

# Mitchell Skating and Hockey Association

## Concussion Management Plan

### **Concussion Definition**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth or to rotate within the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### **Student-Athlete, Parent and Coach Education**

All student-athletes will be given a Parent / Athlete Concussion Information sheet and a copy of the MSHA Concussion Management Plan at the time of registration, which will both be required to be signed by the athlete, and parent / guardian on an annual basis. Signed copies must be returned to MSHA prior to the athlete being allowed on the ice.

All coaches will receive training regarding concussions on an annual basis.

### **Pre-season baseline testing**

All MSHA league level athletes will be required to take the ImPACT concussion test their first year of league level play and every third (3<sup>rd</sup>) year after.

### **Concussion recognition and removal from participation**

- Any athlete who displays symptoms consistent with a concussion shall be removed from play immediately.
- MSHA medical staff will utilize the SCAT 5 assessment process along with clinical evaluation for acute concussion assessment.
- After an athlete has displayed symptoms consistent with a concussion and they are deemed stable, they will be discharged with concussion follow-up guidelines provided to the guardian/parent.
- An athlete can return to play or practice without being subjected to the Graduated Return to Play Protocol set forth below after being cleared on-site by the MSHA medical staff or by written permission from a health care professional trained in current concussion management indicating the athlete did not suffer a concussion.

An athlete that has displayed symptoms consistent with a concussion will be required to follow up with the MSHA medical staff or with a medical provider that has specialized training in concussion management. After an athlete is diagnosed with a concussion, he/she will be allowed to begin a graduated return to play protocol upon the release by the MSHA medical staff or through the receipt of a release from their treating medical provider. This release should only be given after the concussed athlete demonstrates a normal clinical examination, the resolution of concussion-related symptoms, and a return to preinjury scores on tests of motor control and neurocognitive function. The MSHA utilizes the ImPACT concussion test for baseline and return to play neurocognitive assessment.

After the MSHA receives the release, the MSHA shall implement the following Graduated Return to Play Protocol before the athlete will be returned to game activity:

#### **Graduated Return to Play Protocol**

The MSHA will follow current graduate return to play guidelines. These will include the following phases:

**Table 4. Return-to-Play Progression**

Stage <sup>a</sup>	Physical Activity
1	No activity
2	Light exercise: <70% age-predicted maximal heart rate
3	Sport-specific activities without the threat of contact from others
4	Noncontact training involving others, resistance training
5	Unrestricted training
6	Return to play

<sup>a</sup> Stages should be separated by at least 24 hours.<sup>7</sup>

From: National Athletic Trainers' Association Position Statement:  
Management of Sport Concussion (2014)

If an athlete re-acquires symptoms during their progressive return to play, they will drop back to the previous level and repeat progression.

Each concussion will be managed on an individual basis. No two athletes are created equal when it comes to concussion and their abilities to return to play.

After the athlete successfully completes the Graduated Return to Play protocol, he/she will be allowed to return to unrestricted participation. If the athlete was referred to a medical provider outside of the MSHA medical staff, a final return to participation consent must be received in writing by the MSHA and the appropriate SDAHA concussion return document must be filed.