

Pueblo Police Athletic League

Concussion Management Program

Basic philosophy: We will never, under any circumstances, allow a student athlete who may have suffered a concussion to prematurely return to play when doing so may put that athlete at an increased risk for the future development of neurodegenerative changes.

Initial management after concussion

1. Any athlete who is felt to have had a concussion must be removed from play immediately and may not be returned to play or practice until cleared by a qualified medical professional as defined in the Jake Snakenberg Youth Concussion Act.
2. If the concussed athlete is felt to be medically or neurologically unstable at the scene of practice or play, the nearest emergency medical response team must be contacted, and the athlete should be transported to the nearest appropriate medical facility.
3. If the concussed athlete is felt to be medically and neurologically stable, but the athlete is markedly symptomatic, every attempt should be made to contact the athlete's primary care provider who will then direct the patient's further medical care. If the athlete does not have a primary care provider or his/her provider is unavailable, then the athlete should be transported to a medical care facility such as an emergency room or an urgent care facility. Transportation via ambulance should be accomplished rapidly if the athlete is markedly symptomatic, but may be accomplished via private vehicle if the athlete's parent/guardian is comfortable assuming this responsibility.
4. If the concussed athlete is felt to be medically and neurologically stable, and is not markedly symptomatic, the athlete will be placed into the concussion management protocol as described below. The athlete and his/her parents/guardians will be provided information regarding the concussion, and will be instructed to follow-up with a medical provider qualified in the management of sports related concussions as soon as possible, preferably within 72 hours of the concussion.

The concussion management protocol

1. The coach of the concussed athlete will remove the athlete from practice or play as soon as a concussion is suspected.
2. The coach will inform the athlete and the athlete's parents or guardians that the athlete may have had a concussion. If there are any emergent signs such as severe or worsening headaches, seizures, repeated vomiting, sleepiness or confusion, visual difficulties, slurred speech or weakness in any part of the body, the coach will have the athlete transported via ambulance to an emergency room for evaluation.
3. If there are no emergent signs as noted above, the coach will provide the athlete and parent/guardian with instructions for the care of the potentially concussed athlete. The coach will instruct the athlete, parent or guardian to be evaluated by a medical provider qualified in the management of sports related concussions as soon as possible, preferably within 72 hours of the concussion.
4. Once the potentially concussed athlete has had an initial evaluation by a medical provider qualified in the management of sports related concussions, the athlete may be allowed to start the athlete in a graduated return to activity after concussion plan (as detailed in the next section) under the supervision of the coach, if cleared to do so by the medical provider.

Graduated return to activity after concussion plan

1. The coach will, upon permission of a medical provider qualified in the management of sports related concussions, enroll the athlete in the graduated return to activity after concussion plan.
2. Components of the graduated return to activity after concussion plan may include;
 1. Temporary academic accommodations to allow the concussed athlete cognitive rest. The student may be excused from hard classes, excessively demanding homework, test taking, etc.
 2. Encouraging the athlete to minimize use of cell phones, televisions, texting, and watching movies.
 3. No vigorous physical activity until most if not all of the symptoms of a concussion have resolved.
 4. Neurocognitive testing using ImpACT or similar systems to compare post-injury scores to baseline scores if available.
 5. Progression to light aerobic activity such as walking, swimming, stationary cycling for 10-15 minutes/day. The athlete may proceed to the next level after 24 hours if asymptomatic.

6. Progression to sport specific exercise such as running drills for 20-30 minutes/day with no weight lifting or head contact. The athlete may proceed to next level after 24 hours if asymptomatic.
7. Progression to non-contact drills such as more complex training drills, and progressive resistance training. The athlete may proceed to the next level after 24 hours if asymptomatic.
8. If the athlete becomes symptomatic at any stage, that athlete has to return to the previous stage for at least 24 hours and only proceed to the next stage when asymptomatic.

Full contact practice/return to play after concussion

The athlete who has suffered a concussion will be allowed to participate in full contact practice /return to play only when **all** of the following conditions have been met:

1. The athlete is largely free of any significant symptoms from the concussion at rest.
2. The athlete is largely free of any significant symptoms from the concussion with exertion.
3. The athlete has returned to baseline on neurocognitive testing if baseline testing was done, or appears to have normalized on post concussion testing based on his/her age and scholastically based normative data.
4. The medical provider qualified in the management of sports related concussions feels that the athlete can participate in full contact practice and return to play after a follow up visit with the athlete.

Special considerations in concussed athletes

A certain number of athletes may continue to have symptoms of a concussion for a prolonged period of time after the concussion. These athletes may benefit by consultation with more specialized consultants in neurocognitive functioning. Clearly, these athletes will not be allowed to return to play until released by these specialized consultants.

Some athletes may suffer repetitive concussions, and it is believed that there is cumulative damage to the brain with successive concussions. These athletes may benefit from consultation with more specialized consultants in neurocognitive functioning, and it may be in the athlete's best interest to consider withdrawing from further contact-collision sports in some of these cases.

Clarification of special circumstances:

- A. If the primary care provider or alternative provider as described previously clears the concussed athlete to participate in full contact/return to play after the initial visit, the athlete will be placed in the graduated return to play after concussion plan. The athlete will be allowed to participate in full contact/return to play only after all of the following conditions have been met:
1. The athlete is largely free of any significant symptoms from the concussion at rest.
 2. The athlete is largely free of any significant symptoms from the concussion with exertion.
 3. The athlete has returned to baseline on neurocognitive testing if baseline testing was done, or appears to have normalized on post-concussion testing based on his/her age and scholastically based normative data.
- B. If the concussed athlete is initially evaluated by an emergency room/urgent care provider and cleared to participate in full contact/return to play, the athlete will be placed in the graduated return to play after concussion plan. The athlete will be allowed to participate in full contact/return to play only after all of the following conditions have been met:
1. The athlete is largely free of any significant symptoms from the concussion at rest.
 2. The athlete is largely free of any significant symptoms from the concussion with exertion.
 3. The athlete has returned to baseline on neurocognitive testing if baseline testing was done, or appears to have normalized on post-concussion testing based on his/her age and scholastically based normative data.