



## SCJAAF Concussion Protocol-

On October 26, 2016, the Governor of California signed California Assembly Bill 2007 into law. The law, titled “Youth Sports Concussion Protocols”, is effective January 1, 2017 and is found in the California Health Safety Code under the section referencing “Adolescent Health” (Cal Health and Safety Code §124235).

The new law applies to “youth sports organizations” which includes any organization, business, non-profit entity or local government agency that sponsors or conducts amateur sports competitions, training camps, or clubs in which persons seventeen (17) years of age or younger participate: youth sports organizations are required to immediately remove an athlete who is suspected of sustaining a concussion or other head injury in an athletic activity for the remainder of the day. The athlete shall not be permitted to return to the athletic activity until being evaluated by, and receiving written clearance to return to athletic activity from, a licensed health care provider.

### Article VII, Section C.

16. If a player should be shaken up during the game, make certain that the designated medical attendant is in charge of treatment.

- a. Once the Medical assistant releases the player for participation, the Team A.D. assumes control.
- b. In the event a player is carried off the field. The Team Medical Assistant must evaluate the player to determine the nature and extent of the possible injuries, if any, at which time, the player may either be released to continue playing or remain removed from play for future analysis, or further treatment as needed. *Added 3/7/16*
- c. Any player, who is suspected of sustaining a serious injury or any type of head injury including but not limited to concussions in a practice, game or any SCJAAF event, is to be immediately removed from play/competition at that time for the remainder of the day.
- d. Any player who has been removed from play due to a serious injury or under suspicion of concussion, is prohibited from returning to play until the athlete is evaluated by a license health care provider trained in education and management of concussions, and has received written clearance to return to play from the health care provider. *Added 3/7/16*

An athlete who has sustained a concussion shall complete a graduated return to play protocol of not less than seven (7) days in duration **under the supervision of a licensed health care provider.**

1. A Doctors release detailing the return to play protocol will be mandatory for a player to return to play



2. Player must complete the return to play protocol prior to being allowed to participate in contact drills/ games

If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or a guardian of that athlete of the time and date of the injury, the symptoms observed and any treatment provided to that athlete for the injury.

- **SCJAAF Protocol**
  - write up accident report and have parent sign, concussion information sheet is to be provided along with accident form to parent along with return to play information sheet

On an annual basis, a youth sports organization shall provide a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is seventeen (17) years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not limited to, facsimile or electronic mail.

- Concussion Information Packets are provided to each Chapter/Team AD which they are to give to parents at beginning of season. Each team has a parent signature sheet stating parents agree they have reviewed and received, signature sheets need to be turned into Conference and placed on file for proof of compliance

On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials or both, to each coach and administrator of the youth sports organization. Each coach and administrator shall be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization. –

- Per the new rule, chapters needs to ensure that all coaches/ staff/ volunteers have provided a certificate of Completion for Concussion training-field passed will not be issued to any team staff member who has not completed
- Free Online concussion training is available at:  
<http://nfhslearn.com/courses/61064/concussion-in-sports>



# CONCUSSION IN YOUTH SPORTS

## SIGNS AND SYMPTOMS

### SIGNS OBSERVED BY PARENTS OR GUARDIANS

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

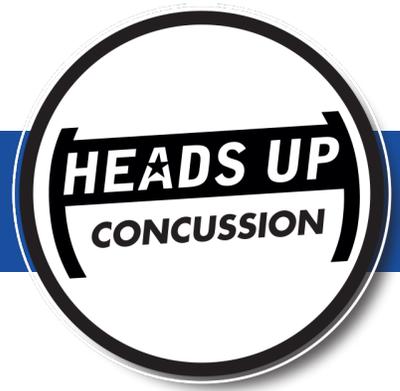
**For immediate attention, CALL 911**

*It's better to miss one game than the whole season.*

For more information and to order additional materials **free-of-charge**, visit:

[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

# CONCUSSION FACT SHEET FOR COACHES



## WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

## HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

**AND**

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

## SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just “don’t feel right,” after a bump, blow, or jolt to the head or body, may have a concussion.

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

### SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

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## WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

### FACTS

Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. Emphasize to athletes and parents that playing with a concussion is dangerous.

## WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

### 1. REMOVE THE ATHLETE FROM PLAY.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

### 2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

### 3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for sign or symptoms that appear or get worse once the athlete is at home or returns to school.

### 4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.



## WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



### DID YOU KNOW?

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

## HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

### BASELINE:

Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

### STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

### STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

### STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

### STEP 4:

Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

### STEP 5:

Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.



