



Tennessee Secondary School Athletic Association

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TENNESSEE SECONDARY SCHOOL ATHLETIC ASSOCIATION CONCUSSION POLICY

Beginning with the 2010-11 school year, TSSAA implemented a new concussion policy that all member schools must follow. Every individual involved in athletics must become more proactive in identifying and treating athletes who show signs of concussions. In order to address this critical issue, the NFHS has drafted the following language and made it a part of every sport rule book publication:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.

Education is the key to identifying and treating student-athletes that show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete, and health-care provider know the symptoms and steps to take when dealing with student-athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

The TSSAA Board of Control approved the following "TSSAA Concussion Return to Play Form" that must be used in practice and games. The form was adapted from the Acute Concussion Evaluation (ACE) plan on the CDC website (www.cdc.gov/injury). It contains specific instructions that shall be followed before an athlete can return to sports. The form must be completed and signed by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.), or a Clinical Neuropsychologist with Concussion Training before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file at the school by an administrator.

TSSAA is asking the administration of every TSSAA/TMSAA member school to meet with their coaching staff and review this policy prior to the beginning of every sports season. The state office will distribute this information to as many officials, athletic trainers, and health-care providers as possible. We ask that school personnel do the same in their area. This information should also be given to all parents and student-athletes.

Following a copy of "Signs/Symptoms of Concussion" to help with the educational process. Please make sure every individual involved in athletics at your school has and understands this information. **The NFHS has also developed a free 20-minute course online entitled "Concussion in Sport – What you Need to Know" that we encourage every individual to take. It can be accessed at www.nfhslearn.com. Athletic Directors at all member schools are asked to take the lead and require every coach in their school to complete the course and make the information available to parents.** Failure to do so is not an option. Our student-athletes' safety must come first.

If you have any questions regarding this, please feel free to contact our office.

PROTOCOL FOR OFFICIALS DURING CONTESTS

1. Continue to monitor players for possible injury and concussions as usual.
2. Remove any player that shows signs of concussion.
3. Inform the head coach that the player is showing signs of concussion or other injury.
4. The head coach is in charge of getting clearance from proper health-care provider.
5. The "TSSAA Concussion Return to Play" form **MUST** be completed, signed by a licensed medical doctor (M.D.), Osteopathic Physician (D. O.) or a Clinical Neuropsychologist with Concussion Training, and shown to the official(s) by the head coach prior to a student-athlete returning to participate in a contest the same day.
6. If a player that has been removed by an official is allowed to return to play during the contest, an "Unusual Occurrence Form" shall be filed with the state office by the official within 24 hours of the incident.
7. All TSSAA registered officials must understand and follow the above-written protocol.

Suggested Guidelines for Management of Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

Common Symptoms of Concussion Include:

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes – irritable, anxious, or tearful

Suggested Concussion Management:

1. No athlete should return to play (RTP) or practice on the same day of a concussion
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

For more information, the NFHS has also developed a free 20-minute course online entitled “Concussion in Sport – What You Need to Know” that we encourage every individual to take. It can be accessed at www.nfhslearn.com.



TSSAA CONCUSSION RETURN TO PLAY FORM



This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select.**

Athlete's Name: _____ Date of Birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

Care plan completed by: _____

Return to this office Date/Time: _____

Return to school on (date): _____

- RETURN TO SPORTS:**
- 1. Athletes should not return to practice or play the same day that their head injury occurred.**
 - 2. Athletes should never return to play or practice if they still have ANY symptoms.**
 - 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.**

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: _____ Do Not Return to PE class at this time. _____ May Return to PE class.

SPORTS: _____ Do not return to sports practice or competition at this time.

_____ May gradually return to sports practices under the supervision of the health care provider for your school or team.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to the treating health care provider for final clearance to return to competition.

-OR- _____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp)

Please check:

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ Concussion Training

Provider's Name: _____

Provider's Office Phone: _____

Provider's Signature: _____

Office Address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. **Move to the next level of activity only if you do not experience any symptoms at the present level.** If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Sports Specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition.