

# CONCUSSION PROTOCOL



***When in doubt, sit them out!***

Dear LMAA Coach, Parents, and Players:

Throughout the past year, there has been a lot of talk and discussion throughout the different sports communities (youth, high school, college & professional) regarding the seriousness of concussions at all levels of play. Most notably, a report was published showing that NFL players who have suffered repeat concussions are two-times more likely to have long-term memory problems than the average person. Following this report, professional sports organizations, the NCAA and the Minnesota State High School League have begun implementing guidelines for their players.

All participation in physical activity entails some risks. Awareness of these risks has increased as medical research has advanced. While the number of serious injuries experienced by LMAA players participating in youth football has been low, the LMAA Board of Directors is always interested in anything that can be done to improve player safety.

In June 2011, the State of Minnesota voted in Chapter 90 – S.F. No. 612. An act relating to health; establishing policies for youth athletes with concussions resulting from participation in youth athletic activities; amending Minnesota Statutes 2010, sections 124D.10, subdivision 8; 128C.02 by adding a subdivision; proposing a new law in Minnesota Statutes, chapter 121A.

In response to the discussions and the new MN law, the LMAA has created the attached Concussion Protocol for Coaches, Parents, Players and Medical Professionals.

A key focus for our organization has always been safety. In a typical football season, the LMAA has approximately 2,500 players comprising 139 teams. These teams play 8 games per season and have an average of 30 practices.

If you have any questions regarding concussions, please feel free to contact Ben Jangula, Owner/EMT of Blue Line Medical Services, LLC. Blue Line Medical Services provides the EMT services at all of our games. For further information on concussions, please visit, <http://www.cdc.gov/concussion/HeadsUp/youth.html>

Sincerely  
The LMAA Board  
[www.LMAA.org](http://www.LMAA.org)

# Concussion Protocol

## LMAA Football

LMAA encourages its coaches to follow the following protocol to ensure the safety of all players. Please direct any questions relating to this protocol to your Area Director.

### Coaches Training & Education

Coaches must:

1. Go through a training course on signs and symptoms of a concussion. The training is located at the following link:
  - a. [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)
2. Have full knowledge of LMAA protocols and the reporting requirements relating to concussions.
3. If you suspect a concussion and an EMT is not in attendance, please call 911.

### Concussions During a Team Event

1. When a player suffers a potential concussion, the coaches should be aware of the player's actions, and observe how they act when coming off the field and on the sideline.
2. Be aware that a concussion may occur anytime during play. A concussion is not always caused by big hits. Coaches should be aware of the players actions and responses after each play. Players who appear injured should be substituted and assessed on the sideline. Parents, you know your player BEST, if you child is exhibiting signs of an injury, notify the coaches immediately so players can be assessed on the sidelines.
3. If a player is showing any visual, neurological, or complaining of any signs or symptoms of a concussion, coaches should immediately get the EMT (if on site) or get the player medical attention. If an EMT is not on site, the Parent(s) should be summoned (if on site). If parent(s) are not on site, 9-1-1 will be called.
4. A player who after communicating or showing signs of visual or neurological impairment will sit out a minimum of 15 minutes for rest and assessment. The player should be re-assessed after 15 minutes. If NO visual or neurological impairments are noted the player may return to play at the discretion of the coach. If any visual or neurological impairments remain after the rest period, the player may not return to play until seen by a qualified physician.

5. 9-1-1 will be called for a player in the following instances (if no EMT is on site):
  - a: unconscious player or any player with total or momentary loss of consciousness or memory during or after play.
  - b: complaint of neck, back pain or loss of mobility or feeling in any arm or leg.
  - c: complaint of headache and / or dizziness getting worse.
  - d: any player who vomits during or after play.
6. If parent(s) are on site it is their discretion if they wish to have their child transported. Let the parents communicate with the ambulance crew regarding transport and care.

