

SOUTHERN REGIONAL HIGH SCHOOL ATHLETIC DEPARTMENT

POLICY and GUIDANCE for TREATMENT of SPORTS-RELATED CONCUSSIONS and HEAD INJURIES

The following is a graduated return to competition and practice protocol for student athletes that have suffered a concussion or head injury during athletic competition. This New Jersey State mandated protocol will be followed by all athletes, coaches and parents when an athlete is cleared by their medical doctor to return to competition. Athletes and Parents will sign the form after the clearance note has been handed in to the Athletic office. Thank you!

Graduated Return to Competition and Practice Protocol

- Complete physical, cognitive, emotional and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limiting over stimulation, multi-tasking, etc.)
- After written medical clearance is given by a physician trained in the evaluation and management of concussions stating that the student-athlete is asymptomatic at rest, the student-athlete may begin a graduated individualized return-to-play protocol supervised by a licensed athletic trainer, school/team physician or in cases where the afore mentioned are not available a physician or licensed health care provider trained in the evaluation and management of sports-related concussion. The following steps should be followed:
 1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:
 2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum percentage heart rate: no resistance training. The objective of this step is increased heart rate. If no return of symptoms, next day advance to:
 3. Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
 4. Non-contact training drills (e.g., passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
 5. Following medical clearance (consultation between school health care personnel, i.e. Licensed Athletic Trainer, School/Team Physician, School Nurse and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and to assess

functional skills by the coaching staff. If no return of symptoms, next day advance to:

6. Return to play involving normal exertion or game activity.

- In the absence of daily testing by knowledgeable school district staff (i.e. Licensed Athletic Trainer, School/Team Physician) to clear a student-athlete to begin the graduated return-to-play protocol a student-athlete should observe a 7 day rest/recovery period before commencing the protocol. Younger student (K-8) should observe the 7 day rest/recovery period (after they are symptom free at rest) prior to initiating the graduated return-to-play protocol. A physician trained in the evaluation and management of concussion as well as the parents/guardians of the student-athlete shall monitor the student-athlete in the absence of knowledgeable school district staff (i.e., Athletic Trainer, School/Team Physician). School Nurses may serve as an advocate for student-athletes in communicating signs and symptoms to physicians and parents/guardians.
- If the student athlete exhibits a re-emergence of any concussion signs or symptoms once they return to physical activity, he/she will be removed from further exertional activities and returned to his/her school/team physician or primary care physician.
- If concussion symptoms reoccur during the graduated return-to-play protocol, the student athlete will return to the previous level of activity that caused no symptoms.

Student –Athlete Signature: _____

Parent’s Signature: _____

Coach Signature: _____