an elevated heart rate. Such activities include, but are not limited to, sports, gym class, weight lifting, and active play. Due to the risk of Second Impact Syndrome and other complications, a child who has been diagnosed with a concussion should not return to any physical activity and/or athletics until cleared by a healthcare provider experienced in concussion evaluation and management. Physical rest is essential to keep the child safe and to enable the brain to heal.

When can a child who has sustained a concussion safely go back to participating in gym class and/or sports?

A child who has sustained a concussion should not return to physical activity until cleared by an appropriate healthcare provider. The child should be completely symptom free and participating in school fully. Once cleared, the child should participate in a gradual progression back to activity. Ideally, a certified athletic trainer should supervise the child during this timeframe. This gradual progression is critical because a return of any signs or symptoms of concussion during mild physical activity signals that the brain has not healed and the child is not ready to return to activity.

What is the Return-To-Play progression back to activity?

The Return-To-Play progression is critical because a return of any signs or symptoms of concussion during mild physical activity signals that the brain has not healed and that child is not ready to return to activity. IT SHOULD NOT BE SKIPPED, ABBREVIATED OR CHANGED WITHOUT THE WRITTEN CONSENT OF THE HEALTH CARE PROFESSIONAL.

Each stage should take a minimum of 24 hours, so an injured athlete will take approximately one week to proceed through the full rehabilitation protocol, assuming that the athlete remains asymptomatic at rest and with provocative exercise. (Note that this timeframe may be extended by the health care provider in younger athletes, those with especially severe or long-lasting symptoms or those that have suffered previous concussions.)

If symptoms are provoked at any stage, the athlete should stop exercising and rest until all symptoms have resolved for at least 24 hours. The athlete may then attempt to resume the progression at the previous level that did not cause symptoms.

An example of the progression endorsed by concussion experts during the most recent international conference on concussion is shown below.

Part B – Concussion Information

Return-to-Play Progression:

Stage One: Light Aerobic Activity

Includes 10 to 30 minutes of walking or stationary bike. Weight-lifting, physical contact, hard running or sport-specific activities (practices, games, etc.) is not allowed. Athlete must show no new symptoms for a minimum of 24 hours before progressing to Step Two.

Stage Two: Moderate Physical Activity

Includes moderate running or physical activity. Weight-lifting, physical contact or sport-specific activities (practices, games, etc.) is not allowed. Athlete must show no new symptoms for a minimum of 24 hours before progressing to Step Three.

Stage Three: Heavy Non-Contact Activity

Includes light weight lifting and sport-specific non-contact activities. Contact activities are not allowed. Athlete must show no new symptoms for a minimum of 24 hours before progressing to Step Four.

Stage Four: Full Practice Participation

Includes full practice participation in contact and non-contact activities. Game play is not allowed. Athlete must show no new symptoms for a minimum of 24 hours before progressing to Step Five.

Stage Five: Full Participation

Includes full practice and game participation. If the athlete shows any returning signs or symptoms of a concussion, he or she should be removed from play and evaluated for a return to safety protocols.

How can we keep athletes from getting a concussion?

There are a few things that can be done to decrease a child's chances of getting a concussion.

- Ensure the child's equipment fits properly and is checked and maintained regularly.
- Encourage the child to follow the rules of your sport and practice good sportsmanship.
- Encourage the child to listen to his or her coaches and practice good technique.

If recognized and treated properly, most children will recover fully from a single concussion. However, children who sustain multiple concussions during an early sports career tend to take longer to recover after each concussion and are more likely to experience prolonged post-concussion symptoms or cognitive impairment. Therefore, make sure your child is getting the best care and management possible for his or her concussion.



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PART C RESPONSIBILITIES

The safety of Five Town Football athletes is a cooperative effort. As such, each party – FTF (including coaches), parents and athletes have responsibilities to ensure that safety, as outlined below.

Responsibilities of Five Town Football shall include:

- Adopt, maintain, revise as needed and enforce a Concussion Policy within the organization policy umbrella.
- Maintain existing equipment as required, including recertifying helmets and removing helmets from play as recommended by the manufacturers.
- Purchase new safety equipment as needed as older equipment is removed from play.
- Ensure that equipment fits each player properly, and that safety equipment is suitable for game play.
- Provide at least one (1) coach per squad trained to recognize and test players for the signs and symptoms of a possible concussion.
- Maintain a seasonal list of medical history, primary care physician and insurance information for each player, to be kept with the head coach at all times in case of emergency. All information shall remain confidential.
- Provide the necessary evaluation forms to the head coach of each squad, for use in the event of a suspected head injury (see Part E, Appendix of this policy).

