

## I. Definition

*"Sport-related concussion is a traumatic brain injury induced by biomechanical forces."*

-Consensus Statement on Concussion in Sport: the 5th International Conference on Concussion in Sport Held in Berlin, October 2016

## II. Signs/Symptoms

### Non-Emergent

- a. Concussions can vary person to person and may exhibit a variety of symptoms. The following is list of common clinical signs/symptoms (note: this is not an exhaustive list and only serves as a basic list of possible findings in a concussion situation):

- Headache
- Pressure in the head
- Neck pain
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxiousness
- Trouble falling asleep (if applicable)

### Emergent ("Red Flags")

- b. The following are signs/symptoms that, if noticed, warrant immediate referral to a local emergency department:

- Decreased consciousness\*
- Increased confusion\*
- Increased irritability/combative\*
- Numbness, tingling, or weakness in extremities\*
- Unequal pupil size\*
- Vomiting\*
- Difficulty speaking\*
- Seizure(s)\*
- Worsening headache\*
- Neck pain/tenderness\*
- Double vision\*
- Severe/increasing headache\*

\*Indicates need to seek immediate emergency care

### III. Baseline Testing

The RecSports Athletic Trainer (RSAT) will complete concussion baseline assessments using the same method which is used by the UF Student Health Care center at the time of assessment. Each obtained baseline form should be scanned and put into the electronic medical records system used by RecSports Athletic Training staff to be utilized by the RecSports Athletic Trainers in the initial evaluation and Return-To-Play progression of injured patients. Sport club teams which are designated Concussion High Risk Required are required to complete a baseline for participation in competition. Baselines are only required once during the patient’s time with UF club sports with the exception of a physician requesting a subsequent baseline for any reason.

The RecSports Athletic Training staff has designated the following teams as “Concussion High Risk” based on the Sport Coverage Policy.

#### Concussion Baseline Required Sports

**On-site:**

SPORT	RISK LEVEL	RANK
Field Hockey	High - On-Site	3
Lacrosse (W)	High - On-Site	3
Soccer (M)	High - On-Site	3
Soccer (W)	High - On-Site	3
Lacrosse (M)	High - On-Site	4
Quadball	High - On-Site	4
Flag Football (W)	High - On-Site	4
Wrestling	High - On-Site	4
Rugby (M)	High - On-Site	5
Rugby (W)	High - On-Site	5

**Off-site:**

SPORT	RISK LEVEL	RANK
Competitive Cheerleading	High - Off-Site	3
Equestrian	High - Off-Site	3
Weightlifting	High - Off-Site	3
Ice Hockey (M)	High - Off-Site	5
Gymnastics	High - Off-Site	3

### Education/Resources

#### Officer Training

Sport Club’s President and Treasurer are required to attend the Recreational Sports Athletic Trainers’ Sport Club Officers training at the beginning of the academic year. This presentation will provide the

officers with vital information including head injury recognition and return-to-play progression for concussions. Coaches are not required to obtain this training; therefore, they are not responsible for concussion recognition.

## **Online Resources**

Officers can find helpful concussion and head injury information at the following link to the RS website: <https://recsports.ufl.edu/sports/sport-clubs/athletic-training/athlete-resources/>.

## **IV. Activity Action Plan**

### **Sport Clubs**

#### **I. Events at RecSports Owned Facilities**

##### **a. Athletic Trainer on Site:**

- i. When the RecSports Athletic Trainer suspects a concussion, assuming no emergent care is deemed necessary, they will use their clinical judgment to evaluate the patient using a commonly accepted concussion assessment tool. If a concussion is suspected, the participant WILL NOT be allowed to return to play that same day and must be referred by the RecSports Athletic Training staff to an appropriate healthcare provider for concussion diagnosis (MD, DO, PA, or ARNP).
- ii. Any participants who suffer from a concussion should be given the [Head Injury Home Advice](#). They will immediately be made ineligible to participate in sport club and intramural participation in coordination with the relevant club sport officers.
- iii. When a RecSports Athletic Trainer decides to withhold a patient from play under suspicion of concussion that decision is final and is not subject to question or reversal from any other party.

