**Policy on Mild Traumatic Brain Injury**

**Policy:**

All athletes sustaining a mild traumatic brain injury (mTBI) should be thoroughly examined and closely monitored to determine nature and severity of injury and appropriate course of treatment.

**Procedure:**

The athletic trainer (AT) will perform a complete initial mTBI evaluation. The player should not be left alone following the injury, and serial monitoring for deterioration is performed until he/she leaves the care of the on-site AT. Follow-up evaluations, either in person or by phone, should be performed until the athlete is asymptomatic.

* No athlete, regardless of age, will be allowed to return to play on the same day as initial mTBI.
* Each athlete sustaining an mTBI will be tested by the on-site AT with the Sport Concussion Assessment Tool 5 (SCAT5). It is recommended to obtain a SCAT5 test within 1-2 days following the initial injury. In cases where the AT is not able to complete the SCAT5 within 1-2 days following the injury, the on-site AT will perform a complete SCAT5 on the first day the athlete returns to the athletic training room.
* The AT will provide the Mercy Sports Medicine *Home Care for Head Injuries* sheet to the parent/guardian for appropriate delayed referrals. If communication with the parent/guardian is not possible, then the head coach and/or school administration should be fully educated on the injury and recommended home care.
* The on-site AT will document presence, severity and duration of symptoms on the Graded Symptom Checklist, within the SCAT5, during the initial evaluation and each follow-up evaluation. The Graded Symptom Checklist can be performed over the phone for follow-up evaluations if necessary.
* Once the athlete has been asymptomatic for at least 24 hours, the athlete will be reassessed with the SCAT5. Once the assessment reveals an improvement from the initial post-injury SCAT5, the graduated return to sport strategy may begin.
* In addition to an asymptomatic GSC and an improved SCAT5, a Vestibular/Ocular-Motor Screening (VOMS) must also be completed prior to Step 4 of the graduated return to sport strategy in order to further support the RTP decision-making process.
* All mTBI athletes will undergo at least one additional SCAT5 assessment upon completion of the graduated return to sport strategy.

**Graduated return-to-sport strategy**

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| **Stage** | **Aim** | **Activity** | **Goal of each step**  |
| 1 | Symptom-limited activity | Daily activities that do not provoke symptoms | Gradual reintroduction of work/school activities |
| 2 | Light aerobic exercise | Walking or stationary cycling at a slow to medium pace. NO resistance training | Increase heart rate |
| 3 | Sport-specific exercise | Running or skating drills. NO head impact activities | Add movement |
| 4 | Non-contact training drills | Harder training drills, eg. Passing drills. My start progressive resistance training | Exercise, coordination and increased thinking |
| 5 | Full contact practice  | Following medical clearance, participate in normal training activities | Restore confidence and assess functional skills by coaching staff |
| 6 | Return to sport | Normal game play |  |

* In the event of excessive symptoms, extended duration of symptoms or difficulty during the graduated return to sport process athletes may be referred to another concussion specialist for assessment.
* Athletes returning to activity should be closely monitored in order to make appropriate decisions on progressing or regressing activity level.
* If an athlete develops symptoms during a graduated return to sport strategy, the activity for that day will cease and resume the next day as long as the athlete presents asymptomatic.
* The AT will document all evaluation findings and management, as well as report all head injuries to appropriate school personnel.
* Prior to returning to full, unrestricted sport activity, athletes must:
	+ Be asymptomatic for a minimum of five full days
	+ Successfully complete a graduated return to sport progression
	+ Receive clearance from the on-site AT
* Middle school athletes suffering an mTBI should be treated more conservatively than older athletes. They must be asymptomatic for seven days prior to initiating a graduated return to sport progression. Middle school athletes will be required to provide a note from a health care provider (MD/DO/PAC/LAT/ARNP/Neuropsychologist) before beginning a return to sport progression.
* It will not usually be feasible to follow the above procedures for those athletes who are not members of a school contracting services with Mercy Sports Medicine. In these situations, the AT providing coverage will provide a thorough initial mTBI assessment. Utilization of the SCAT5 will be at the discretion of the AT. Following the initial assessment, the AT should make the appropriate recommendations to the parent/guardian or responsible school personnel regarding home care and delayed/immediate referral.

**Additional comments:**

* Loss of consciousness is not a good indicator of return to sport determination.
* Notify Mercy Sports Medicine administration and school administration of any situation that does not comply with the above guidelines.

References:

* Mucha, et al. *A Brief Vestibular/Ocular Motor Screening (VOMS) assessment to evaluate concussions: preliminary findings. American Journal of Sports Medicine.* 8 Aug, 2014.
* Consensus Statement on Concussion in Sport, 5th International Conference on Concussion in Sport, Berlin, Germany, Oct. 2016.
* Consensus Statement on Concussion in Sport, 4th International Conference on Concussion in Sport, Zurich, Switzerland, Nov. 2012
* National Athletic Trainer’s Association Position Statement: Management of Sport-Related Concussion 2014
* National Athletic Trainer’s Association Position Statement: Preventing Sudden Death In Sports, February, 2012