Part C – Responsibilities

- Provide, free of charge, Baseline ImPACT testing for all FTF athletes participating in tackle football activities.
- Ensure that coaches are teaching proper and safe tackling and blocking techniques, as approved by the Board.
- Provide a trained EMT or athletic trainer at each game (home and away) at all levels of tackle football to evaluate or assist with the evaluation of athletes in case of a suspected head injury.

In case of a suspected or confirmed concussion:

- Provide a trained coach, EMT or athletic trainer to perform an evaluation of the athlete, and determine whether the athlete can return to play or should be removed from play.
- Alert the parent(s) of the athlete as soon as possible of the evaluation and the results.
- Should a concussion be suspected, provide a copy of the completed evaluation form to the parent(s) for use by the athlete's physician.
- Communicate with the parent(s) and athlete to coordinate a return to activities.
- Maintain and coordinate the Return to Play protocol with the athlete and parents, providing periodic updates of progress (if the athlete is completing Stages under the supervision of a coach) and confirming acceptance of progress to each Stage of the RTP protocol.
- Coordinate with the parent(s) to confirm acceptance of the last Stage of the Return to Play protocol, which includes returning to all normal activities.
- Maintain written records of each incident, including evaluation forms, communication between parents, coaches and physicians, Return to Play protocol forms, and approvals to return to play, and provide copies of these documents to the parent(s) upon request.

Responsibilities of parent(s) of the athlete shall include:

- Provide, in good faith, complete information regarding the athlete's medical history and information on any previous head injuries or concussions, including any documentation of recovery.
- Understand and abide by the policies contained in this document, and work cooperatively with FTF to ensure the safety of the athlete.
- Alert coaches immediately if safety equipment does not fit the athlete properly.

Part C – Responsibilities

In case of a suspected or confirmed concussion:

- Contact a coach immediately if the athlete shows signs of a concussion.
- Make arrangements for the athlete to visit a physician for evaluation and diagnosis, and provide FTF with a hard copy of the diagnosis (as privacy laws allow).
- When approved by a physician to enter the Return to Play (RTP) protocol, provide FTF with written approval by the player's physician to do so.
- Maintain and coordinate the Return to Play protocol with the athlete and coach, and confirm the acceptance of progress to each Stage of the RTP protocol, as needed.
- Coordinate with the coaches to confirm acceptance of the last Stage of the Return to Play protocol, which includes returning to all normal activities.
- Once the Return to Play protocol is completed, provide FTF with written permission for the athlete to return to play.

Responsibilities of the athlete shall include:

- Be honest with your coaches and parent about your symptoms and current status. Being 'tough' or untruthful about symptoms to return to the field more quickly only hurts you, and is not in keeping with the objectives of FTF.
- Make sure that safety equipment fits properly at all times, and alert a parent or coach if equipment does not fit properly.
- Alert a coach or parent immediately if the athlete has hit his or her head, or feels any of the typical symptoms of a concussion.
- Agree to comply and work through the proper stages of the Return to Play protocol, should a concussion be confirmed, and agree to alert a parent or coach if symptoms return or persist.
- Agree to participate in ImpACT testing prior to the season.



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PART D PLAN OF ACTION

ImPACT Baseline Testing:

1. Prior to each fall football season, every player expected to participate in tackle football programs shall be required to complete an ImPACT baseline test administered by either a third party of FTF's choosing or a trained administrator.
2. Tests will be evaluated for validity by a qualified third-party. Should the test be deemed invalid, the athlete may be required to retake the test.
3. Cost of the test shall be paid for by FTF.
4. Results of the test are confidential, and will be provided to athletes' parents and pediatricians upon request. The results can be used in comparison with test results taken post-injury to help assess potential injury.

IF A PLAYER IS SUSPECTED OF SUSTAINING A HEAD INJURY, THE FOLLOWING PLAN OF ACTION SHOULD BE ENACTED:

1. The player should be removed from play IMMEDIATELY and brought to an area where he or she can be evaluated without distraction.
2. The on-site EMT, coach or other personnel trained to perform an evaluation of the player using the methods suggested on the Sports Concussion Assessment Tool 2 (SCAT2) form (see Part E, Appendix).