# Reporting Procedures

1. Immediately following a player having a potential concussion, the coach shall complete their portion of the “Concussion Report” and give the parents the “Physicians Report – Concussion Determination” form. Players **must** go see a physician. *No player is allowed back on the field (game or practice) until they have either (a) been told by medical doctor that they did not suffer a concussion or (b) properly followed the “Return to Play” protocol.*
  - a. Coaches shall call their Area Director within 24 hours of the possible concussion to report the injury and also deliver, mail or email the “Coach’s Report” to the Area Director within 24 hours of the injury.
  - b. Once the reporting process has begun, players will not be allowed back on the field (practice or game) until proper approval from a Medical Doctor is provided to the Area Director.
2. Players must go see proper medical personnel and have them complete the “Physician’s Report – Concussion Determination”. If the player took the ImPact test, they must also submit a copy of the results.
  - a. A copy of this report and ImPact results must be hand delivered, mailed, or e-mailed to the Area Director immediately following the appointment.
  - b. If the Physician concluded the player did not suffer a concussion, return the proper paperwork to the Area Director immediately and the player may return to practice/games.
  - c. If the player did suffer a concussion, the player will not be allowed to return to play (practice/games) until the Medical Physician has cleared the player to return. A signed, written medical release to return to play must be provided to the Area Director. If a baseline ImPact test was completed, the results must be given to the Area Director with the medical release.

# Concussion Report

The following Concussion Report is to be completed and concussion protocol followed in order to allow proper diagnosis and return to play for players. Any forms not completed properly will result in players not being able to return to play in a timely manner.

*If coaches are unsure whether a player suffered a concussion or not, this report must still be completed for documentation purposes.*

Player Name (full name)	Date of Birth
Current Team	Head Coach
Parent(s) Name	Phone #
E-mail Address	

## COACHES REPORT

*If possible concussion was not suffered at a team event, have parents complete section below to best of their ability.*

Date of concussion	Location of Event	Approx. Time	Game/Practice/Other Event Type
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Describe situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Signs Observed by Coaching Staff (check all that apply):

<input type="checkbox"/> Appears Dazed or Stunned	<input type="checkbox"/> Is confused about assignment or position	<input type="checkbox"/> Forgets plays
<input type="checkbox"/> is unsure of game, score, opponent consciousness	<input type="checkbox"/> Moves clumsily	<input type="checkbox"/> Answers questions slowly <input type="checkbox"/> loses
<input type="checkbox"/> Shows behavior or personality changes	<input type="checkbox"/> Can't recall events prior to concussion.	
<input type="checkbox"/> Can't recall events after hit or fall	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

### Signs Experienced by Athlete (check all that apply):

<input type="checkbox"/> headache or 'pressure' in head	<input type="checkbox"/> nausea or vomiting	<input type="checkbox"/> balance problems or dizziness
<input type="checkbox"/> double or blurry vision	<input type="checkbox"/> sensitivity to light	<input type="checkbox"/> sensitivity to noise
<input type="checkbox"/> feeling sluggish, hazy, foggy, or groggy.	<input type="checkbox"/> confusion	<input type="checkbox"/> concentration or memory problems
<input type="checkbox"/> doesn't "feel right"	<input type="checkbox"/> Other: _____	

Describe situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Athlete is not allowed to return to play until they have properly completed the association protocols and have been approved by the Area Director for return to play. The player must see a physician.*

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Physician's Report

## *Initial Examination – Concussion Determination*

\_\_\_\_\_  
Player Name (Full Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physician's Name and Office

\_\_\_\_\_  
Phone Number

Does the patient show signs of any of the following symptoms?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headaches or "pressure" in head          | <input type="checkbox"/> Nausea or vomiting               | <input type="checkbox"/> Double or Blurry vision |
| <input type="checkbox"/> Balance problems or dizziness            | <input type="checkbox"/> Sensitivity to light             | <input type="checkbox"/> Sensitivity to noise    |
| <input type="checkbox"/> Feeling sluggish, hazy, foggy, or groggy | <input type="checkbox"/> Concentration or memory problems | <input type="checkbox"/> Confusion               |
| <input type="checkbox"/> Does not "feel right"                    | <input type="checkbox"/> Change in sleeping habits        | <input type="checkbox"/> Change in eating habits |
| <input type="checkbox"/> Decrease in energy level                 | <input type="checkbox"/> More emotional than normal       |  |

Please complete the following types examinations and leave detailed notes.

Neurological Examination:

Mental Status Examination:

Cognitive Function Examination:

Gait and Balance Testing:

Was a CT or MRI scan performed? \_\_\_\_ Yes \_\_\_\_ No If yes, what were the results of the scan?

