



# Missouri State High School Activities Association

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## CONCUSSION EDUCATION AND MANAGEMENT PROTOCOL

### Education

Concussions are common in sports. The Missouri State High School Activities Association (MSHSAA) believes that education of coaches, officials, athletes, and their parents or guardians are key to safely returning a student athlete to play. Appropriate immediate care after a suspected concussion, and follow up incorporating a multi-disciplinary team that includes the coach, parent or guardian, athlete's physician, team physician and athletic trainer (if available), and school representatives, also are important for the proper management of a sport-related concussion.

Each school district will receive educational materials for coaches, athletes, parents, and school officials, required forms for student athlete participation and parent/guardian consent, and recommended medical clearance forms for return to play.

Annually, MSHSAA member school districts will ensure that every coach, student athlete, and parents or guardians of a student athlete completes a concussion and head injury information sheet and returns it to the school district prior to the student athlete's participation in practice or competition. Officials will receive training from their parent organization. Each official's organization will require annual concussion training and maintain a signed head injury information sheet for each official.

### Recognition and Evaluation of the Athlete with a Concussion

1. Recognition of the signs and symptoms of a concussion is important. Every member of the team-athlete, teammates, coaches, parents or guardians, officials, athletic trainers, and team physicians have a duty to report a suspected concussion. Not all school districts have medical personnel available to cover every practice and competition; therefore, the coach is the person in the best position to protect the player and must be aware that not all student athletes will be forthcoming about their injury.
2. An official shall not be responsible for making the diagnosis of a concussion. The official can assist coaches and medical staff by recognizing signs and symptoms of a concussion and informing the coach and medical staff of their concerns.
3. The coach, (Certified Athletic Trainer) ATC, or physician on site should evaluate the athlete in a systemic fashion:
  - a. Assess for airway, breathing, and circulation (basic CPR assessment)
  - b. Assess for concussion
    - i. Any unconscious athlete should be assumed to have a severe head and/or neck injury and should have their cervical spine immobilized until a determination can be made that the cervical spine has not been injured. If no medical professional can make the assessment, the athlete should be transported to an appropriate emergency care facility.
    - ii. A conscious athlete with no neck pain can be further evaluated on the sideline.

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4. An athlete experiencing ANY of the signs/symptoms of a concussion should be immediately removed from play. Signs/Symptoms of a concussion include:

<u>PHYSICAL</u>	<u>COGNITIVE</u>	<u>EMOTIONAL</u>
Headache	Feeling mentally “foggy”	Irritability
Nausea/Vomiting	Feeling slowed down	Sadness
Dazed/Stunned	Difficulty concentrating	More emotional
Balance problems	Difficulty remembering	Nervousness
Visual problems	Forgetful of recent information	
Fatigue	Confused about recent events	
Sensitivity to light	Answers questions slowly	
Sensitivity to noise	Repeats questions	

5. Evaluation

- a. Following any first aid management, the medical team, or coach in the absence of medical personnel, should assess the athlete to determine the presence or absence of a concussion. The SCAT (Sideline Concussion Assessment Tool) and SCAT2 are effective assessment tools that are readily available and can assist with the assessment.
- b. The athlete should be monitored for worsening or change in signs and symptoms over the next 24 hours. Instructions should be given to the parent or guardian as to signs and symptoms that may require further or more emergent evaluation.

6. Management of a Concussion and Return to Play

- a. An athlete determined to have a concussion or have concussion-like symptoms will be removed from practice or competition and is not allowed to return to practice or competition that same day.
- b. If an athlete displays concussion-like signs or symptoms, the athlete should be assumed to have a concussion until further medical evaluation can occur. “WHEN IN DOUBT, SIT THEM OUT!”
- c. Written clearance from a physician (MD or DO), Advanced Nurse Practitioner in written collaborative practice with a physician, Certified Physician Assistant in written collaborative practice with a physician, or Certified Athletic Trainer in written supervision of a physician, must be provided prior to return to play.
- d. Following a concussion, the athlete should have both physical and cognitive rest until symptoms have resolved.
- e. An athlete must be asymptomatic at rest and with exertion prior to return to play
- f. A graduated return to play protocol has been outlined by the Third International Concussion in Sport Group Statement (2008, Zurich), is recommended by the NFHS (nfhs.org), and may be used to guide return to play following medical clearance.

## MSHSAA Concussion Return to Play Form

If diagnosed with a concussion, an athlete must be cleared for progression to activity by an approved healthcare provider, MD/DO/PAC/LAT/ARNP/Neuropsychologist (Emergency Room physician cannot clear for progression).

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Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

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### THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: \_\_\_\_\_ Return to School On (Date): \_\_\_\_\_

#### The following are the return to physical activities recommendations at the present time:

- Diagnosed with a concussion: Cannot return to physical activity, sport or competition (must be re-evaluated).
- Diagnosed with a concussion: May return to sports participation under the supervision of your school's administration after completing the return to play protocol (see below).
- Not diagnosed with a concussion. Patient has diagnosis of \_\_\_\_\_ and MAY/MAY NOT return to play at this time.

#### Medical Office Information (Please Print/Stamp):

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

### Return to Play (RTP) Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school's policies and procedures, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete.

After the student has not experienced symptoms attributable to the concussion for a minimum of 24 hours and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

- Step 1:** Light cardiovascular exercise.
- Step 2:** Running in the gym or on the field. No helmet or other equipment.
- Step 3:** Non-contact training drills in full equipment. Weight-training can begin.
- Step 4:** Full, normal practice or training (a walk-through practice does not count as a full, normal practice).
- Step 5: Full participation.** Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms returned.

Return to Play Protocol (Steps 1-4) Completed (Date/Signature): \_\_\_\_\_

Cleared for Return to Play (Step 5) by: \_\_\_\_\_ Date: \_\_\_\_\_

May be advanced back to competition after phone conversation with the healthcare professional who evaluated the athlete (MD/DO/PAC/LAT/ARNP/Neuropsychologist) and documented above.

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website ([www.cdc.gov/injury](http://www.cdc.gov/injury)). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury.

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