

Concussion Policy JMG INC

The recognition and treatment of athletes who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits. The data also suggests that concussions can lead to the development of dementia earlier than expected and has led to mandates by the National Federation of High Schools (NFHS), NCAA and the NFL, among others. The NFHS mandated rule states “Effective with the 2010 high school season, any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate healthcare professional.”

Recovery from a concussion requires limitation of physical activity, especially sports activity such as practice, drills, games, and at times even physical education classes. In significantly symptomatic athletes, mental activity should also be limited to allow the brain to heal. These activities may include limiting assignments, allowing greater time to complete quizzes and tests or assignments and less homework. Such activities as watching TV, texting, and video games may also slow the recovery from the concussion.

To better manage instances of concussion in our sports program, JMG INC requires the following:

1. All coaches (paid and volunteer) must read ALL information provided (Exhibit 1) in the area of current concussion management practices. These documents include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
2. Athletes suspected of having a concussion should be immediately removed from play and evaluated before being allowed to resume physical activity. All concussion evaluations should be done by a licensed health care professional (physician, physician's assistant, nurse practitioner, athletic trainer or physical therapist) trained in the treatment and management of concussions. Before the concussed athlete can return to action, the most current standard of care of the sports concussion includes the following: (1) the athlete must be asymptomatic at rest; (2) the athlete must display normal cognitive function as exhibited on a postural stability (balance) testing*; and (2) the athlete must provide written clearance from the evaluating medical provider. Upon return, the athlete should only be allowed to continue if he/she continues to be asymptomatic with activity. Utilizing the above standards, as well as experience and judgment, this health care professional will be able to determine when the athlete has completely recovered from the concussion;
3. Information will be provided to parents about concussion annually (including signs and symptoms and risks involved with continuing to play while symptomatic) and parents will be required to provide written acknowledgement of such information prior to their child(ren) being allowed to participate in sport activity.

Once the athlete is medically cleared to return to physical activity, coaches at JMG INC will be required to follow a stepwise sequence to return to full activity. Each step should be separated by 24 hours and the athlete should not be allowed to advance to the next step if symptoms reappear:

Step 1: Athlete may begin low impact activity such as light jogging or riding a stationary bicycle;

Step 2: Athlete may initiate aerobic activity fundamental to specific sport such as running or plyometrics.

Step 3: Athlete may begin non contact sport drills specific to sport dribbling, passing, catching, batting, etc.).

Step 4: Athlete may resume full contact sport activity in practice setting

*** BESS Test:**

The most commonly used balance assessment for those with sports-related concussion is the Balance Error Scoring System (BESS). The BESS consists of 3 tests lasting 20 seconds each, performed on a firm surface (grass, turf, court) and a piece of medium-density foam, all with the eyes closed, and scored based on the number of errors across trials:

- The athlete first stands with the feet narrowly together, the hands on the hips, and the eyes closed (double leg stance). The athlete holds this stance for 20 seconds while the number of balance errors (opening the eyes, hands coming off hips, a step, stumble or fall, moving the hips more than 30 degrees, lifting the forefoot or heel, or remaining out of testing position for more than 5 seconds) are recorded as errors.
- The test is then repeated with a single-leg stance using the non-dominant foot, and
- A third time using a heel-toe stance with the non-dominant foot in the rear (tandem stance). (A 2013 study ^[15] found that these stances were best at separating the healthy participants from the concussed patients.)

Acknowledgement Form: JMG CONCUSSION POLICY

I acknowledge that I received and read the JMG CONCUSSION POLICY and the 3 page exhibit below. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand that I will report all incidents of possible concussions set forth in the policy.

I acknowledge that I will be alerted when changes and updates are made to the JMG CONCUSSION POLICY and will be responsible for reading and complying with these updates.

Printed Name

Signature

Date

EXHIBIT 1

DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen 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)

Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.

HEADS \times UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

