

Tennessee Technological University
Policy No. 952



Effective Date: May 1, 2017

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Policy Name: Concussions

I. Purpose

The purpose of this policy is to provide Tennessee Tech University sports medicine staff and coaching staff with standard procedures for immediate medical care of athletes with potential head injuries.

The purpose of this policy is also to reduce head trauma exposure by emphasizing ways to minimize the exposure. Examples are, but not limited to, adherence to inter-association consensus such as year-round football practice contact guidelines, adherence to inter-association consensus regarding independent medical guidelines, reducing gratuitous contact during practice, taking a safety-first approach to all sports, taking the “head” out of contact with proper teaching and technique, and providing coaches and student-athletes education regarding safe play and proper technique. This is primarily the responsibility of the sports medicine staff, however it is also the responsibility of the Department of Athletics administration and coaching staff in the best interest of student-athlete welfare.

II. Review

This policy will be reviewed every three years or whenever circumstances require review, whichever is earlier, by the Director of Athletics or the Faculty Athletics Representative, with recommendations for revision presented to the Athletics Committee, Administrative Council and University Assembly.

III. Definitions:

- A. Sports Related Concussion:** a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathological, and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:
 - 1.** Concussion may be caused either by a direct blow to the head, face, neck, or elsewhere on the body with an ‘impulsive’ force transmitted to the head (e.g. sudden deceleration or “shaking” motion).
 - 2.** Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
 - 3.** Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
 - 4.** Concussion results in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.

5. Concussion is typically associated with grossly normal structural neuroimaging studies.
- B. ATC: Athletic Trainer, Certified. An ATC is employed or contracted by Tennessee Tech, certified by the National Athletic Trainer's Association and licensed by the State of Tennessee.
- C. GSC: [Graded Symptom Checklist](#)

IV. Policy

- A. The Office of Compliance will annually distribute the NCAA [Concussion Fact Sheet](#) and/or other applicable material to student-athletes in the Student-Athlete Handbook during the initial team compliance meeting.
- B. The Head Athletic Trainer will distribute the NCAA [Concussion Fact Sheet](#) and/or other applicable material to Coaches, ATCs, the Director of Athletics, and other members of the Department of Athletics at the required annual compliance meeting prior to the beginning of the fall semester.
- C. The Head Athletic Trainer will provide the NCAA [Concussion Fact Sheet](#) or other applicable materials to all physicians associated with Tennessee Tech Athletics. The Head Athletic Trainer will certify that he/she has provided all of the physicians with the required information prior to the start of each academic year.
- D. Prior to the beginning of their competitive season, student-athletes will be assessed by an ATC. During this evaluation a baseline using the ImPACT program will be established in order to have comparative data for future testing. In addition, the student-athlete will receive a cognitive assessment, balance evaluation (both legs), and his/her [concussion history](#) will be reviewed. A team physician will be consulted regarding prior concussions and/or concussion symptoms. A team physician will also review all baseline concussion assessments and give approval for participation.
- E. Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be present at all competitions.
- F. Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be available for all practices (i.e., available as defined by the [NCAA Sport Science Institute Concussion Safety Protocol](#)).
- G. When a coach, ATC, or student-athlete suspects that the student-athlete has received a concussion, the student-athlete's participation in the sport will cease immediately.

- H. If the initial assessment by the ATC or appropriate medical professional verifies the presence of a concussion, the student-athlete will be subject to the Procedure for Treatment of Acute Head Injury.
- I. The initial suspected concussion evaluation will include:
 - 1. Symptom assessment;
 - 2. Physical and neurological exam;
 - 3. Cognitive assessment;
 - 4. Balance exam;
 - 5. Clinical assessment for cervical spine trauma, skull fracture and intracranial bleed;
- J. The Department of Athletics will maintain an [academic plan](#) for student-athletes that have been diagnosed with a concussion.

V. Procedures

- A. The following procedures apply when an ATC or appropriate medical professional has made a diagnosis that a student-athlete has received a concussion:
 - 1. The ATC or appropriate medical professional will determine the treatment of the student-athlete using the criteria and factors below:
 - a. Glasgow Coma Scale < 13;
 - b. Prolonged loss of consciousness;
 - c. Focal Neurological deficit suggesting intracranial trauma;
 - d. Repetitive emesis;
 - e. Persistently diminished/worsening mental status or other neurological symptoms;
 - f. Spine injury;
 - 2. If the ATC is the individual making the diagnosis, the ATC is responsible for communicating the diagnosis and symptoms with the team physician. The ATC will follow all instructions given by the team physician.

- 3.** If an emergency room visit is deemed unnecessary, the ATC will evaluate the student-athlete using the GSC.
- 4.** Upon discharge from medical care, the ATC is responsible for distributing [documentation](#) of oral and/or written care to the student-athlete and another responsible adult (may be a parent or roommate). The responsible adult will continue to monitor and supervise the student-athlete in the acute phase of the concussion.
- 5.** The student-athlete will remain withheld from participation until the following criteria are met:
 - a.** A student-athlete will have a zero score on the GSC.
 - b.** A student-athlete must remain free of symptoms for 48 hours declaring himself/herself symptom-free on the GSC.
 - c.** The ATC will perform an ImPact test without recurrence of symptoms.
 - d.** The student-athlete will begin aerobic exercise progressing from mild to strenuous without resistance training, observed by an ATC.
 - e.** If the student-athlete remains symptom-free, he/she will advance to sport-specific exercise and activity without head impact, observed by an ATC.
 - f.** If the student-athlete remains symptom-free, he/she will advance to non-contact practice with progressive resistance training, observed by an ATC.
 - g.** The student-athlete must receive medical clearance by a physician (team physician if available) to participate in full practice or competition.
 - h.** The ATC is responsible for mindfully observing the student-athlete during the first day released to full practice or competition.
 - i.** If the student-athlete presents with concussive symptoms, he or she will begin the concussion protocol criteria beginning at step a.
 - j.** When the student-athlete has completed the protocol and has been cleared for return to play, the student-athlete shall remain on the injury report noting the previous concussion. The ATC is responsible for verbally educating the student-athlete about the need to notify the ATC about recurring symptoms and shall monitor the student-athlete for symptoms. If the student-athlete reports symptoms or the ATC observes symptoms, the student-athlete will be held from further participation until cleared by a team physician. Any recurrence of self-reported or observed symptoms will be communicated to the team physician, who shall

recommend further restrictions or testing if necessary, including potential return to concussion protocol.

6. If an evaluation by a physician or ATC indicates a prolonged recovery period, the student-athlete will remain under the care of a physician for further diagnosis. Additional diagnoses include, but are not limited to:
 - a. Post-concussion syndrome;
 - b. Sleep dysfunction;
 - c. Migraine or other headache disorders;
 - d. Mood disorders such as anxiety or depression;
 - e. Ocular or vestibular dysfunction;
7. The ATC is responsible for serial evaluation and monitoring following injury.

VI. Interpretation

The President or his/her designee has the final authority to interpret the terms of this policy.

VII. Citation of Authority for Policy

T.C.A. § 489-8-203(a)(1)(E); NCAA Bylaw 3

Approved by:

Approved by President on April 26, 2017, pursuant to Policy 101, Section VII.A.