Part D – Plan of Action

3. Should the athlete display any symptoms of a concussion, the athlete should be removed from play for the remainder of the day and the SCAT2 form should be filled out in its entirety. Should the player display more serious signs of injury, a coach or administrator should call 911 to direct emergency medical personnel to the scene to treat the athlete.
4. The parents of the athlete should be notified immediately, and as soon as is practicable, a copy of the SCAT2 evaluation form will be provided to the parents. The athlete will not be allowed to participate in football activities until evaluated by his or her pediatrician.
5. If, after evaluation, the player's pediatrician has determined that the player has **not** suffered a concussion, and is ready to return to play, FTF requires written approval by the pediatrician to do so prior to the athlete returning to football activities.
6. If, after evaluation, the player's pediatrician has determined that the player has suffered a concussion, the player will not be allowed to begin the Return to Play (RTP) protocol until approved in writing by the athlete's pediatrician.
7. Once FTF has received written approval by the athlete's pediatrician to enter the Return to Play protocol, the athlete will begin at Stage One of the RTP. An RTP tracking form (see Part E, Appendix) will be used to track the athlete's progress through each stage. A coach or parent can track the progress of each stage, as long as progress is communicated consistently at the conclusion of each stage. The coach or parent should sign off in the space provided on the RTP form.
8. The athlete will enter Stage One of the RTP which includes 10 to 30 minutes of light aerobic activity, including walking or stationary biking. Weight lifting, physical contact, hard running or sport-specific activities are not allowed. The athlete must be symptom-free for 24 hours after performing Stage One activities before being allowed to move to Stage Two. Completion of Stage One without symptoms should be confirmed with the parents prior to moving to Stage Two. Should the athlete display any symptoms of concussion, he or she should remain in Stage One, or be removed from the RTP program entirely until symptoms disappear.
9. If the athlete completes the requirements of Stage One, he or she will then move to Stage Two of the RTP. This includes moderate running or physical activity. Weight lifting, physical contact, hard running or sport-specific activities are not allowed. The athlete must be symptom-free for 24 hours after performing Stage Two activities before being allowed to move to Stage Three. Completion of Stage Two without symptoms should be confirmed with the parents prior to moving to Stage Three. Should the athlete display any symptoms of concussion, he or she should return to Stage One, or be removed from the RTP program entirely until symptoms disappear.

Part D – Plan of Action

10. If the athlete completes the requirements of Stage Two, he or she will then move to Stage Three of the RTP. This includes weight lifting and sport-specific activities and drills. Physical contact drills and activities are not allowed. The athlete must be symptom-free for 24 hours after performing Stage Three activities before being allowed to move to Stage Four. Completion of Stage Three without symptoms should be confirmed with the parents prior to moving to Stage Four. Should the athlete display any symptoms of concussion, he or she should return to Stage One, or be removed from the RTP program entirely until symptoms disappear.
11. If the athlete completes the requirements of Stage Three, he or she will then move to Stage Four of the RTP. This includes full practice participation in contact and non-contact drills and activities. Game play is not allowed. The athlete must be symptom-free for 24 hours after performing Stage Four activities before being allowed to move to Stage Five. Completion of Stage Four without symptoms should be confirmed with the parents prior to moving to Stage Five. Should the athlete display any symptoms of concussion, he or she should return to Stage One, or be removed from the RTP program entirely until symptoms disappear.
12. If the athlete completes the requirements of Stage Four, he or she will then move to Stage Five of the RTP. This includes full practice and game participation in contact and non-contact drills and activities. **FTF requires written permission from the parents prior to full participation by the athlete.** Should the athlete display any symptoms of concussion, he or she should return to Stage One, or be removed from the RTP program entirely until symptoms disappear.
13. Any further potential head injuries should initiate Step 1 of this Plan of Action, and all parties alerted to the athlete's prior history of concussion.

*****Note: It is strongly suggested that coaches and other personnel evaluating athletes for ANY injury ask the athlete if they have hit their head. The athlete may be hurt or have sustained an injury elsewhere to his or her body, and may not be focused on the possibility of a head injury.**



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PART E APPENDIX

1. CDC Concussion Information Form
2. SCAT2 Concussion Evaluation Form
3. Return to Play Protocol Form

Concussion Signs and Symptoms Checklist

**Heads Up to Schools:
KNOW YOUR
CONCUSSION
ABCs**

Assess the situation | Be alert for signs and symptoms | Contact a health care professional

Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- __ Student returned to class
- __ Student sent home
- __ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

SCAT2



Sport Concussion Assessment Tool 2

Name _____

Sport/team _____

Date/time of injury _____

Date/time of assessment _____

Age _____ Gender M F

Years of education completed _____

Examiner _____

What is the SCAT2?¹

This tool represents a standardized method of evaluating injured athletes for concussion and can be used in athletes aged from 10 years and older. It supersedes the original SCAT published in 2005². This tool also enables the calculation of the Standardized Assessment of Concussion (SAC)^{3,4} score and the Maddocks questions⁵ for sideline concussion assessment.