▶ **“WHEN IN DOUBT,  
SIT THEM OUT!”**

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JOIN THE CONVERSATION AT [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

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HEADS UP

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



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**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

# Hoja informativa sobre la **CONMOCIÓN CEREBRAL**

Esta hoja contiene información que ayuda a proteger a sus hijos o adolescentes de una conmoción cerebral u otra lesión cerebral grave. Use esta información en los juegos y las prácticas de sus hijos o adolescentes para aprender a identificar una conmoción cerebral y saber qué hacer en caso de que ocurra.



## ¿Qué es una conmoción cerebral?

Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

## ¿Cómo puedo mantener a mis hijos o adolescentes seguros?

Los deportes son una buena manera para que los niños y adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para reducir las probabilidades de que sus hijos o adolescentes sufran una conmoción cerebral u otra lesión cerebral grave, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
  - › Junto con el entrenador enseñe maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
  - › Hable con sus hijos o adolescentes sobre las conmociones cerebrales y pregúnteles si les preocupa tener que notificar una conmoción cerebral. Hable sobre las preocupaciones que tengan y déjeles saber que es la responsabilidad de ellos, y que está bien, notificar una conmoción cerebral y tomarse el tiempo necesario para recuperarse.
  - › Asegúrese de que sigan las reglas de seguridad del entrenador y las reglas del deporte.
  - › Explíqueles a sus hijos o adolescentes que espera que mantengan el espíritu deportivo en todo momento.
- Enseñarles que deben usar un casco para disminuir la probabilidad de sufrir los tipos de lesiones cerebrales o de la cabeza más graves, si es adecuado para el deporte o la actividad que practiquen. Sin embargo, no existe un casco que sea a prueba de conmociones cerebrales, por lo tanto, hasta con un casco es importante que los niños y adolescentes eviten los golpes en la cabeza.



**Planifique.** ¿Qué le gustaría que su hijo o adolescente supiera sobre las conmociones cerebrales?

## ¿Cómo puedo identificar una posible conmoción cerebral?

Los niños y adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se “sienten del todo bien” después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una conmoción cerebral u otra lesión cerebral grave.

### Signos observados por padres o entrenadores

- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje o de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (aunque sea por poco tiempo).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos antes o *después* de un golpe o una caída.

### Síntomas reportados por niños y adolescentes

- Dolor de cabeza o “presión” en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o grogui.
- Confusión o problemas de concentración o memoria.
- No se siente “del todo bien” o no tiene “ganas de hacer nada”.

**Hable con sus hijos y adolescentes sobre las conmociones cerebrales.** Pídales que notifiquen los síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos niños y adolescentes piensan que las conmociones cerebrales no son graves, mientras que a otros les preocupa perder su puesto en el equipo o ser vistos como débiles si notifican una conmoción cerebral. Asegúrese de recordarles que *es mejor perder un juego que toda la temporada.*

Para obtener más información, visite  
<http://www.cdc.gov/headsup/youthsports/index-esp.html>.



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**Las conmociones cerebrales afectan a cada niño y adolescente de manera diferente.** Aunque la mayoría de los niños y adolescentes se sienten mejor a las pocas semanas, algunos tendrán síntomas por meses o aún más. Hable con el proveedor de atención médica de sus hijos o adolescentes si los síntomas de conmoción cerebral no desaparecen o empeoran después de que regresan a sus actividades normales.



### ¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo o adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o más de estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que además empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Náuseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayado o inconsciente). Incluso una breve pérdida del conocimiento debe considerarse como algo serio.

Los niños y adolescentes que continúan jugando cuando tienen síntomas de conmoción cerebral o que regresan a jugar muy pronto, mientras el cerebro todavía se está curando, tienen mayor probabilidad de sufrir otra conmoción cerebral. Una conmoción cerebral repetida que ocurre mientras el cerebro todavía se está curando de la primera lesión puede ser muy grave y puede afectar al niño o adolescente de por vida; y hasta podría ser mortal.

Revisado en junio de 2015

### Converse con su hijo o adolescente sobre los riesgos de una conmoción cerebral y otras lesiones cerebrales graves y haga que cada persona firme lo siguiente.

Separe la sección de abajo y mantenga esta hoja informativa para usarla en los juegos y las prácticas de sus hijos o adolescentes con el fin de protegerlos de las conmociones cerebrales u otras lesiones cerebrales graves.

Aprendí sobre las conmociones cerebrales y hablé con uno de mis padres o mi entrenador sobre lo que debo hacer si sufro una conmoción cerebral u otra lesión cerebral grave.

