WestConn
Athletic Training
Concussion Management Protocol

Concussion Management Education

1. All Head Coaches, Athletic Trainers, Strength and Conditioning Coach, Athletic Director, Team Physician and other personnel involved in the health and safety of the student-athlete will acknowledge that they understand the concussion management plan, their role within the plan and that they have received educational information regarding concussions. Each party will review and sign acknowledgement of the concussion materials. This education will be done on an annual basis.

2. All student athletes will sign a statement indicating they have reviewed concussion educational information and that they accept the responsibility of reporting any signs and symptoms of injury to the medical staff.

3. WestConn is committed to student-athlete health and safety. To that end, WestConn will be proactive in efforts to minimize exposure to head trauma.
   - Adherence to Inter-Association Consensus: Year-round football practice contact recommendations.
   - Reducing gratuitous contact during practice.
   - Taking the safety-first approach.
   - All coaches receive First Aid/CPR/AED training.

Pre-Participation Assessment

1. Baseline neuropsychological assessments (ImPact, SCAT 5 Balance/Physical/Cognitive testing) will be performed on all new student athletes prior to the start of their intercollegiate career by members of the athletic training team. Testing will include:
   - Brain injury and concussion history
   - Symptom evaluation
   - Cognitive Assessment (SCAT 5, ImPact)
   - Balance Evaluation (SCAT 5)
   - History of concussion or brain injury, neurological disorders, and mental health disorders
2. Student Athletes reporting a history of multiple concussion on their Medical History Questionnaire are required to upload onto SportsWare a letter from their physician. This letter must state he/she is cleared for full return-to-play.

3. Annual concussion updates for returning student athletes require the completion of the following:
   - New yearly medical history questionnaire. This questionnaire will review any new injury/illness that occurred during the prior year.
   - SCAT 5 symptom evaluation, balance evaluation and cognitive assessment.

4. The student athlete will be referred to the team neurologist for evaluation and determination for participation if they report the following:
   - Diagnosed neurological disorders
   - Three or more prior concussions
   - History of concussion and unable to pass the ImPact test after three attempts.

Recognition and Diagnosis of Concussion

1. A certified member of the WestConn Athletic Training Staff will be available at all NCAA practices. Preference will go to the contact/collision sports.
   - To be available means at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, radio’s, email or other immediate means of communication. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

2. A certified member of the WestConn Athletic Training Staff (ATS) will be present at all NCAA home competitions. Preference will go to the contact/collision sports:
   - Note: To be present means to be on site at the campus or arena of the competition. WestConn will ensure that such personnel will be from WestConn, from the opposing team or will be contracted independently for the event.
   - If the host institution does not provide medical coverage for any of the contact/collision sports, WestConn ATS will travel with that team.

3. When a student athlete shows signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed from practice or competition and evaluated by a staff athletic trainer or team physician.

4. Student athletes diagnosed with a concussion will be removed from practice/play for the calendar day. Physician referral will follow guidelines listed under the Post-Concussion Acute Management Plan.

5. Student athlete may only return to play on the same day if concussion is not suspected.

6. If removed by a member of the coaching staff, the coach will refer the student athlete to the athletic training staff.

7. Visiting sports team members evaluated by WestConn athletic training staff will be managed in the same manner as a WestConn student athlete.
Initial Suspected Concussion Evaluation

1. The initial evaluation will include:
   - History, Injury description, Chief Complaint
   - Risk Factor (headache Hx, Developmental Hx, etc.)
   - Symptom checklist
   - Injury characteristics (LOC, Retrograde, Anterograde)
   - Cognitive and Physical Evaluation (SCAT 5)
   - Balance (SCAT 5)

2. Forces capable to cause concussion can also injure the cervical spine or cause other head trauma. Therefore, the initial concussion evaluation will include assessment for cervical spine trauma, skull fracture and intercranial bleed.

Post-Concussion Acute Management

Athletes determined to have sustained a concussion will follow the referral protocols listed under this section.

