St. Norbert College Athletics Concussion Management Plan

In accordance with the NCAA’s recommended best practices for concussion management plans of all NCAA institutions, the sports medicine staff (team physicians and Certified/Licensed Athletic Trainers (AT’s)) of St. Norbert College agrees to adhere to the steps outlined in this document.

1. The sports medicine staff of St. Norbert College has the unchallengeable authority to determine management and return-to-play of any ill or injured St. Norbert College student-athlete as deemed appropriate. In the absence of visiting teams’ AT’s, the sports medicine staff of St. Norbert College will assume responsibility of care for visiting teams’ athletes and have the unchallengeable authority to remove any athlete from participation due to signs and symptoms of concussion/head injury.

2. The St. Norbert College AT’s will update the Emergency Action Plans (EAP’s) for each venue to respond to student-athlete catastrophic injuries and illnesses (concussions, heat illness, spine injury, cardiac arrest, respiratory distress, sickle cell trait collapses, etc.) on an annual basis. The sports medicine staff and coaches will review and practice the plans on an annual basis as well.

3. St. Norbert College student-athletes must submit proof of insurance before they are allowed to participate in intercollegiate athletics. The insurance must cover athletic-related injuries and be submitted annually. All information is kept on file by the AT’s and copies given to the coach for each sport for use in emergencies when traveling. Regardless of insurance plan specifics, all student-athletes have access to the St. Norbert College sports medicine staff (AT’s, and team physicians when available).

4. The St. Norbert College sports medicine staff will document the incident, evaluation, continued management, and medical clearance/disqualification of the student-athlete with a concussion. In the absence of visiting teams’ AT’s, the St. Norbert College sports medicine staff will forward all injury documentation to the visiting institutions’ AT’s promptly to aid in the care and recovery of all visiting teams’ student-athletes.

5. It is the responsibility of the student-athlete to communicate information regarding his/her condition to anyone outside of the sports medicine staff (parents, professors, etc.) if he/she wishes to do so. Individuals will be notified at the request of the student athlete or if he/she is incapable of doing so due to injury or circumstance. The student-athlete is expected to be honest with any and all symptoms associated with concussion at the time of injury as well as post-injury to ensure proper treatment.

6. Athletics healthcare providers must stay within the standards as established for their respective professional practices.

7. The following describes the roles of the sports medicine and athletics staff of St. Norbert College:

   ➢ Team physician/medical director: director of sports medicine staff, has the final determination of injury diagnosis and return-to-play/return-to-learn decisions, responsible for any follow-up tests and recommendations for the student-athlete. A student-athlete will not be allowed to return to participation unless medically cleared by the team physician/medical director or his/her designee with permission.

   ➢ Certified/Licensed Athletic Trainer (AT): responsible for all concussion baseline testing, immediate assessment and care of injuries/illnesses, implements rehabilitation and daily assessment and care of student-athletes, implements return-to-play process under the direction of the team physician/medical director, designated point-person who navigates the student-athlete through return-to-play and return-to-learn process.
Coaches and student aides: act as first responders, recognize student-athletes with possible head injuries and direct any possible injured student-athletes to the sports medicine staff. Any athlete displaying signs and symptoms of a head injury must be removed from participation and not be allowed to return to participation until cleared by medical staff. Coaches and student aides will acknowledge that they understand the concussion management plan, their roles within the plan, and that they received education about the signs and symptoms of a concussion on an annual basis.

The following describes the roles of other medical and non-medical staff on and off campus:

- SNC Health and Wellness Services: assist with coordinating academic modifications, communicate excused class absences on behalf of the student-athlete if needed, recognize symptoms of head injury/concussion and refer to sports medicine staff for evaluation and continued monitoring/care of student-athlete, coordinate medical withdrawal from classes if necessary. When three (3) or more consecutive days of missed classes due to athletic injury occurs, Health and Wellness Services will obtain summary documentation of AT and notify faculty in accordance with the established policy. Initiating a medical withdrawal designation due to an athletic injury will also follow established policy.

- SNC Counseling and Psychological Services: provide care for student-athletes that may develop emotional or psychological disorders due to prolonged symptoms, removal from sport or classes, loss of playing time, academic difficulties, etc., and coordinate medical withdrawal from classes if necessary.

- SNC Academic Support Services: coordinate academic modifications or accommodations necessary for the student-athlete according to current post-concussion symptoms as outlined by team physician.

- Professors/instructors: recognize any decrease in academic performance, difficulties with attention or concentration, etc., and communicate observations with the student-athlete and sports medicine staff.

