



# Winona Health SPORTS MEDICINE

855 Mankato Ave • Winona, MN 55987

Phone: 507- 474-3338

## Sports Medicine Post-Concussion Functional Return to Play Protocol

This protocol should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a licensed healthcare professional at Winona Health. If symptoms appear during a functional test, the test should be stopped and the athlete monitored until symptoms resolve. No further functional testing should be performed that day. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains asymptomatic. If symptoms do not resolve, appropriate medical attention should be obtained.

After each phase of functional testing, the presence of post- concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires a minimum of 1 day before progressing to the next phase

<b>Level 1</b>	Physical and Cognitive Rest
<b>Level 2</b>	Light aerobic exercise such as walking or stationary cycling. No resistance training. May read 20% of normal volume. TV ok. No video games or texting (Hockey example – light skating -comparison to a light jog- lines without any handling puck- blue line to blue line)  Signature of Progression: _____
<b>Level 3</b>	Sport –specific exercises. No resistance training. May read 40% of normal volume. No video games. (Hockey example- moderate intensity skating lines with handling – up to 75% of maximum energy)  Signature of Progression: _____
<b>Level 4</b>	Non-contact practice. Resistance training. May read 60% of normal volume. No video games. (Hockey example- participation in all activities in practice excluding contact i.e. shooting, passing)  Signature of Progression: _____
<b>Level 5</b>	Full contact practice. May read 80% of normal reading. Video games ok. *May return to P.E. at this time  Signature of Progression: _____
<b>Level 6</b>	Return to unrestricted competition and cognitive activities

\*\*Athletes should not return to play until clearance from a health care professional experienced in evaluating concussions.

Updated 8/2012

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## Signs and Symptoms of a Head Injury

### Immediate

Headache	Confusion	Amnesia	Loss of Consciousness
Ringing in Ears	Drowsiness	Nausea	Vomiting
Unequal pupil size	Convulsions	Unusual eye movement	Slurred speech

### Delayed

Irritability	Depression	Sleep disturbances	Fatigue
Poor Concentration	Trouble with memory	Increased sensitivity to light or sound	Loss of taste or smell
Difficulty with balance and coordination	Headaches	Blurred vision	

**Immediate Medical Attention is Required if symptoms persist, worsen or any of the following occurs:**

- \*Discharge from ears or nose
- \* Convulsions
- \* Pupils are dilated, unequal in size, or non-reactive to light
- \*Weakness or numbness in arms or legs
- \*Suspected spinal injury
- \*Unusual or bizarre behavior
- \*Nausea or Vomiting
- \*Difficulty arousing

**Do not allow athlete to take aspirin, ibuprofen, or any NSAID (anti-inflammatory) medication for a minimum of 48 hours following injury, these products thin the blood and may mask symptoms or increase severity of injury.**

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