

Northeastern Clinton Central School District Head Injury Return to Play Protocol

The following protocol has been established in accordance with the Concussion Management and Awareness Act. When an athlete shows any signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The athlete should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process.
5. The NCCS Medical Director has the ultimate and final authority regarding return to play clearance.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to play. The program is broken down into six phases; **each phase will occur on a separate day** and may require several days depending on the athlete and their injury factors. Any **return of symptoms ends the activity** and the athlete is rested until the next day when they resume their last successful step. The six steps involve the following:

Phase 1: No activity, complete rest until symptom free for **no less than 24 hours** and physician orders received clearing student to return to school and gradual return to play. The athlete must be protected from collision with other students or flying objects.

Phase 2: The athlete must pass “The Post Head Injury Nursing Assessment” which includes light aerobic exercise. No resistance training allowed at this time. With successful completion of the nursing assessment walking is acceptable in areas that decrease the possibility of collision with other students or flying objects.

Phase 3: Sport-specific exercise, such as skating in hockey and running in soccer, no contact. Progressive addition of resistance training may begin. (Movements that require sudden change in direction should be avoided along with possibility of collision with other students or flying objects).

Phase 4: Non-contact training drills, such as those performed in sport practice. (Movements that require sudden change in direction allowed.)

Phase 5: Full contact training in practice setting/ full return to PE class.

Phase 6: Competitive game play.

If any head injury symptoms recur, the student should drop back to the previous level and try to progress after 24 hours of rest without symptoms. The student should also be monitored for recurrence of symptoms due to mental exertion such as reading, working on a computer or taking a test (it will be the student, parent, coach and teacher responsibility to report to the school nurse any objective or subjective symptoms observed). The school nurse has been designated by the NCCS Medical Director to assess, monitor, and document the student's progression through this protocol.

Date: _____

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