- Neuropsychologist: act as a consultant for post-concussive neuropsychological testing, interpret testing data, work with team physician to determine medical clearance of a student-athlete after significant or recurrent concussions.

- Physician other than team physician: in consultation or the absence of the team physician or if the student-athlete’s health insurance plan does not cover office visits to him or his clinic, an insurance plan-approved physician with experience in the evaluation and management of athletic-related concussions and return-to-learn/return-to-play criteria will be utilized and will advise the AT’s.

8. The following describes the implementation of the concussion management plan:

A. Preseason Education:

- Student-athletes, coaches, team physicians, athletic trainers, student aides, and athletic director will be provided educational materials regarding the signs/symptoms of a concussion/head injury on an annual basis and sign a form acknowledging that he/she has read and understands these materials. Materials include: NCAA fact sheets, SNC Sports Medicine informational handouts, videos, and a copy of this document.

- Each student-athlete will sign a statement in which he/she accepts responsibility for reporting his/her injuries and illnesses to the St. Norbert College sports medicine staff, including signs and symptoms of a head injury/concussion. Each student athlete will notify the sports medicine staff of an illness that potentially may cause significant complications if participation continued (i.e. mononucleosis).
B. Pre-participation Assessment:

- Baseline assessments will be conducted by the AT’s for each student-athlete prior to the first practice. All varsity sports plus men’s JV hockey, cheerleading, and dance will undergo baseline testing.

- The baseline assessment addresses past medical history of head injury/concussions, symptom evaluation (checklist), standardized cognitive assessment and balance evaluation. SNC Sports Medicine utilizes the Sport Concussion Assessment Tool (SCAT3), Vestibular/Ocular-Motor Screening (VOMS), and ImPACT (a computerized neurocognitive testing program) for baseline assessment.

- Athletes that suffer a head injury/concussion during the year will complete new baselines before resuming play the following year.

C. Recognition and Diagnosis of Concussion:

- Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion will be present at all NCAA varsity competitions in the following contact/collision sports: basketball, football, ice hockey, pole vault, and soccer. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team, or may be independently contracted for the event. Medical staffing for competitions is the responsibility of the host institution.

- Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion will be available at all NCAA varsity practices in the following contact/collision sports: basketball, football, ice hockey, pole vault, and soccer. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

- When a student-athlete shows any signs, symptoms, or behaviors consistent with a concussion, the athlete shall be removed from practice or competition and be evaluated by medical personnel experienced in concussion evaluation (SNC’s or host institution’s AT’s/MD’s).

- Evaluation includes symptom assessment, physical and neurologic exam, cognitive assessment, balance exam, and clinical assessment for cervical spine trauma, skull fracture, and intracranial bleeding.

- A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and not return to activity for the remainder of that calendar day at a minimum.

D. Post-concussion Management:

- The student-athlete shall receive serial monitoring for deterioration. Student-athletes will be provided oral and written instructions upon discharge, preferably with a roommate, relative, or someone that can follow the instructions. The student-athlete must not be left unattended during the initial 12 hours after the injury to ensure proper monitoring can take place.

- The student-athlete will be transported to an emergency room for further medical care if any of the following are present: Glasgow Coma Scale < 13, prolonged loss of consciousness, focal neurological deficit suggesting intracranial trauma, repetitive emesis, spine injury, or persistently diminished/worsening mental status or other neurological signs/symptoms.
The student-athlete will continue to be evaluated by the sports medicine staff on a regular basis throughout the recovery process, and each evaluation documented. The student-athlete will follow-up with the team physician before being allowed to return to any contact activity.

A student-athlete with prolonged recovery will be evaluated by the team physician in order to consider additional diagnosis (including, but not limited to: post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, attention-deficit hyperactivity disorder, or ocular or vestibular dysfunction) and best management options.

E. Return-to-Learn:

- Return-to-learn must be approached according to post-concussion symptoms and utilize a medically-supervised stepwise progression that fits the needs of the individual. Co-morbid conditions that may impair recovery (ADD/ADHD, anxiety, depression, ocular/vestibular dysfunction, etc.) must also be considered when managing the return-to-learn progression and student-athlete care.

- No classroom activity should be allowed on the same day as the injury.

- If the student-athlete cannot tolerate light cognitive activity, he/she should remain at home in the residence hall. Once the student-athlete can tolerated cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.