Nombre del atleta: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del atleta: \_\_\_\_\_

He leído esta hoja informativa para padres sobre conmoción cerebral con mi hijo o adolescente y hablamos sobre lo que debe hacer si tiene una conmoción cerebral u otra lesión cerebral grave.

Nombre del padre o tutor legal: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del padre o tutor legal: \_\_\_\_\_

### ¿Qué debo hacer si creo que mi hijo o adolescente ha sufrido una conmoción cerebral?

Como padre, si usted cree que su hijo o adolescente puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que su hijo o adolescente regrese a jugar el día de la lesión. Su hijo o adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su hijo o adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego.

Trate de no juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un niño o adolescente de una posible conmoción cerebral. Los signos y síntomas de las conmociones cerebrales por lo general aparecen al poco tiempo de que ocurre la lesión. Sin embargo, al principio no sabrá qué tan grave es la conmoción cerebral y es posible que algunos síntomas no aparezcan por varias horas o días.

Después de una conmoción cerebral, el cerebro necesita tiempo para curarse. El regreso de un niño o adolescente a la escuela y a los deportes debe ser un proceso gradual dirigido y monitorizado cuidadosamente por un proveedor de atención médica.

Para obtener más información, visite

<http://www.cdc.gov/headsup/youthsports/index-esp.html>.



# Implementing Return to Play:

*Learning from the Experiences of  
Early Implementers*

National Center for Injury Prevention and Control  
Office of the Director



## Background

During the last decade, emergency department visits for sports and recreation-related traumatic brain injuries (TBIs) among youth, including concussions, increased by 62%<sup>1</sup>. Team and contact sports such as football and ice hockey have the highest incidence of concussion, followed by soccer, wrestling, basketball, field hockey, baseball, softball, and volleyball, however concussions can also occur in individual sports such as gymnastics and diving. The risk of concussion is highest in the 15 to 19-year-old age group nationally, regardless of gender.

In May 2009, the State of Washington passed the “Zackery Lystedt Law” (Washington House Bill 1824) to address concussion management in youth athletics. The Washington law was the first state law to require a “removal and clearance for Return to Play” among youth athletes. Between 2009 and 2012, at least 42 additional states and the District of Columbia passed similar laws.

Although these laws cover a range of issues and content, all of the laws will be collectively referred to as “Return to Play” throughout this document for ease of use. The hope is that these types of laws will successfully reduce the impact of youth sports- and recreation-related concussions. However, further research is needed to expand the evidence base around the impact of these types of laws, identify best practices for implementation, and identify any unintended consequences of Return to Play laws.

The requirements of Return to Play laws vary but typically include some combination of the following:

- Mandatory removal from play.
- Mandatory bench times.
- Required medical clearance.
- Required training/education for coaches, parents, and athletes.
- Informed consent of parents and athletes.

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1 Gilchrist J, Thomas KE, Xu L, McGuire LC, Coronado VG. Nonfatal sports and recreation related traumatic brain injuries among children and adolescents treated in emergency departments in the United States, 2001-2009. *MMWR* 2011; 60(39): 1337-1342.

## Methodology

In order to assess the implementation of Return to Play laws, the National Center for Injury Prevention and Control (NCIPC) conducted a case study evaluation on the Return to Play implementation efforts in two states: Washington and Massachusetts. These two states were selected because they were both early adopters of Return to Play and because their laws varied on several important dimensions, including the role of the health department and other stakeholder groups. The evaluation was designed to assess implementation efforts, including related challenges and successes in implementation. Interviews with several stakeholders at state (state health departments and statewide Interscholastic Athletic Associations) and school levels (athletic directors and coaches) were conducted.



Interview results were analyzed (within and between the two states) to identify common themes and unique ideas between and across stakeholder groups and to synthesize the opinions and experiences expressed by interviewees. In addition, a brief environmental scan examining the content of Return to Play laws across a number of different states was conducted to inform content comparisons.

The purpose of this report is to present the lessons learned and suggestions regarding the implementation of Return to Play. Except where explicitly noted otherwise, the information presented is based on information gained from the case study evaluation. By presenting the experiences of these early implementers, other states can improve the implementation of their Return to Play laws.