Instructions for using the SCAT2

The SCAT2 is designed for the use of medical and health professionals. Preseason baseline testing with the SCAT2 can be helpful for interpreting post-injury test scores. Words in *italics* throughout the SCAT2 are the instructions given to the athlete by the tester.

This tool may be freely copied for distribution to individuals, teams, groups and organizations.

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific symptoms (like those listed below) and often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (such as headache), or
- Physical signs (such as unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour.

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle.

Symptom Evaluation

How do you feel?

You should score yourself on the following symptoms, based on how you feel now.

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22) _____

Symptom severity score _____

(Add all scores in table, maximum possible: 22 x 6 = 132)

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N

Overall rating

If you know the athlete well prior to the injury, how different is the athlete acting compared to his / her usual self? Please circle one response.

no different

very different

unsure

Cognitive & Physical Evaluation

1 Symptom score (from page 1)
 22 **minus** number of symptoms of 22

2 Physical signs score
 Was there loss of consciousness or unresponsiveness? Y N
 If yes, how long? minutes
 Was there a balance problem/unsteadiness? Y N
Physical signs score (1 point for each negative response) of 2

3 Glasgow coma scale (GCS)

Best eye response (E)

No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4

Best verbal response (V)

No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5

Best motor response (M)

No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6

Glasgow Coma score (E + V + M) of 15
 GCS should be recorded for all athletes in case of subsequent deterioration.

4 Sideline Assessment – Maddocks Score
"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

At what venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1

Maddocks score of 5
 Maddocks score is validated for sideline diagnosis of concussion only and is not included in SCAT 2 summary score for serial testing.

5 Cognitive assessment
Standardized Assessment of Concussion (SAC)
Orientation (1 point for each correct answer)

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1

Orientation score of 5

Immediate memory
"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:
"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

List	Trial 1	Trial 2	Trial 3	Alternative word list
elbow	0 1	0 1	0 1	candle baby finger
apple	0 1	0 1	0 1	paper monkey penny
carpet	0 1	0 1	0 1	sugar perfume blanket
saddle	0 1	0 1	0 1	sandwich sunset lemon
bubble	0 1	0 1	0 1	wagon iron insect
Total				

Immediate memory score of 15

Concentration
Digits Backward:
"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

	Alternative digit lists
4-9-3	0 1 6-2-9 5-2-6 4-1-5
3-8-1-4	0 1 3-2-7-9 1-7-9-5 4-9-6-8
6-2-9-7-1	0 1 1-5-2-8-6 3-8-5-2-7 6-1-8-4-3
7-1-8-4-6-2	0 1 5-3-9-1-4-8 8-3-1-9-6-4 7-2-4-8-5-6

Months in Reverse Order:
"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"

1 pt. for entire sequence correct

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1
Concentration score of 5

¹ This tool has been developed by a group of international experts at the 3rd International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2008. The full details of the conference outcomes and the authors of the tool are published in British Journal of Sports Medicine, 2009, volume 43, supplement 1. The outcome paper will also be simultaneously co-published in the May 2009 issues of Clinical Journal of Sports Medicine, Physical Medicine & Rehabilitation, Journal of Athletic Training, Journal of Clinical Neuroscience, Journal of Science & Medicine in Sport, Neurosurgery, Scandinavian Journal of Science & Medicine in Sport and the Journal of Clinical Sports Medicine.

² McCrory P et al. Summary and agreement statement of the 2nd International Conference on Concussion in Sport, Prague 2004. British Journal of Sports Medicine. 2005; 39: 196-204

³ McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sports Medicine. 2001; 11: 176-181

⁴ McCrea M, Randolph C, Kelly J. Standardized Assessment of Concussion: Manual for administration, scoring and interpretation. Waukesha, Wisconsin, USA.

⁵ Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clin J Sport Med. 1995;5(1):32-3

⁶ Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

Balance examination

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)[®]. A stopwatch or watch with a second hand is required for this testing.

