

MCKINNEY ISD Athletic Department Guidelines for Concussion Management

Introduction

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (mTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. Also, of concern is the risk of repeated concussions and second impact syndrome to our young athletes. In order to have a standard method of managing concussions for McKinney ISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

Equipment and Safety

1. All headgear must be NOCSAE certified.
2. Make sure the headgear fits the individual.
3. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Appropriate training for coaching staff concentrating on concussion awareness and techniques for their individual sports regarding the safety of the athletes in their sports.

Evaluation for Concussion/mTBI

1. At time of injury an Athletic Trainer and/or a physician will administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool (SCAT-3)
 - b. Graded Symptom Checklist (GSC)
 - c. Sideline Functional & Visual Assessments
 - d. On-field Cognitive Testing
2. Observe athlete 15 minutes and re-evaluate.
3. **If any sideline evaluation tests are failed the athlete will be removed from competition.**

****Middle school athletes injured during practice will be removed from all activities until seen by their high school athletic trainer and/or a physician.**

Concussion Management

1. Pre-participation baseline neurocognitive testing in soccer, wrestling and football for high school athletes.
2. Physician Referral
 - a. **Students will not return to school until 48 hours symptom free or with physicians release for return to school.**
3. Home Instructions
4. School modifications
 - a. Notify school nurse and all classroom teachers of the student that he/she has MTBI.
 - b. Notify teachers of post-concussion symptoms.
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
5. Student must be 24 hours symptom free in order to begin return to play protocol.
6. Return to Play Guidelines for Parents
 - a. Physical and mental rest while experiencing symptoms
 - b. Exercise program of gradually increased intensity, (but only after symptoms clear)
 - c. Medical clearance
 - d. Return to play

Return to Play Guidelines

No athletic activity until cleared by the treating physician.

1. Neurocognitive testing scores return to normal range or pre-injury level.
2. Activity progressions
 - a. Light aerobic exercise with no resistance training.
 - b. Moderate aerobic exercise with no resistance training.
 - c. Sport specific activity.
 - d. Non-contact training drills with resistance training.
 - e. Full contact training drills.

Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, wait 24 hours and start the progression again at the current stage or at first stage.

3. Physician clearance for return to full activity.
4. Athletic Trainer clearance and Parent post injury paperwork completion.