## Limitations

It should be noted that the evidence presented in this guide is preliminary and presents information based only on the implementation of Return to Play from these two early adopters. The information presented does not reach the standard of ‘best-practice’ or ‘evidence-based’ because Washington and Massachusetts are in the early stages of implementing Return to Play. In addition, because the evaluation focused on implementation and not impact, this document does not provide recommendations or guidance on the effectiveness of specific components in Return to Play laws. It only offers suggestions around planning the implementation of existing laws. The information presented is based on the experiences of a limited number of schools in two states, so these findings may not generalize

to other schools or to other states with similar laws. States can use the information provided in this document to guide comprehensive discussions with key stakeholders to develop an implementation plan tailored to their state.

## Organization of Guide

Return to Play laws include a variety of different components that can be complicated to implement, such as removal from play, collection of concussion histories, required training for different stakeholders, etc. Additionally, Return to Play laws do not always provide specific guidance on how each of the components of the laws should be carried out. Some laws identify a specific entity, such as a state agency, to develop regulations and other laws are less specific. As a result, implementers are sometimes required to make decisions after the law has passed that can have an impact on successful implementation. Thoroughly considering the logistics of implementation and engaging in a robust planning process can help increase the consistency and quality of implementation.



Based on the experiences of the stakeholders interviewed in Massachusetts and Washington, there are a number of key considerations for the implementation of Return to Play. The following sections of the guide present considerations, as well as lessons learned from state stakeholders and potential barriers to implementation, in the following areas:

- Stakeholder Roles and Responsibilities
- Implementation Requirements
- Knowledge and Awareness
- Medical Clearance
- Supporting and Monitoring Implementation
- Planning Ahead to Evaluate the Impact of Return to Play

## Stakeholder Roles and Responsibilities

Inviting stakeholders to the table. Those responsible for implementation in Washington and Massachusetts found it helpful to engage appropriate stakeholders early in planning the implementation of Return to Play. They identified stakeholders at both state and local levels

and included representatives from health departments, state athletic association recreational leagues, professional athletic teams, medical institutions, school nursing staff, athletic directors, athletic trainers, coaches, and parents. Implementers in Massachusetts and Washington also found it helpful to approach each type of stakeholder group differently and independently so as to understand their barriers and facilitators for implementation. For example, school nurses had a different perspective and role than parents and were approached based on their unique role and perspective. Massachusetts used a number of different mechanisms to engage stakeholders including, but not limited to: the development of an expert clinical advisory group; a public comment process for regulations; periodic conference calls with various school staff; and consultation with state level stakeholders such as the Massachusetts Interscholastic Athletic Association (MIAA), Department of Elementary and Secondary Education, Athletic Trainers of Massachusetts, and the Brain Injury Association of Massachusetts.

#### Defining Roles and Responsibilities.

Return to Play laws may or may not identify required roles and responsibilities associated with implementation. For example, in Massachusetts, the Return to Play law specifically identified the Department of Public Health as responsible for overseeing implementation of the law including development of regulations for implementation, development or identification of required training, and the development of required forms. However, in Washington, the law was not as specific, stating simply that each school district board of directors must work in concert with the Washington Interscholastic Activities Association (WIAA) to develop guidelines, information, and forms. If specific roles and responsibilities are not assigned in the law, consider having a discussion about who is responsible for:

- Overseeing Return to Play implementation.
- Providing training and guidance on Return to Play implementation.
- Implementing Return to Play at the school level.
- Evaluating the implementation and impact of Return to Play.

**LESSON LEARNED** Value stakeholder input. A robust set of key stakeholders who provide a variety of perspectives and assistance during the implementation planning process can greatly improve your outreach and education efforts. Interviewees from both states emphasized the importance of engaging a wide-range of stakeholders early during the implementation process.

**LESSON LEARNED** Build in time for planning. A key lesson from both Massachusetts and Washington is not to underestimate or undervalue the time between the passing of the law and anticipated implementation of the law. Implementers from these two states noted that it is critical to develop a thorough and comprehensive implementation plan as soon as possible in the process. Without a comprehensive implementation planning process, implementation of the law may be inconsistent and incomplete.

## Implementation Requirements

**Regulations and Informal Guidelines.** In Massachusetts, the Return to Play law included the development of regulations by Department of Public Health's Division of Violence and Injury Prevention to guide implementation. In Washington the law stated that schools must work with the WIAA to develop their protocol. In both circumstances stakeholder requirements and available resources needed to be considered within the overall goal of meeting the legislative intent. Massachusetts noted that although the development of regulations was an involved process that required staff time and resources, it also provided an opportunity to gain important clarity and specificity around implementation logistics. In Massachusetts, the Department of Elementary and Secondary Education was one of many key stakeholders involved in the regulation development. The regulatory development process allowed the state health department to identify areas of the implementation plan that might create unnecessary burden for school staff. Massachusetts and Washington both found that obtaining partner and public input helped improve the feasibility and receptivity of the regulations or implementation guidelines.