Balance testing

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. **The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10.** If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of **five seconds** at the start are assigned the highest possible score, ten, for that testing condition.

Which foot was tested: Left Right
(i.e. which is the **non-dominant** foot)

Condition	Total errors
Double Leg Stance (feet together)	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at back)	of 10
Balance examination score (30 minus total errors)	of 30

Coordination examination

Upper limb coordination

Finger-to-nose (FTN) task: *"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended). When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose as quickly and as accurately as possible."*

Which arm was tested: Left Right

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

Coordination score

of 1

Cognitive assessment

Standardized Assessment of Concussion (SAC)

Delayed recall

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Circle each word correctly recalled. Total score equals number of words recalled.

List	Alternative word list		
elbow	candle	baby	finger
apple	paper	monkey	penny
carpet	sugar	perfume	blanket
saddle	sandwich	sunset	lemon
bubble	wagon	iron	insect

Delayed recall score

of 5

Overall score

Test domain	Score
Symptom score	of 22
Physical signs score	of 2
Glasgow Coma score (E + V + M)	of 15
Balance examination score	of 30
Coordination score	of 1
Subtotal	of 70
Orientation score	of 5
Immediate memory score	of 5
Concentration score	of 15
Delayed recall score	of 5
SAC subtotal	of 30
SCAT2 total	of 100
Maddocks Score	of 5

Definitive normative data for a SCAT2 "cut-off" score is not available at this time and will be developed in prospective studies. Embedded within the SCAT2 is the SAC score that can be utilized separately in concussion management. The scoring system also takes on particular clinical significance during serial assessment where it can be used to document either a decline or an improvement in neurological functioning.

Scoring data from the SCAT2 or SAC should not be used as a stand alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion.

Athlete Information

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. You should not be left alone and must go to a hospital at once if you:

- Have a headache that gets worse
- Are very drowsy or can't be awakened (woken up)
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on your feet; have slurred speech

Remember, it is better to be safe.

Consult your doctor after a suspected concussion.

Return to play

Athletes should not be returned to play the same day of injury.

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (e.g. stationary cycle)
3. sport-specific exercise
4. non-contact training drills (start light resistance training)
5. full contact training after medical clearance
6. return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages.

Medical clearance should be given before return to play.

Tool	Test domain	Time	Score			
	Date tested					
	Days post injury					
SCAT2	Symptom score					
	Physical signs score					
	Glasgow Coma score (E + V + M)					
	Balance examination score					
	Coordination score					
SAC	Orientation score					
	Immediate memory score					
	Concentration score					
	Delayed recall score					
SAC Score						
Total	SCAT2					
Symptom severity score (max possible 132)						
Return to play			<input type="checkbox"/> Y <input type="checkbox"/> N			

Additional comments

Concussion injury advice (To be given to concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. It is expected that recovery will be rapid, but the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please telephone the clinic or the nearest hospital emergency department immediately.

Other important points:

- Rest and avoid strenuous activity for at least 24 hours
- No alcohol
- No sleeping tablets
- Use paracetamol or codeine for headache. Do not use aspirin or anti-inflammatory medication
- Do not drive until medically cleared
- Do not train or play sport until medically cleared

Clinic phone number

Patient's name

Date/time of injury

Date/time of medical review

Treating physician

Contact details or stamp

FIVE TOWN FOOTBALL



RETURN TO PLAY PROTOCOL

Player Name: _____ Squad: _____ Coach: _____

Parents Name(s): _____ Contact: _____

Date of injury: _____ Pediatrician: _____ Contact: _____

Return To Play Progression:

<u>Stage:</u>	<u>Approved Activities:</u>	<u>Stage Completed</u> (Date)	<u>Sign Off</u>
Stage One	10 to 30 minutes of light aerobic activity, including walking or stationary biking. Weight lifting, physical contact, hard running or sport-specific activities are not allowed.		
Stage Two	Moderate running or physical activity. Weight lifting, physical contact, hard running or sport-specific activities are not allowed.		
Stage Three	Weight lifting and sport-specific activities and drills. Physical contact drills and activities are not allowed.		
Stage Four	Full practice participation in contact and non-contact drills and activities. Game play is not allowed.		
Stage Five	Full practice and game participation in contact and non-contact drills and activities.		

*The above player has completed all stages of the Return to Play Protocol and is allowed to participate in all football activities.

Parent Signature: _____ Date: _____