##### **b. Club Officers:**

- i. The Sport Club President and Treasurer will be given head injury recognition training by the RecSports Athletic Training staff annually and will remain knowledgeable of the common signs/symptoms of a head injury. If at any point they begin to suspect a participant has sustained a head injury, they should immediately remove the participant in question from play and alert the RecSports Athletic Training staff on-site.
- ii. If a RecSports Athletic Trainer decides to withhold the patient from play the RSAT will email the appropriate Sport Club Officer notifying them of the patient's medical ineligibility. It is the responsibility of the Sport Club Officer and the patient to ensure that the patient does not continue to participate in Sport Club athletics of any kind until cleared by the RSATs. Once the patient becomes medically eligible to play the RSAT will email the appropriate Sport Club Officer notifying them of the patient's updated status.

## II. No Athletic Trainer On-Site

### a. Club Officers:

- i. If the Club Officer notices signs/symptoms consistent with a head injury (see **Section II: "Sign/Symptoms" part A**) or any of the Red Flag signs/symptoms (see **Section II: Signs/Symptoms" part B**) they must immediately withhold the subject from any further athletic activity and contact the nearest RecSports staff member to activate the site's Emergency Action Plan.
- ii. Following the injury, the Sport Club President and/or the injured patient will be responsible to promptly inform the RecSports Athletic Training staff of the patient's injury using the email address [rsathletictrainers@ufsa.ufl.edu](mailto:rsathletictrainers@ufsa.ufl.edu) following the event. The patient will be responsible to see a provider at the [Sports Medicine and Acute Care Clinic \(SMAC\)](#) within 72 hours after their initial injury for a walk-in appointment and make an appointment with the RecSports Athletic Training staff. If the patient is unable to go to SMAC within 72 hours they will still be responsible to make an appointment with RSAT and the RSAT should then refer the patient to SMAC.
- iii.

## III. Away Events & at Non-RecSports Owned Facilities Recommendation

### a. Club Officers

- i. If the Club Officer notices signs/symptoms consistent with a head injury (see **Section II: "Signs/Symptoms" part A**) they should immediately alert on-site medical staff, if present. If no medical personnel are available, the Club Officer should have the participant fill out the **Head Injury Home Advice symptom checklist** on page 2.
- ii. If the Club Officer notices any red flag signs/symptoms (see **Section II: Signs/Symptoms" part B**) they must immediately alert on-site medical staff if present. If no medical personnel are available, the Club Officer must call 911. If a Sport Club participant sustains a head injury while participating in an away event or at an off-site non-RecSports owned facility it is the responsibility of the club president to inform the RecSports Athletic Training staff as soon as possible using the email address [rsathletictrainers@ufsa.ufl.edu](mailto:rsathletictrainers@ufsa.ufl.edu) as well as following appropriate post-travel procedures by completing the "Post-Travel Form". The patient will be responsible to see a provider at SMAC within 72 hours after their initial injury for a walk-in appointment and make an appointment with the RecSports Athletic Training staff. If the patient is unable to go to SMAC within 72 hours they will still be responsible to make an appointment with RSAT and the RSAT should then refer the patient to SMAC.

### b. Practices

- i. Sport Club Officers are primarily responsible for recognizing potential head injuries during their practice times. The Sport Club officers will be aware of the threat of head injuries and, if one is suspected during sport club practice, the

sport club officer will immediately remove the subject from participation and follow the appropriate directives listed below depending on the day/time.

## V. Referrals

When referring a patient to an appropriate healthcare provider for concussion diagnosis (MD, DO, PA, or ARNP) the RecSports Athletic Trainer will provide the subject's baseline concussion assessment, if one is on file with the electronic medical record, to the provider.

## VI. Return To Play

RTP guidelines depend on the severity of the concussion and level at which participants are competing. All concussions will be evaluated by an appropriate health care professional (MD, DO, PA, or ARNP).