**Return to Play Requirements at the School Level.** While planning implementation of Return to Play, both Washington and Massachusetts considered the amount and types of information necessary to provide school guidance. In Massachusetts, regulations require 17 specific items in each school's Return to Play protocol, such as procedures for medical review of all concussion history forms and plans for gradual Return to Play following injury. However, in Washington, school districts work with the WIAA to develop guidelines for implementing Return to Play in their district. There are no specific requirements for the content of those guidelines. Massachusetts also requires schools to establish their own implementation team and specifies the types of stakeholders that should be included

**LESSON LEARNED** Consider a comprehensive approach to preventing injury. Interviewees suggested incorporating or recommending strategies for preventing concussions and other injuries among student athletes while developing your implementation guidance or regulations. Specific suggestions included educating student athletes on proper blocking techniques, requiring student athletes to perform proper warm up techniques, and ensuring student athletes use appropriate protective gear. Interviewees also mentioned that schools should consider adopting Return to Play protocols for other types of injuries that are potentially debilitating such as anterior cruciate ligament (ACL) injuries or serious heat related injuries/illnesses.

**LESSON LEARNED** Be specific about details of implementation. Being early adopters, both Massachusetts and Washington found that the complexity and relative novelty of Return to Play made for implementation challenges at both the state and school level. They found that being clear from the beginning about the details of implementation helped to increase consistency in implementation across schools. Interviewees suggested including a checklist for schools to ensure they are fully implementing all components of the state's specific Return to Play law.

(e.g. school administrator, certified athletic trainer, school nurse).

## Knowledge and Awareness

**Training Requirements.** The environmental scan of Return to Play laws across multiple states documented a wide variety of training requirements. For example, Massachusetts required a much broader range of stakeholders to receive training, whereas in Washington only coaches and athletic trainers were required to receive training. Interviewees from both states felt it was important to include a variety of stakeholders in training while still considering ways to minimize unnecessary burden for stakeholders and schools. States can discuss:

**Stakeholders training requirements.** Identifying the types of stakeholders that are required to participate in training based on the content of the law/regulation, and how often, can be an important step in implementation. Although this is sometimes determined by the content of the law, it is important to clearly understand when, and for whom, training is required. For example, Washington requires training for coaches only. Massachusetts requires annual training for ten stakeholder groups: coaches, athletic trainers, volunteers, physicians and nurses employed by or volunteering for a school, athletic directors, marching band directors, student athletes, and parents or legal guardians. In both states, stakeholders were required to complete training on an annual basis, and some interviewees from each state indicated that they might prefer more or less strict requirements. The range of stakeholders and frequency of training that is required may impact the resources and mechanism for providing training selected. When planning the implementation of training requirements, Massachusetts and Washington considered the available resources and mechanisms of training to ensure that all required stakeholders received training in a timely and effective manner. Interviewees also stressed the importance of making sure the training can be provided at low to no-cost.

**Type(s) of training provided.** There are a number of pre-existing education and training materials available (see Resources section). Washington chose to develop their own online video training for coaches, whereas Massachusetts required stakeholders to take one of two approved online training courses that already existed. Both states considered whether or not to use curricula

### **POTENTIAL IMPLEMENTATION BARRIER**

Awareness about Return to Play laws. Massachusetts and Washington found it helpful to increase awareness of the Return to Play law among all relevant stakeholders at the state and local levels. This included athletes and parents in addition to school staff. Massachusetts and Washington reported that increasing awareness of the law among coaches, parents, and athletes reduced resistance to implementation. In order to increase awareness and the likelihood that Return to Play is implemented as intended, it may be helpful for stakeholders to have clarity on the purpose, intent, and requirements of the law or regulations.

tailored to the type of stakeholder being trained. Currently, Massachusetts is developing a specific training for medical professionals. This training will be very different from the training received by the other stakeholder groups. The states also had to consider how to make any training accessible to targeted stakeholders (e.g. language, online accessibility).

**Provide extensive outreach and education.** A number of interviewees in both Massachusetts and Washington stated that they could have improved implementation through outreach and education to groups such as healthcare professionals, parents, referees, and recreational league coaches. Interviewees also suggested that outreach and education materials be tailored to the target audience.

