oncussions

ational Federation of State High School Associations

CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

or collision sports. Cases of individuals suffering permanent brain mine any residual effects that might preclude participation in contact should be referred for follow-up evaluation and assessment to deterrecommended that athletes sustaining more than one concussion sions within 7-10 days from the first concussion. Because of these shown that 1 in 15 athletes with a concussion have recurring concus-Highlighting the importance of making sure athletes are symptom free concussions. As the number of concussions increase, so do the risk for manent damage. sus on how many concussions are too many or what leads to that perdamage from multiple concussions have been reported but no consenfindings and the potential for complications resulting from MHIs, it is prior to returning to competition from a previous MHI, research has repeated concussions have been linked to longer recovery periods. future injuries (Guskiewicz et al, 2003). It has also been shown that history of at least one concussion are at an increased risk for further A three-year, follow-up study shows that athletes having a previous

MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD IN-JURY

traditional evaluation. These identifiable deficits frequently persist after above, is now revealing subtle residual effects of concussion not found by a week. Research, utilizing some of the testing instruments mentioned lines suggest using the gradual return-to-play protocol shown above while been free of symptoms for a minimum of a week. (McCrea et al, 2003). ally, physicians have advised athletes not to return to action until they have tional concussions. The exact period of increased vulnerability or the numconcussion and from cumulative damage of multiple head injuries. The significant damage from a concussion for a period of time after a preceding athlete who has signs and symptoms of post concussion should be rewhether an athlete can return to action with relative safety. the obvious signs of concussion are gone and appear to have relevance to monitoring the athlete for symptoms. This could be longer or shorter than Now, rather that discuss a length of time to be free of symptoms, guideber of concussions that is "too many" has not been determined. Traditionmore concussions an individual has, the greater is the risk of having additurned to action. There is also unanimity that there is increased risk of There is unanimous agreement within the medical community that NO

Source: National Federation of State High School Associations Sports Medicine Handbook—Fourth Edition Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

School & Youth Programs Concussion Act Title 16-91

Findings of fact—The Rhode Island General Assembly hereby finds and declares:

(1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is cause by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and

managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prenaturely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.

(4) Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings schools are required to educate and inform parents and athletes and of the Nature & Risk of concussions and head injury including issues related to the continuation of play after a suspected concussion or head injury. Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician. This information sheet must be reviewed, staned by all othletes and their parents and

This information sheet must be reviewed, signed by all athletes and their parents and/ or guardian and returned to the school at the beginning of each sport season and prior to the space of the youth's return to practice or competition.

The law also requires the following:

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- Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.
- Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.

For more information please visit the RIIL website (www.rill.org)

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Parent/Guardian	
Athlete	
Sport	
School	
I have reviewed the contents of this pamphlet with my son/daug	ımphlet with my son/daug
Parent Signature	Athlete Signatur
Date Signed	