

## **Policy 6.0 Concussion or Mild Traumatic Brain Injury**

Weber State University Athletics Department recognizes that sport induced concussions pose a significant health risk for those student-athletes participating in athletics at Weber State University. With this in mind, the WSU Athletic Department has implemented policies and procedures addressing concussion assessment, management, and return to play procedures. The Department also recognizes that baseline neurocognitive testing on student-athletes who participate in those sports which have been identified as collision and or contact sports and/or who have had a history of concussions prior to entering Weber State University will provide significant data for return to competition decisions. This baseline data along with physical examination, and/or further diagnostic testing will be used in conjunction in determining when it is safe for a student-athlete to return to competition.

### **6.1 Baseline Testing**

All incoming freshman or those first time entering WSU student-athletes who are participating in those sports which have been identified as a contact or collision sport and /or who have had a previous history of concussions as identified by their health history will have a baseline neurocognitive test and balance test performed as part of their athletic medical screening. Currently the WSU Athletics Department utilizes the IMPACT™ concussion management system for neurocognitive testing and the BESS test to assessing balance.

The sports which currently undergo baseline neurocognitive testing and balance testing are as follows.

Football, Men's Basketball, Women's Basketball, Cheerleading, Pole Vaulters, Women's Soccer, Women's Softball, Women's Volleyball

### **6.2 Concussions Assessment**

The latest approach to the grading-scale dilemma is to not use a grading scale but rather focus attention on the athlete's recovery via symptoms, neuropsychological tests, and postural-stability tests. This line of thinking is that the sports medicine team should not place too much emphasis on the grading system or grade but should instead focus on whether the athlete is symptomatic or symptom free. Once the athlete is asymptomatic, a stepwise progression should be implemented that increases demands over several days. This progression will be different for athletes who are withheld for several weeks compared with those athletes withheld for just a few days.

### **6.4 Management**

- 6.4.1 Student-athletes who exhibits the above signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and disallow return that day.
- 6.4.2 Student-athletes shall be examined immediately and at 5 min. intervals for the development of mental status abnormalities or post-concussive symptoms. This immediate examination will include the completion of a "Graded Symptom Check List" and the administration of the "BESS" (*Balance Error Scoring System*) test.
- 6.4.3 Follow-up ImpACT testing of the injured athlete will be performed 24-48 hours post injury.

### **6.5 Return to Play Procedures**

- 6.5.1 Student-athletes will be permitted to return to play when cleared by the team physician. Clearance will include being asymptomatic for at least five days at rest and with exercise as well as passing (*return to baseline*) the ImpACT and BESS tests.
- 6.5.2 CT or MRI is recommended when headache or other symptoms worsen or persist longer than one week.
- 6.5.3 Following a second concussion in the same season, return to play will be deferred until the athlete has had at least two weeks symptom-free at rest and with exertion. Clearance to play will also include being cleared by the team physician and passing the ImpACT test and BESS test.
- 6.5.4 Termination of the season for that student-athlete is mandated by any abnormality on CT or MRI scan consistent with brain swelling, contusion, or other intracranial pathology, or is not cleared by the team physician for any other reason not mentioned

### 6.5.5 Return to Cognitive Activity Procedures

- 6.5.6 During the first 24 hours following a concussion, student athletes should avoid potential cognitive stressors such as schoolwork, video games, reading, IM & texting, watching television, attending film sessions, and anything else that requires concentration and attention.
- 6.5.7 After the initial 24 hour recovery period, if the student athlete cannot tolerate 30 minutes of light cognitive activity, he/she should remain at home or in the residence hall.
- 6.5.8 Once the student athlete can tolerate 30-45 minutes of cognitive activity without return of symptoms, he/she should return to the classroom in a step-wise manner. Such return should include no more than 30-45 minutes of cognitive activity at one time, followed by at least 15 minutes of rest.
- 6.5.9 It is recommended that the student athlete counsel with an athletic trainer on a daily basis as he/she increase his/her level of cognitive activity. A multi-disciplinary team will be utilized to make decisions on increased activity. This team may include the team physician, athletic trainer, faculty athletic representative or other faculty representative, coach, individual teachers and psychologist.

### 6.6 Instructions for Home Care

- 6.6.1 The WSU "Post Concussion Instruction Form" will be given to any student-athlete sent home after a head injury and to the parent or adult who is to monitor the student-athlete throughout the night. This form instructs the parent or adult to call the athletic trainer, 911, or seek medical attention at the closest emergency department if any of the following develop:
- \* Persistent vomiting
  - \* Confusion or disturbed behavior
  - \* Disturbance of vision (e.g. blurring or double vision)
  - \* Inappropriate drowsiness
  - \* Severe headache
  - \* Limb incoordination or weakness

The best guideline is to **note symptoms that worsen**, and behaviors that seem to represent a change in your son/daughter/roommate.

The "Post Concussion Instruction Form" also instructs the student-athlete as to where and when to report to the ATC/Team Physician for a follow-up assessment.