- Modification of schedule/academic modifications for up to 2 weeks, as indicated, with help from the AT who helps navigate the student-athlete through the stepwise return-to-learn process:
  i. Rest phase: physical and cognitive rest (no class attendance, no homework, no use of computers/texting/video games, no reading, no loud music; no exercise or physical activity). The period of time needed to avoid class or homework should be individualized and based on symptoms.
  ii. Homework phase (as symptoms decrease): avoid cognitive activities that worsen symptoms, perform a trial of homework with multiple breaks and stop if post-concussion symptoms increase with study. If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall rather than attending classes. Once the student-athlete can tolerate cognitive activity without return or increase in symptoms, he or she should return to the classroom in graduated increments.
  iii. Class re-entry phase (symptoms mostly resolved, able to study without provoking/increasing symptoms): allow for return to classes without taking notes, no testing/exams, no computer use. Depending on class load, may need to attempt only part of classes or limit number of classes to prevent symptoms from increasing.
  iv. Full return to classes (symptoms minimal or completely resolved): gradually increase attendance to all classes, make up tests/exams, prioritize assignments and allow for extra time if necessary.
  v. Full return to classes and return to athletics: full test/exam taking, continue to monitor for academic difficulty or decrease in performance, begin gradual return to play protocol if asymptomatic. A student-athlete may not return to contact or competition until fully returning to classes without modifications.
> At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete's cognitive activity re-assessed.

> Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with symptoms lasting greater than 2 weeks. Cases that cannot be managed through short-term modifications will involve assistance from Academic Support Services for long-term academic accommodations, in compliance with the Americans with Disabilities Act Amendments Act (ADAAA). Withdrawal from individual courses prior to the last date to withdraw is through the registrar's office. No withdrawal from individual courses after the last date to withdraw is permitted. A medical withdrawal from ALL courses may be warranted due to complications of the injury. The student-athlete must submit a request for a medical withdrawal through Health and Wellness Services or the Counseling and Psychological Services and be supported with medical documentation.

F. Return-to-Play:

> Initially, the student-athlete must rest until becoming asymptomatic. If symptoms have decreased but are still present, he/she may begin to utilize light aerobic activity/focused exercise or recovery techniques per team physician's recommendations and supervised by the AT to assist in resolution of lingering symptoms. The student-athlete will have limited physical and cognitive activity until he/she returns to baseline levels of symptoms, cognitive function, and balance. The student-athlete's return to play shall follow the following medically-supervised stepwise process:

  i. Light aerobic exercise (walking, swimming, stationary bike, etc.). No resistance training. If asymptomatic with light aerobic exercise, then;

  ii. Sport-specific activity with no head impact (non-contact training drills). If asymptomatic with sport-specific activity, then;

  iii. Non-contact sport drills and resumption of progressive resistance training (non-contact/limited practice). If asymptomatic with non-contact drills and resistance training, then;

  iv. Unrestricted training/full-contact practice. If asymptomatic with unrestricted training/full-contact practice, then;

  v. Return to full competition. Medical clearance will be determined by the team physician/designee, or athletic trainer in consultation with the team physician.

> There should be approximately 24 hours between each return-to-play stage. Concussion modifiers (prior concussion(s), duration of past recovery, migraine, ADD/ADHD, depression/anxiety, vestibular/oculomotor dysfunction, etc.) play a role in the appropriate rest time between each stage as determined by the sports medicine staff. At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete should be returned to the previous level of activity. Medical clearance must be given before return to contact play.

> Final authority for return-to-play shall reside with the team physician or the team physician's designee (neuropsychologist, consulting or insurance-approved physician, or AT under the direction of the team physician).
G. Reducing exposure to head trauma: athletics staff, coaches, student-athletes, and officials will continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted and current rules of play should strictly be enforced. Efforts to reduce head trauma exposure will also be stressed, including but not limited to:

- Taking the head out of contact, reducing gratuitous contact during participation, student-athlete education and coaching regarding safe play and proper technique, and taking a “safety-first” approach to sport.

- Adherence to Interassociation Consensus: Year-Round Football Practice Contact Recommendations

- Adherence to Interassociation Consensus: Independent Medical Care for College Student-Athletes Best Practices

H. The Athletics Health Care Administrator serves at the primary point of contact to assure St. Norbert College is compliant with NCAA health and safety legislation and interassociation recommendations. It is also that person’s responsibility to ensure an administrative structure in which the primary athletics health care providers (AT’s and team MD’s) have “unchallengeable autonomous authority” regarding the final decision-making authority for the diagnosis, management, and return-to-play determinations for student-athlete care.

Approved:

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