

# Sports Medicine Monthly

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## CONCUSSIONS:

### The Concussion Management Team

When an athlete sustains a concussion, every portion of their life is effected. They are no longer feeling right, probably not sleeping right, having difficulty in school, and somewhat depressed that they cannot participate in the sport they so enjoy. Concussions effect every aspect of one's life, and successful management requires more than just rest: it requires an understanding of every aspect where the patient is having difficulty.



With such a broad spectrum to evaluate, it is easy to now see why concussion return to play decisions are to always be team decisions; they are always greater than just any one clinician, one coach, or even one parent. For example, just because an athlete may be sitting in the quiet doctor's office without symptoms, and because of such gets a clearance note, doesn't mean that the noise, lights, and the cognitive challenges of a high school physics lab exam wouldn't restart and then worsen the athlete's headache and dizziness. It can, it will, and it does. Any area of the athlete's life that increases the cognitive load on the neurological tissues of the brain should be evaluated; especially athletics. As the effects of a concussion go far beyond that of the athletic field, the successful management of concussion must do the same.

In creating your Concussion Management Team, the following individuals should, at minimum, be on the list.

- **The Certified Athletic Trainer:** As the clinician that is most likely to be on site when the injury onset occurs, and as one of the few clinicians who are specifically educated and trained in evaluating concussions, the Certified Athletic Trainer should be a lynch-pin in any concussion management decision. Continued on page 2

### "Licensed Healthcare Provider"

#### Who is qualified to evaluate the concussed athlete?

Under the provisions of OK Statute 24-155 of Title 70, any student-athlete suspected of sustaining a concussion or head injury "may not participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions."



In deciphering exactly what is meant by this statement, school districts, moms and dads, and coaches alike are left to determine for themselves who is qualified and who is not qualified to evaluate their athlete. The OSSAA further demonstrates this fact in their description of Concussion Management by stating: "This statute requires local districts to determine and define what "licensed health care provider" you will use to implement this policy"

Rather than providing an evaluation of clinicians and clinical specialties, its is much more appropriate to instead provide an analysis of what a true concussion assessment does and does not look like and, in accordance with the state law, and the OSSAA, allow you to make the decision on your own.

#### What a Concussion Exam is Not:

- *A Single, One-Time Evaluation of Symptoms*  
When a patient is asymptomatic, that is a good indicator that their brain is now capable of performing daily living tasks without concern. However, performing the quadratic equation in Algebra class, or a blitz with a cover two package against the conference rival are tremendously more demanding on the neurological system. Therefore, they require a much more in-depth examination on a much greater frequency. Continued on page 2



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## Who is qualified...

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- **Release to...**

-Contrary to popular opinion, the traditional doctor's release regarding concussions is not a 'Release to Play.' In actuality, it is a 'Release from Inactivity and Permission to Progress to Full Activity' that is then followed by a Progression to Full Contact.

### What a Concussion Exam Is:

- **A Thorough Clinical Evaluation of the Nervous System**

-e.g. Sensation, Strength, Eye Tracking, Pupils that are equal and equally reactive to light, Gait Analysis, etc...

- **A Thorough Examination of Orientation and Cognitive Functioning**

-e.g. Month, date, time, Immediate Memory, Delayed Memory, Concentration, and Critical Thinking. One commonly used test is the SAC Test. (i.e. Standardized Assessment of Concussion)

- **A Thorough Evaluation of Balance and Coordination:**

-Double Leg, Non-dominant Leg, and Tandem Stance on a stable surface, and on a unstable (i.e. foam) surface with the eyes closed. One commonly used test is the BESS Test. (i.e. Balance Error Scoring System)

- **A Thorough Evaluation of Concussion Symptoms:**

-A Likert Scale (1-5) grading symptoms like Headache, Dizziness, Feeling Slowed Down, More Emotional, Nausea, Sensitivity to Light or Noise, etc...

- **A Stepwise Progression of Exertional Demands pending Continued Asymptomatic Status:**

-Squats, Speed Squats, Speed Squat with a Jump, Slow Jog, Speed Jog, Player Specific, Full Return without Contact, Full Return with Contact.

If you ever have any questions regarding concussion management, contact your Certified Athletic Trainer.



## The Concussion Management Team

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- **The Team Physician:** When additional care is needed (e.g. diagnostic imaging, pharmacological agents, etc...), the Team Physician is a tremendous resource for ensuring the accurate and expedient management of this patient.
- **The Parents/Guardians:** No one knows the patient better. The insights and the observations of a loving parent/guardian are essential to the well being of this patient.
- **The School Nurse:** The school nurse is an excellent resource for how the athlete is doing throughout the day and whether or not they are utilizing any medications to manage symptoms.
- **The Student's Instructional Staff:** The student's instructors provide unique insight into the student's daily actions and mannerisms, their level of class participation, and their academic success.
- **The Coaching Staff:** The athletic staff play a critical role in determining whether or not the athlete has returned to pre-concussion competition levels.

Whether in athletics, academics, or at home, building a well-rounded team approach to concussion management is so much more effective, practical, and safer than simple rest and a 5-10 minute visit in any physician's office could ever be.

## A Note to the Reader.....

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