## Medical Clearance

**Collecting Student Concussion History.** Return to Play laws across the country differ in how and when to collect student concussion history. There is a requirement in Massachusetts that parents complete a concussion history form for each sport prior to each athletic season (an athlete might therefore complete a concussion history form multiple times a year). Although Washington does not require a concussion history form several of those interviewed mentioned they would like to have concussion histories on student athletes. When laws require the collection of student concussion history, it is important to consider how and when this information will be collected if this is not specified in the law.

**Medical Clearance Requirements.** Return to Play laws also differ in terms of the types of medical professionals that can provide medical clearance and any required processes or forms. The Massachusetts regulation is very specific in its requirements. Massachusetts requires

**LESSON LEARNED** Provide access to resources regarding return to play strategies to recreational leagues. Return to Play laws often covers only school athletic teams or, in certain situations, any athletic teams that practice on school grounds. In many cases, no specific guidelines or requirements for Return to Play in private recreational leagues exist. Interviewees in Washington reported increased communication and collaboration between the school and private recreation league sports after the Return to Play law was implemented. States may want to be prepared to provide access to information about Return to Play and guidelines for private recreation leagues if requested. This can also be achieved by providing public access to resources and information developed for implementation.

## POTENTIAL IMPLEMENTATION BARRIER

Student resistance to reporting symptoms. In both states, coaches noted that some students are hesitant to report symptoms because they do not want to risk being pulled out of a game. In addition, coaches reported pressure from parents to keep children in the game. Interviewees suggested that increasing student and parent awareness of the severe consequences of subsequent injury might have helped to decrease this resistance.

medical clearance from a doctor, nurse practitioner, certified athletic trainer, or neuropsychologist, whereas Washington allows medical clearance from a “licensed healthcare professional”. The experiences of Washington and Massachusetts indicated that clearly stating who is able to provide medical clearance could eliminate confusion and inconsistency in implementation. Massachusetts formed an expert clinical advisory group to guide the development of medical clearance requirements. The group included experts in the field of neuropsychology, pediatrics, and sports medicine and training. The input of the group resulted in a standard Medical Clearance Form that has increased physician awareness of best practices in concussion management.

Massachusetts and Washington found that stakeholder input during this discussion was important because available resources vary so much throughout their states. Interviewees felt it was important to consider that schools in urban and/or wealthy areas may have access to more resources to implement Return to Play at a school level than schools that are in more rural and/or less wealthy areas. Interviewees suggested that the barriers faced by parents and athletes seeking concussion assessment and management services may be different in urban versus rural areas.

**LESSON LEARNED** Keep up with the science. An interviewee in Massachusetts pointed out that the medical science behind the diagnosis and management of concussions is constantly evolving. For example, there are as many as 22 different published guidelines for grading concussion severity and determining Return to Play. One interviewee suggested that involving stakeholders with current knowledge of diagnosis and management guidelines will increase the likelihood that implementation is based on the best available science.

### **POTENTIAL IMPLEMENTATION BARRIER**

Access to adequate healthcare services. Some coaches and athletic directors reported that athletes sometimes had difficulty accessing appropriate health care after a potential concussion. Some interviewees also stated that not all medical health professionals are aware of best practices in concussion assessment and management. States can explore mechanisms for making services accessible locally through identification of local professionals that have received adequate training in concussion management. For example, the Seattle Sports Concussion Program was created to provide athletes with concussion examinations regardless of their insurance status. Unfortunately, it is sometimes difficult for athletes in other parts of the state to travel to the program site for an examination. Interviewees in both Massachusetts and Washington mentioned the importance of improving access to appropriate healthcare for assessment and management of concussions by athletes in all areas of their states.

## Supporting and Monitoring Implementation

Without monitoring implementation at the state level, stakeholders in both states found it challenging to document or evaluate the degree of implementation or the impact of the law. Some suggestions include:

**Establish a process for monitoring compliance with the law.** In Massachusetts, the Return to Play law stated that the State Department of Public Health would be responsible for monitoring the law. Although in Washington the law did not specify what entity is responsible for monitoring, it directs school districts to “work in concert with the Washington interscholastic activities association” to develop guidelines and forms. If the law does not specify who will be responsible for monitoring the implementation, states may want to consider talking with key stakeholders to determine who will take on this responsibility.

Consider which of the stakeholders may have the resources and capacity to carry out this role or consider ways to obtain the necessary monitoring and evaluation services or resources.