1. Student Athletes will be referred to Danbury Hospital Emergency Room if the following signs are present: (The WestConn emergency action plan will be put in place for any suspected or diagnosed concussion that falls under this heading.)
   - Potential spine injury
   - Deterioration of neurologic function
   - Prolonged loss of consciousness or decreased level of consciousness
   - Unequal, dilated, or non-reactive pupils
   - Deterioration of mental status, lethargy, concentration, coordination, confusion, or agitation
   - Seizure activity
   - Greater than 15 minutes of amnesia
   - Repetitive Vomiting

2. Immediate Referral to a physician: If a member of the Athletic Training Staff is unable to observe the concussed student athlete for two hours from the time of the initial injury, they will be referred for immediate medical evaluation.

3. Referral to physician (subsequent days): Any student athlete who has been diagnosed by a staff athletic trainer/physician as having sustained a concussion.

4. WestConn Athletic Training Staff will complete concussion evaluation (based in part on the initial assessment) and management documentation. This information will be stored both in the student athletes file and electronically.

5. Prior to discharge from the athletic training facility, student athletes will be monitored for two hours to assess for any further signs and symptoms along with the possibility of deterioration.

6. Student athletes discharged from the athletic training facility will be provided with written and oral instructions for follow-up care. These instructions will be explained in the presence of a guardian, teammate, or roommate.
7. Student athletes diagnosed with a concussion will be instructed to limit physical and cognitive activity until symptom free and or they have been seen by a physician. These measures include academic work, computer screen time, television, physical activity or any other trigger that will not allow the brain to rest.

8. The attending athletic trainer will notify the Academic Concussion Liaison (ACL), Athletic Director, Head Coach and Health Services in the event of a concussion.

9. The injured student athlete will follow-up with the ACL (who will contact the students’ professors) and the attending Athletic Trainer to determine the extent of accommodations and medical intervention that will be put in place.

10. Re-evaluation by a physician is based on several factors. These include but are not limited to the attending physician’s acute management plan (which may include a follow-up appointment), atypical presentation or persistent symptoms which may present during follow-up appointments with the staff athletic trainer.

11. WestConn athletic training staff will follow L.E.C. conference protocols regarding notification of injuries to the visiting school's athletic training staff.

12. Post-concussion ImPact testing will be performed on the request of the attending physician.

13. Athletes who have sustained a concussion will be baseline line re-tested at six months post-injury (or the most appropriate time based on full recovery).

14. Documentation related to the injured athlete’s acute management plan will be stored in their personal file and electronically in SportsWare.

Return to Play Management

1. Before initiating return to play criteria, a staff athletic trainer will record the student athlete’s scores on balance, cognitive and the symptom analysis checklist. No student athlete will enter the Stepwise program until symptoms have resolved for 24 hours and the post-concussion worksheet is completed.

2. Stepwise is a return to play protocol that includes exercise with gradual increases in duration and intensity. Athletes will proceed to the next level only if symptom free at the current level. If post-concussion symptoms occur, the athlete will drop back to the previous symptom free level and try to progress again after 24 hours. Athletes must be symptom free for 24 hours in order to proceed with Stepwise. Each step will take a minimum of one day. If the student athlete has two setbacks during the Stepwise program the staff athletic trainer will notify the attending physician.

3. **Stepwise Symptom-Limiting Program**

   Day One - Light aerobic exercise for at least 15 minutes.

   Day Two - Sport-specific activity exercise with no head contact.

   Day Three - Non-Contact General Sport drills and resumption of progressive resistance training

   Day Four - Full-contact practice and unrestricted training.

   Day Five - Return to competition
4. A symptom analysis checklist will be completed after each StepWise level. A staff athletic trainer will also record notes on the session in the athletes file.

5. Modifying factors and co-morbidities such as headache disorders, learning disabilities and mood disorders will be considered when making Return-To-Play and Return-To-Learn recommendations.

6. Post-Concussion ImPact testing will be conducted upon request of the attending medical doctor, preferably the WestConn Team Neurologist.

7. Unrestricted return to play will not occur until the student athlete has returned to the classroom fulltime.

8. Any athlete diagnosed with a concussion by medical personnel will be cleared by a physician before being permitted to return to play in practice or competition.

