Tennessee Technological University
Policy No. 952

Concussions

Effective Date: May 1, 2017

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Policy Name: Concussions
Date Revised: July 1, 2020

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 student-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. The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, is as follows: Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

1. SRC 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 .

2. SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.

3. SRC may result in neuropathological changes but the acute clinical signs and symptoms largely reflect a functional disturbance rather than structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.

4. SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

5. The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

IV. Policy

A. As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

B. All NCAA student-athletes will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet, found on NCAA.org) and be required to sign an acknowledgement, on an annual basis and prior to participation, that they have been provided, reviewed and understood the concussion education material.

C. All coaches, team physicians, athletic trainers, directors of athletics and other athletics personnel involved in NCAA student-athlete health and safety decision making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet, found on NCAA.org) and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

D. All NCAA student-athletes will undergo a pre-participation baseline concussion assessment. This pre-participation assessment will be conducted at Tennessee Tech and, at a minimum, will include assessment for the following:

1. History of concussion or brain injury, neurologic disorder, and mental health symptoms or disorders.

2. Symptom evaluation (Graded Symptom Checklist (GSC))

3. Cognitive assessment (ImPact).

4. Balance Evaluation (BESS)

E. The team physician will determine pre-participation clearance and any need for additional consultation or testing and will consider for a new baseline concussion assessment at six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history.

F. Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be present at all NCAA competitions in the following contact/collision sports: football, basketball, soccer and pole vault. (To be present means to be on site at the campus or arena of the competition.)

G. Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be available at all NCAA practices in the following contact/collision sports: football, basketball, soccer and pole vault. (To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means and that the case can be discussed through such communication and immediate arrangements can be made for the athlete to be evaluated.

H. Any NCAA student-athlete that exhibits signs, symptoms or behaviors consistent with concussion:

1. Must be removed from practice or competition for evaluation.

2. Must be evaluated by an athletic trainer or team physician (or physician designee) with concussion experience.

3. Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.

4. May only return to play the same day if the athletic trainer, team physician or physician designee determines that concussion is no longer suspected.

V. Procedures

A. The initial suspected concussion evaluation will include:

1. Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed and catastrophic injury.

2. Symptom assessment (Graded Symptom Checklist (GSC))

3. Physical and neurological exam;

4. Cognitive assessment (Standardized Assessment of Concussion);

5. Balance exam (BESS)

B. Activation of emergency action plan, which may require transportation for further medical care, including immediate assessment for any of the following scenarios:

1. If performed, Glasgow Coma Scale < 13 on initial assessment, or GCS <15 at 2 hours or more on post-initial assessment.

2. Prolonged loss of consciousness;

3. Focal neurological deficit suggesting intracranial trauma;

4. Repetitive emesis;

5. Persistently diminished/worsening mental status or other neurological signs/symptoms; and/or

6. Spine injury.

C. Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the student-athlete. 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 for five days. After the five day period, the GSC will be repeated. If the student-athlete presents any symptoms on the GSC, he or she will be placed in protocol and a physician will be consulted. If the student-athlete is injury free, the injury will be closed.

D. For all cases of diagnosed concussion, there must be documentation that post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete, in oral and written form.

E. Any NCAA student-athlete with atypical presentation or persistent symptoms will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; vestibular dysfunction; cognitive impairment and autonomic dysfunction.

F. Returning to academic activities after a concussion is a parallel concept to returning to sport after concussion. Cognitive activities require brain energy utilization and after concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept, which is

detailed on www.ttusports.com, follows an individualized and step-wise process overseen by a point person within the athletics department, who will navigate return-to-learn with the student-athlete and, in more complex cases of prolonged return-to-learn, work in conjunction with a multidisciplinary team that may vary student-to-student depending on the specifics of the case but may include, among others:

Core Multidisciplinary Team

1. Senior Athletics Administrator as designated by the Director of Athletics
2. Director of Sports Medicine
3. Faculty Athletics Representative
4. Assistant Athletic Director for Academics and Student-Athlete Welfare
5. Representative of the Accessible Education Center
6. Team Physician or designee (consulting member)

Augmenting Team Members

1. Medical Specialists
2. Senior Woman Administrator
3. Counseling Center Counselor
4. Member of the coaching staff
5. University Counsel
6. Psychologist or Neuropsychologist
7. Faculty Member
8. Athletic Trainer
9. Psychologist/Counselor
10. Neuropsychologist consultant
11. Academic Counselor
12. Course instructor(s)
13. University Administrators

G. A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with modification of schedule/academic accommodations, as indicated, with help from the identified point-person. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations. Campus resources will be consistent with the ADAAA and will include either a learning specialist or the Accessible Education Center.

H. A student-athlete will be re-evaluated by a team physician (or designee) if concussion symptoms worsen with academic challenges or in the event of atypical presentation or persistent symptoms lasting longer than two weeks.

I. Unrestricted return-to-sport will not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. Final

determination of unrestricted return-to-sport will be made by a Tennessee Tech team physician or his/her medically qualified designee following implementation of an individualized, supervised stepwise return-to-sport progression that includes, but is not necessarily limited to:

1. Symptom-limited activity

2. Light aerobic exercise without resistance training

3. Sport-specific exercise and activity without head impact

4. Non-contact practice with progressive resistance training

5. Unrestricted training

6. Unrestricted return-to-sport.

J. The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours. If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician or physician designee will be notified, and adjustments will be made to the return-to-sport progression.

K. Tennessee Tech is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end and in accordance with NCAA association-wide policy, Tennessee Tech will limit student-athlete head trauma exposure in a manner consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes, which is found on NCAA.org. For example:

1. Tennessee Tech teams will adhere to existing ethical standards in all practices and competitions.

2. Using playing or protective equipment (including the helmet) as a weapon will be prohibited during all practices and competitions.

3. Deliberately inflicting injury on another player will prohibited in all practices and competitions.

4. All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements.

5. Tennessee Tech will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.

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:

President on April 26, 2017, pursuant to Policy 101, Section VII.A.
President on April 29, 2019, pursuant to Policy 101, Section VII.A.
President on June 15, 2020, pursuant to Policy 101, Section VII.A.

Received by:

Received by Administrative Council on September 4, 2019.
Received by University Assembly on November 20, 2019.