**Determine which data are required to ensure monitoring.** Several interviewees in Massachusetts and Washington discussed the importance of thinking through the types of data required to assess compliance and monitor implementation. They also discussed the importance of balancing the need to collect data for monitoring compliance with excessive burden on the implementers and student athletes. In Massachusetts, the state requires each school district to confirm to the Department of Public Health that they have developed and implemented protocol. Schools are also required to provide the state with data about the number of concussion reporting forms received during the school year. Although the state would have liked to have additional data, they chose to collect a minimum amount of data because of the level of documentation already required in the regulations and to minimize the burden on the schools.

**Identify possible incentives and supports for compliance.** Neither Massachusetts nor Washington specified penalties for noncompliance as of the time of the evaluation. However, some interviewees suggested considering potential incentives or special recognition for schools that demonstrate compliance with Return to Play. Massachusetts specifically has worked on identifying specific reasons for noncompliance in order to improve guidance and support for implementation. For example, charter schools have had more difficulty in meeting state requirements, so the state is considering ways to target specific technical assistance and training toward those schools.

**Provide training or technical assistance to schools or school districts around implementation.**

**LESSON LEARNED** Consider the importance of “Return to Academics.” Although the focus of the laws are on Return to Play, both Massachusetts and Washington, acting within the scope of the Return to Play laws, considered it important to address the challenges associated with return to academics after a concussion. Through its regulations, Massachusetts requires schools to include the return to academics in their protocols. Several interviewees also suggested that brief training be provided for teachers on the symptoms and management of concussions to increase their understanding of the issue.

In order for school districts to implement the law, it is helpful to have an understanding of the requirements. Training and technical assistance is one method of increasing awareness and understanding of requirements. Massachusetts provided schools with examples of “model policies” to consider when developing their own protocol. The Department of Public Health also collaborated with MIAA and the Department of Elementary and Secondary Education to hold three teleconferences for school leaders and other stakeholders to discuss how the regulations affect school athletic, nursing, and academic staff.

## Planning Ahead to Evaluate the Impact of Return to Play Laws

Although stakeholders in Massachusetts and Washington were both planning to evaluate the impact of Return to Play, neither state had evaluation results at the time of the interviews. In order to measure the impact of Return to Play it is important to plan ahead to ensure appropriate data is collected and relevant stakeholders are involved. It is also important to clearly identify the questions that are most pertinent. This will influence the methodology selected and the data required.<sup>2</sup> To help states start planning an evaluation of Return to Play, they may consider the following facets of policy evaluation.

**Types of evaluation to conduct.** States may choose to evaluate the implementation of the Return to Play law to understand the various components of the law and how each of the components is actually implemented, including differences between planned and actual implementation.<sup>3</sup> One example of an implementation evaluation would be an evaluation of the quality of the implementation efforts by examining the content of school level protocol.

States may also choose to evaluate the impact of the Return to Play law. States can consider

### POTENTIAL IMPLEMENTATION

**BARRIER** Resources for implementation, monitoring, evaluation. When planning their implementation of Return to Play, Massachusetts and Washington had to consider the resources that would be required to implement, monitor and evaluate Return to Play laws at a state level. These resources included staff time, stakeholder capacity, or financial resources. They also had to consider the resources available at the school level. Interviewees in Massachusetts and Washington reported that these resources varied greatly and made implementation a significant challenge for certain schools. A number of interviewees noted the increased burden on school staff as a result of implementation (including time spent on paperwork, etc.). Massachusetts specifically mentioned that involving implementers in implementation planning can help to identify ways to decrease the staff’s burden while still ensuring appropriate implementation.

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2 Newcomer, K. E. (2009). Enhancing the usefulness of evidence: Addressing pitfalls to research in real world settings. [NCCOR Obesity-Related Policy Evaluation Webinar Series]. Retrieved from [http://www.nccor.org/downloads/Webinar\\_3.pdf](http://www.nccor.org/downloads/Webinar_3.pdf)

3 Centers for Disease Control and Prevention. (2008). Introduction to Process Evaluation in Tobacco Use Prevention and Control. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://www.cdc.gov/tobacco/publications/index.htm>

examining short-term and intermediate outcomes as well as long-term impacts of the law.<sup>4</sup> Interviewees in both Massachusetts and Washington pointed out that because the focus of the law is increasing appropriate diagnosis and management of concussions, the number of diagnosed concussions might actually increase after the implementation of Return to Play. Therefore, collecting data on key indicators other than numbers of diagnosed concussions (such as the number of subsequent concussions, time to recover or complications resulting from unidentified concussions, coaches/players/parents knowledge and behaviors around concussions) may provide a better sense of the impact of the law.