Is the player complaining, mentioning, or showing signs of any unusual behaviors? If yes, please explain.

Did the player take the ImPact test? \_\_\_\_ Yes \_\_\_\_ No. If no, please attached a return to play note to this document). If yes, was the concussion mild, moderate, or severe? \_\_ Mild \_\_ Moderate \_\_ Severe

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

*I understand that if this player suffered a concussion, they must follow association protocol.*

## Physician's Report: *Symptom Checkup*

\_\_\_\_\_  
Player Name (Full Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physician's Name and Office

\_\_\_\_\_  
Phone Number

Does the patient show signs of any of the following symptoms?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headaches or "pressure" in head          | <input type="checkbox"/> Nausea or vomiting               | <input type="checkbox"/> Double or Blurry vision |
| <input type="checkbox"/> Balance problems or dizziness            | <input type="checkbox"/> Sensitivity to light             | <input type="checkbox"/> Sensitivity to noise    |
| <input type="checkbox"/> Feeling sluggish, hazy, foggy, or groggy | <input type="checkbox"/> Concentration or memory problems | <input type="checkbox"/> Confusion               |
| <input type="checkbox"/> Does not "feel right"                    | <input type="checkbox"/> Change in sleeping habits        | <input type="checkbox"/> Change in eating habits |
| <input type="checkbox"/> Decrease in energy level                 | <input type="checkbox"/> More emotional than normal       |  |

**Please complete the following types examinations and leave detailed notes, and compare to results from player's previous concussion checkup.**

Neurological Examination:

Mental Status Examination:

Cognitive Function Examination:

Gait and Balance Testing:

Was a CT or MRI scan performed? \_\_\_\_ Yes      \_\_\_\_ No      If yes, what were the results of the scan?

Is the player complaining, mentioning, or showing signs of any unusual behaviors? If yes, please explain.

Is the player 100% symptom free? \_\_\_\_ Yes      \_\_\_\_ No.      If yes, do you believe the player can begin the return to play regiment? \_\_\_\_ Yes      \_\_\_\_ No.

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date



## Physician's Report: *Return to Play Permission*

\_\_\_\_\_  
Player Name (Full Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physician's Name and Office

\_\_\_\_\_  
Phone Number

***Please check the appropriate box as it related to the player***

☐

The above named player is 100% symptom free after suffering a concussion. This player is allowed to return to play and has completed the association's Return to Play protocol.

If the player completed the ImPact test, those results are attached and are within the margin of error of their baseline results to suggest that they are symptom free.

In my medical opinion, the above named player is ready to return to full contact play.

☐

The above named player is not ready to return to play and will need to continue the Return to Play protocol starting back at day #\_\_\_\_\_. The player is still showing the following signs and symptoms of a concussion:

If the player completed the ImPact test, those results are/are not (circle one) within the margin of error to their baseline to suggest the player is/is not (circle one) symptom free.

☐

The above named player will need much more medical attention before being ready to return to play. I will continue to evaluate the player until that time.

\_\_\_\_\_  
Physicians Signature

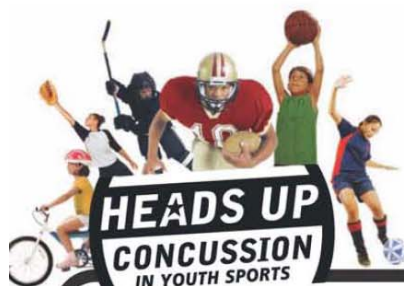
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head Coach Signature

\_\_\_\_\_  
Date



## A Fact Sheet for **ATHLETES**

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

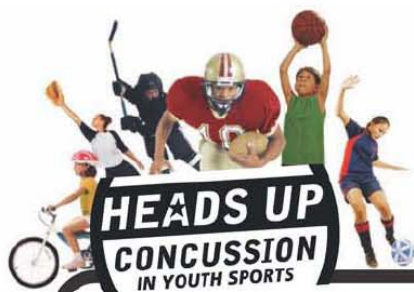
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and fit well
  - Used every time you play

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## A Fact Sheet for **PARENTS**

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### 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 an instruction
- 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 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"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### 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 in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***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)

For more detailed information on concussion and traumatic brain injury, visit:  
[www.cdc.gov/injury](http://www.cdc.gov/injury)