



## Concussion Policy

March 1, 2011

*The purpose of this policy is to insure the safety of the players and to limit the liability of those protecting the safety of the players.*

*The responsibility of player safety falls on everyone involved in the game; coaches, officials, parents and the player. If you think a player has sustained a concussion... IMMEDIATELY take him/her out of play, and seek the advice of an appropriate health care professional (AHP) experienced in evaluating for concussion.*

**WLF:** *A player who displays symptoms of concussion and/or is rendered unconscious may not return to practice or competition without written approval of an AHP.*

**NFHS Rule:** *Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an AHP.*

**Note:** *WIAA Sports Medical Advisory Council identifies a physician and licensed athletic trainer (LAT) under the direct supervision of a physician as an appropriate health care professional for determining return to play.*

**Return to Play Protocol:** *Each level should take 24 hours with the athlete asymptomatic (symptom free) before moving to the next level in the progression. If any symptoms occur during the progression, the athlete should drop back to the previous level and try to complete that level after a 24 hour rest period. The progression levels are listed below:*

- *No activity with complete physical and cognitive rest*
- *Light aerobic exercise (less than 70% of maximum heart rate)*
- *Sport specific exercise (drills specific to athlete's sport)*
- *Non-contact training drills (more intense sport drills with no contact from other players)*
- *Full contact practice (following medical clearance)*
- *Return to play (normal game play)*

***"When in doubt, sit them out."***



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### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest at the higher levels of play where collisions can occur. HOWEVER, concussions can occur **at any** level of lacrosse, boys and girls. As many as 3.8 million sports and recreation-related concussions occur in the United States each year. Concussions are a type of traumatic brain injury (TBI), caused by a blow or jolt to the head that can range from mild to severe and can disrupt the way the brain normally works. Coaches play a key role in helping to prevent concussion and in managing it properly if it occurs.

Adolescents have been shown to have a slower recovery rate from concussion when compared to adult/professional athletes.

Female athletes have been shown to have a higher risk of concussion than male athletes.

### SIGNS OF CONCUSSIONS WHICH MAY BE OBSERVED BY COACHES, PARENTS, AND OTHERS

- Appears dazed or stunned
- Is confused about assignments
- Forgets plays
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loss of consciousness
- Displays behavior or personality change
- Can't recall events prior to or after injury.

### SYMPTOMS OF CONCUSSION WHICH THE ATHLETE SHOULD RECOGNIZE AND REPORT

Some Signs and Symptoms of Concussion:

- Unaware of game period, opposition, or score of a game
- Confusion
- Memory loss/amnesia
- Loss of consciousness
- Headache
- Balance problems or dizziness
- Nausea or vomiting
- Feeling "stunned," "dinged," "foggy," or "dazed"
- Visual problems (e.g., seeing stars, double vision)
- Ringing in the ears
- Irritability or emotional changes
- Slow to answer questions or follow directions
- Vacant stare/Glassy eyed
- Slurred speech
- Inappropriate playing behavior (e.g., running the wrong direction)
- Significantly decreasing playing ability
- Sensitivity to light and noise
- Trouble sleeping
- Poor concentration
- Poor memory

### SUGGESTED GUIDELINES FOR IDENTIFICATION AND MANAGEMENT OF CONCUSSION & HEAD TRAUMA IN SPORTS

Head trauma is a common problem in sports, and it has the potential for serious complications if not managed correctly. Even what appears to be a brief "bell ringer" with no loss of consciousness has the real risk of catastrophic results in an athlete that is returned to action too soon. Both the medical literature and lay media frequently report on dangerous complications of concussion: post-concussion syndrome, and second impact syndrome. There is also a rising concern regarding the number of concussions an athlete can sustain before causing damage to the brain. Scientific proof of this concern and its consequences are not available at this time.

At many athletic contests across the country, there is a lack of trained and knowledgeable individuals managing concussed athletes. Frequently, there is undo pressure from various sources (parents, player, and coach) to return a valuable athlete to action as quickly as possible. In addition, often athletes are unwilling to report headaches and other findings that he/she feels may be related to a concussion, because they fear this will prevent them from playing and be seen as "weak" by teammates and coaches.



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The **National Federation of State School Associations (NFHS)** recommends that the WLF distribute information to coaches, teams, clubs and parents, so that persons making sideline decisions regarding athletes may benefit from the latest knowledge regarding concussion and head injury. Below are some guidelines and information that may be helpful in establishing a protocol within your team and club. Please remember, these are general guidelines and must not be used in place of the central role that a physician and licensed athletic trainer must play in protecting the health and safety of student athletes.

Concussion – a complex process affecting the brain induced by traumatic biomechanical forces. Several common features may be utilized in helping to define a concussion:

1. Concussion may be caused by either a direct blow to the head, face, or neck, or an indirect blow elsewhere on the body with forces transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurologic functioning. This may resolve spontaneously.
3. Concussion may produce significant symptoms, but imaging studies (CAT scan) are normal; this is because concussion is a functional disturbance, not necessarily a structural injury to the brain.
4. Concussion results in a graded set of clinical symptoms. Loss of consciousness and amnesia (memory loss) may or may not be present, but if present they may not indicate anything about severity of the injury. Resolution of the symptoms will usually follow a typical course.
5. It is important to remember that young athletes still have a developing brain, and therefore may need a longer time to recover from a concussive injury than an adult athlete.