### I. Sport Club Participants:

- a. Following a concussion diagnosis (via MD, DO, PA, or ARNP), the RecSports Athletic Training staff will wait until the symptom checklist returns to a pre-injury status (using baseline testing if available) to begin the RTP program. Following a normal concussion assessment at pre-injury levels the participant will be referred to an appropriate health care professional for approval to begin RTP progress. Once approval is granted (noted on "[Physician Form](#)") the RecSports Athletic Training staff will take the participant through the 5-day RTP protocol. The following is an example of a RTP however the RTP will ultimately be determined by the health care provider which clears the patient to begin the RTP process.
- b. The RecSports Athletic Trainers will utilize the Return to Play Progression tool to track the participant's progress. Following successful completion of the Return to Play Progression and prior to being cleared for full participation, the patient will be required to obtain, and the Athletic Trainer will verify, a final clearance note from an appropriate health care provider (MD, DO, PA, ARNP).\*\*
- c. This procedure will be followed in all instances of sport club participant concussion, regardless of whether the concussion occurred during their sport or outside of their sport club participation.
- d. Before RTP is permitted, the patient must complete a 5-day Return to Play Progression completely free of concussion symptoms in coordination with the RecSports Athletic Trainers.

- **Phase 1: 15 Minutes of Light Aerobic Exercise**
- **Phase 2: 30 Minutes of Aerobic Exercise and Body Weight Exercise**
- **Phase 3: 45 Minutes of Sport-Specific Exercise/Drills**
- **Phase 4: 60 Minutes of Non-Contact Training/Practice**
- **Phase 5: Full Contact Practice**

■ **Final Assessment including commonly accepted concussion assessment tool (i.e Most updated version of the SCAT/SCOAT)**

- e. According to the 2017 Concussion in Sport Group (CISG) consensus statement, “generally, each step should take 24 hours.... however, the time frame for RTS may vary with player age, history, level of sport, etc, and management must be individualized.” If the participant experiences a return of any concussion symptoms, they must immediately stop activity. The following day, they can attempt the same stage that caused them to be symptomatic the day before. For example, if the participant’s symptoms return on Day 2 with sport-specific exercise, they must stop activity and can attempt Day 2 again the following day.
- f. Days 1-3 must occur under the direct supervision of a RecSports Athletic Trainer(s). The participant will be allowed to complete days 4-5 under the supervision of their coach or sport club officer(s). The participant must email the RSATs following day 4 and day 5 reporting how they felt with exertion that day, including if they became symptomatic with activity. If they do not email the RSAT staff after each day (4 and 5), they will not be cleared to RTP. Officers and coaches can also be contacted for additional feedback as to making return to play decisions regarding progressions.
- g. Once the participant has completed a full practice (day 5 of the return to play process), they must report back to the RecSports Athletic Trainers to complete their final concussion assessment (i.e Most updated version of the SCAT/SCOAT). A final clearance note from an appropriate health care provider (MD, DO, PA, ARNP) will be submitted to the RecSports Athletic Trainer prior to the subject's first practice back from concussion protocol\*\*. The digital copy of this form and all other subsequent documents should be completed in the patient’s chart on ATS.
- h. \*\*subject to change at the provider’s discretion. Any discussions between RecSports Athletic Trainer and provider must be documented within the electronic medical record (EMR) system utilized by the RecSports Athletic Trainers.

## **VII. Return to Learn**

In the event that a patient sustains a concussion the athletic trainer should provide the student with information regarding services from [Campus Assistance & Resources for Empowerment \(CARE\)](#) for potential impacts to learning. The student can then self-refer as they feel necessary.

**University of Florida**  
**Department of Recreational Sports – Athletic Training**  
**Concussion Procedures**

<b>Approvals:</b>	<b>Effective Date:</b>
X _____ Associate Director for Aquatics and Risk Management	
X _____ General Counsel	<b>Revision Date:</b>
X _____ Resident Athletic Trainer	
X _____ Resident Athletic Trainer	<b>Next Planned Review Date:</b>