**Return to Learn Program**

**The Team**

Return-to-Learn will be managed by a multi-disciplinary team that includes physicians, athletic trainers, psychologist/counselors, neuropsychologist, administrators, coaches, the academic concussion liaison (ACL) and on-campus support services. The extent of each professional’s involvement will be dependent on the needs of the student-athlete.

In particular, the ACL will act as the academic accommodation point person. This person will work with the student-athlete to determine reasonable accommodations and support services. The role of this position will require an understanding of the student-athletes academic situation, the medical management plan and on-campus services that could aid in a more seamless recovery.

**Members of the team by name include:**

Mark Allen – Head Athletic Trainer, WCSU. 203-837-9016

Patrick Hull – Assistant Athletic Trainer, WCSU. 203-837-9032

Pete Algarin – Assistant Athletic Trainer, WCSU. 203-837-9063

– GA Athletic Trainer, WCSU. 203-837-9016

Dr. Neil Culligan – Associated Neurologist, Danbury, CT.

Elisabeth Morel – AccessAbility Services, WCSU. Academic Concussion Liaison, 3-837-8225

Lori Mazza – Athletic Director, WCSU. 203-837-9014

Dr. Keith Betts – Vice President Student Affairs, WCSU. 203-837-8600

Isabel Carvalho – Academic Advisement Center. WCSU 203-837-8397

Nancy Haensch – APRN, Health Services, WCSU. 203-837-8594
The Protocol

1. Attending or referred athletic trainer will contact the ACL, Athletic Director, Head Coach and Health Services in the event of a concussion.
2. The injured student athlete will follow-up with the ACL and the attending athletic trainer to determine the extent of accommodations and medical intervention. Please note: All accommodation requests need to be made by the student to AccessAbility Services located in White Hall, room 005.
3. All medical decisions regarding “Return-To-Learn” shall reside with the physician.

Stepwise (Return-To-Learn)

1. Cognitive rest the same day as the sports concussion. Avoid reading, classroom activity, T.V., texting, computer activity along with any other activities that exacerbate concussive symptoms. The period needed to avoid class or homework is individualized. If the student athlete cannot tolerate light cognitive activities stay at home or in the dorm.
2. The gradual return to activities should be based on the absence of concussion symptoms following cognitive exposure. Once the student athlete can tolerate cognitive activity (i.e. reading, TV, computer) he/she can return to the classroom, often in gradual increments. Continuous communication within a scheduled format will be set-up between the student-athlete, attending physician, the ACL and pre-determined members of the support team.
3. Modifying factors and co-morbidities such as headache disorders, learning disabilities and mood disorders will be considered when Return-To-Learn recommendations are planned.
4. If the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), he/she will notify the point person in charge of their care who will in turn notify the attending physician.
5. The attending physician will oversee return-to-learn plans, their progression and follow-up appointments.

Successful Program Implementation

1. The extent of academic support needed should be decided upon by Western’s multidisciplinary team. The level of this team’s involvement will vary on a case-by-case basis and the flow of information between the student athlete and engaged team members is vital.
2. The majority of student-athletes who are concussed will not need a detailed Return-to-Learn program. Minor modifications are often all that is needed in the first two weeks. Full recovery typically occurs anytime within the first two weeks.
3. In cases where the symptoms persist beyond two weeks, the student-athlete may require a change in his/her class schedule, or even consider a medical leave of absence. Students are also encouraged to request additional accommodations through AccessAbility Services at any time during the recovery process.
4. A more difficult scenario occurs when the student-athlete experiences prolonged cognitive difficulties. Regular medical intervention along with the support of the University is extremely important in guiding the student-athlete. This student-athlete will be exposed to all support services available on campus including special services (Learning Specialist, Office for Disability Services) and AccessAbility Services.
Western Connecticut State 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 Western Connecticut State University Concussion Safety Protocol is consistent with the NCAA/Arrington Concussion Settlement.

Legal Counsel
Print Name: ________________________________
Signature: ________________________________
Date:______________________________

Athletics Health Care Administrator
Print Name: ________________________________
Signature: ________________________________
Date:______________________________

Revised 5/7/20
MA/MM/PA/PH/LM