**Resources available for conducting the evaluation.** States may consider the resources available (including staff time and capacity) to conduct the evaluation including alternative sources of funding or support from a variety of organizations, including nearby universities or colleges, local affiliates of American Evaluation Association, and other organizations interested in concussions, youth sports, or public education. Ensuring that the evaluation plan is realistic given the available resources will make it more likely that the evaluation plan will be successfully implemented.<sup>5</sup>

**Data needed to conduct the evaluation.** Consider beginning discussion about evaluation early in order to identify required data elements and mechanisms for data collection prospectively rather than trying to obtain data retrospectively. When discussing the sources of data, states can consider administrative databases as well as data collected for monitoring. When identifying data to be collected, states can be realistic and specific when selecting data to reduce unnecessary burden on schools.

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4 MacDonal G, Starr G, Schooley M, Yee SL, Klimowski K, Turner K. Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. Atlanta (GA): Centers for Disease Control and Prevention; 2001.

5 HM Treasury. (2011). The Magenta book: Guidance for Evaluation. London, UK. Retrieved November 10, 2011, from [http://www.hm-treasury.gov.uk/data\\_magentabook\\_index.htm](http://www.hm-treasury.gov.uk/data_magentabook_index.htm)

## Additional Resources

NCIPC Traumatic Brain Injury Information Page: <http://www.cdc.gov/concussion/>

Massachusetts Return to Play Website: <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/sports-related-concussions-and-head-injuries.html>

Washington Return to Play Website: <http://www.wiaa.com/subcontent.aspx?SecID=623>

NFL Health and Safety Resources: <http://www.nflevolution.com/>

NCSL Traumatic Brain Injury Laws: <http://www.ncsl.org/issues-research/health/traumatic-brain-injury-legislation.aspx>

American Evaluation Association: <http://www.eval.org/>

## Free Online Training Courses

CDC Heads Up Online Training Courses: [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

CDC & NFL Heads Up to Clinicians Training Course: <http://preventingconcussions.org/>

National Federation of State High School Associations Training Courses: <http://www.nfhslearn.com/index.aspx>





# Graduated Return to Play Protocol

<p><b>1. NO ACTIVITY</b> (RECOVERY)</p> <p><i>Complete Physical and Cognitive Rest until Medical Clearance</i></p>	<p><b>2. LIGHT AEROBIC EXERCISE</b> (INCREASE HEART RATE)</p> <p><i>Walking, Swimming, Stationary Cycling</i></p> <p><b>Heart Rate &lt;70% - 15 min</b></p>	<p><b>3. SPORT SPECIFIC EXERCISE</b> (ADD MOVEMENT)</p> <p><i>Skating Drills (Ice Hockey), Running Drills (Soccer, etc)</i></p> <p><i>NO Head Impact Activities</i></p> <p><b>Heart Rate &lt;80% - 45 min</b></p>	<p><b>4. NON-CONTACT TRAINING DRILLS</b> (INCREASED EXERCISE, COORDINATION &amp; ATTENTION)</p> <p><i>Progress to Complex Training Drills (e.g., Passing Drills, etc)</i></p> <p><i>May Start Resistance Training</i></p> <p><b>Heart Rate &lt;90% - 60 min</b></p>	<p><b>5. FULL CONTACT PRACTICE</b> (RESTORE CONFIDENCE &amp; ASSESS FUNCTIONAL SKILLS)</p> <p><i>If Symptom Free, Return to Normal Training Activities</i></p>
<p><i>Symptom Free for 24 Hours?</i></p> <p><b>Yes:</b> Begin Step 2</p> <p><b>No:</b> Continue Resting</p>	<p><i>Symptom Free for Next 24 hours?</i></p> <p><b>Yes:</b> Move to Step 3</p> <p><b>No:</b> Rest Further until Symptom Free</p>	<p><i>Symptom Free for Next 24 Hours?</i></p> <p><b>Yes:</b> Move to Step 4</p> <p><b>No:</b> Return to Step 2 until Symptom Free</p>	<p><i>Symptom Free for Next 24 Hours?</i></p> <p><b>Yes:</b> Move to Step 5</p> <p><b>No:</b> Return to Step 3 until Symptom Free</p>	<p><i>Symptom Free Next 24 Hours?</i></p> <p><b>Yes:</b> Return to Play</p> <p><b>No:</b> Return to Step 4 until Symptom Free</p>
<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>

Reference: Consensus Statement on Concussion in Sport: the 3<sup>rd</sup> International Conference on Concussion in Sport held in Zurich (2008), *Br J of Sports Med* 2009; 43: i76-i84 doi:10.1136/bjism.2009.058248