Athletes with a history of concussion should have a yearly Pre-participation Physical Exam. There should be a focus on their neurologic exam and specific questions to help truly assess concussion frequency and severity, as many athletes may not recognize concussions they may have had in the past. This history may “pre-identify” those athletes who will fit into the Complex Concussion category. It also gives the opportunity for a physician to educate the athlete & his/her family regarding the significance of concussion.

Recently, the old concussion grading scales (grade I-III) have been abandoned in favor of a new classification:

### **Simple Concussion:**

This is an injury that will progressively resolve without complication in less than 10 days. In such cases, limitation of activity while symptomatic is the only necessary intervention, and the athlete will typically resume sports without further problems. This is the most common form of concussion and can be appropriately managed by primary care physicians and licensed athletic trainers working under medical supervision. The cornerstone of management is rest until all symptoms resolve, and then a slow, progressive program of activity before return to sport.

### **Complex Concussion:**

These are cases where athletes suffer persistent symptoms (including recurrence of symptoms with exertion), specific signs (prolonged loss of consciousness >1 minute, amnesia), or prolonged cognitive impairment following the injury. This group should also include athletes who suffer multiple concussions over time or where repeated concussions occur with less impact force. This group should be managed with the help of a physician specialist who has specific expertise in concussion, such as a sports medicine physician, a neurologist, or a neurosurgeon.



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### Concussion Management

Sideline evaluation of cognitive function is essential. Symptoms can worsen over time, so athletes must be reassessed throughout the contest or practice.

The appearance of symptoms may be delayed several hours, so it is imperative to speak with a family member of the athlete to educate them so the athlete will be watched closely and evaluated after the event. If a family member is not present, then coach, sideline manager or other team official is responsible for finding someone who will be able to assess the athlete after the event. Calling emergency services is always indicated if symptoms worsen. Cell phones are a must for athletics today! The athlete should have an appointment with their physician for follow-up.

Acute injury – when a player shows ANY signs or symptoms of concussion:

1. The player should not be allowed to return to play in that game or practice.
2. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after the injury.
3. The player should be medically evaluated following the injury prior to return to play.
4. Return to play must follow a medically supervised stepwise process.
5. A player should never return to play while symptomatic: **WHEN IN DOUBT, SIT THEM OUT!**

The return to play process for a simple concussion usually takes one week, unless the athlete has a return of symptoms. If symptoms arise during any of the steps in the return to play protocol, the athlete should stop and be evaluated by a physician. Usually, athletes are advanced one step every 24 hours.

1. Complete rest until the athlete is 100% symptom free.
2. The athlete may progress to light aerobic exercise (walking, stationary biking) without resistance training.
3. Sport-specific exercise can begin the next day (skating in hockey, running in soccer, etc.).
4. The athlete may begin non-contact training drills, as well as light resistance training.
5. After medical clearance, the athlete may participate in full contact practice.
6. Game play.

In cases of recurrent and/or complex concussion, the rehabilitation will be more prolonged. These athletes should be managed by a physician with experience in dealing with concussions.

It is important for coaches and athletes to communicate with teachers, as a concussed athlete may require “cognitive rest.” This is essentially a limitation or special accommodations given for scholastic activities while symptomatic. Just like physical exertion, too much mental exertion may flare symptoms. This also includes potentially limiting television and video game time at home.

Any concussed athlete should NOT take any pain relief medications (even ibuprofen) during their return to play program, as these medications can modify concussion symptoms. Athletes on pain relievers should see a physician for final clearance. In addition, any athlete taking antidepressant medication should see a physician for final clearance, as these medications may also modify concussive symptoms. Any medications started in the recovery period to help reduce headache and post-concussion syndrome symptoms need to be stopped prior to final clearance.

# Wisconsin Lacrosse Federation



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## OTHER ISSUES

Prevention – Players are required to wear protective equipment which fits correctly. Coaches are required to teach proper lacrosse techniques and use of protective equipment. Rules will be closely followed and enforced by officials, players and coaching staff.

Education – The ability to treat and reduce the effects of concussive injury after the event are minimal. **Education of athletes, parents, coaches, sports medicine staff, and emergency service personnel is very important.**

Education should include the importance of:

1. Honest reporting of symptoms by the athlete
2. Assessment of those symptoms by a medical professional
3. Return to play protocols and decision making process

## USLACROSSE RESOURCES

The Wisconsin Lacrosse Federation and USLacrosse Certified Officials Trainers have access to a training DVD regarding concussions. Any team, club or league may request a loan of this DVD for training purposes.

USLacrosse also offers free Tool Kits on Concussions from the CDC, and other resources. Please visit:

[USLacrosse Concussion Awareness](#)