U.S. SOCCER RECOGNIZE 2 RECOVER CONCUSSION INITIATIVE GUIDELINES

I. CONCUSSION EDUCATION FOR COACHES, REFEREES, ATHLETES & PARENTS AND/OR LEGAL GUARDIANS

A. General: Available Resources

1. The U.S. Soccer sports medicine page http://www.ussoccer.com/about/federation-services/sports-medicine) will include:

a. The concussion overview video

b. Links to the various CDC resources

c. Link to the SCAT3 and Child SCAT3 cards

d. A link to the Sports Neuropsychology Society available on the U.S. Soccer Website (http://www.sportsneuropsychologysociety.com/find-a-doctor/)

e. Updated concussion diagnosis and management information

2. Implementing Members will include these links and information on their websites and recommend that their respective members do so as well.

3. Other Organization Members are encouraged to include these links and information on their websites and to recommend that their respective members do so as well.

B. Referee Education

1. Licensed referees

a. On an annual basis, all referees licensed through the U.S. Soccer system will be required to review the concussion video as well as concussion information/protocols which will be made part of course materials.

b. Referee newsletters will include concussion information and updates.

2. Unlicensed referees

a. Implementing Members who utilize referees not licensed through the U.S. Soccer system will require that such referees, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

b. U.S. Soccer and the Implementing Members recommend that all Organization Members who utilize referees not licensed through the U.S. Soccer system require that such referees, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

C. Coaching Education

1. Licensed coaches

a. On an annual basis, all coaches licensed through the U.S. Soccer system will be required to review the concussion video as well as concussion information/protocols which will be made part of course materials.

b. Coaching newsletters will include concussion information and updates.

2. Unlicensed coaches

a. Implementing Members who utilize coaches not licensed through the U.S. Soccer system will require that such coaches, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

b. U.S. Soccer and the Implementing Members recommend that all Organization Members who utilize coaches not licensed through the U.S. Soccer system require that such coaches, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

D. Parent and Legal Guardian Education

1. U.S. Soccer and each of the Implementing Members will direct parents and/or legal guardians to the concussion video, information and links on their respective websites.

2. U.S. Soccer and each of the Implementing Members will encourage and recommend that all Organization Members encourage, parents and/or legal guardians of all youth players to become informed on the issue of concussion symptoms, diagnosis and management.

3. U.S. Soccer and each of the Implementing Members recommend and encourage all Organization Members to recommend, that parents and/or legal guardians of all youth players discuss the subject of concussions with

their children-players and the need to be candid about any injury they may sustain.

4. For players on Youth National Teams and Development Academy teams, U.S. Soccer will require that parents and/or legal guardians of such players acknowledge annually that they have reviewed and understand the concussion video and parent information on concussion symptoms, diagnosis and management and that they have discussed these issues and the need to be candid with coaches and referees about any injury they may sustain with their players.

5. U.S. Soccer recommends to all Organization Members and the Implementing Members recommend to their members that they require that parents and/or legal guardians of youth players to acknowledge annually that they have reviewed and understand the concussion video and parent information on concussion symptoms, diagnosis and management and that they have discussed these issues and the need to be candid with coaches and referees about any injury they may sustain with their players.

E. Player Education

1. U.S. Soccer and each of the Implementing Members will direct players to the concussion video, information and links on their respective websites.

2. U.S. Soccer and each of the Implementing Members will encourage and recommend that all Organization Members encourage all youth players to become informed on the issue of concussion symptoms, diagnosis and management.

3. U.S. Soccer encourages and recommends that all Organization Members encourage all youth players to be candid with their parents and/or legal guardians, coaches and referees about any injury they may sustain.

4. For players on Youth National Teams and Development Academy teams over the age of 13, U.S. Soccer will require that such players acknowledge annually that they have reviewed and understand the concussion video and player information on concussion symptoms, diagnosis and management.

5. U.S. Soccer recommends to Implementing Members and the Implementing Members recommend to their members that they require youth players over the age of 13 to acknowledge annually that they have reviewed and understand the concussion video and player information on concussion symptoms, diagnosis and management and that they understand the need to be candid with parents and/or legal guardians, coaches and referees about any injury they may sustain.

II. MEDICAL PERSONNEL

A. Youth National Teams and Development Academy Teams

1. U.S. Soccer will continue to require a Health Care Professional (ATC) knowledgeable in the diagnosis and management of concussions be present for all youth National Team games.

2. The U.S. Soccer Development Academy will require all clubs to have a Health Care Professional (ATC) knowledgeable in the diagnosis and management of concussions present for all Academy home games at every Academy age group (U-13/14, U-15/16, and U-17/18), beginning January 1, 2016.

a. This will include any "friendlies" or approved outside competitions that are hosted by the Development Academy club at any of their home venues.

B. Organization Members

1. U.S. Soccer recommends that an adequate number of health care providers (HCP) be present for all "major youth tournaments" and accessible to coaches, referees and athletes as needed during play.

a. For this purpose, a "major youth tournament" is intended to mean

(1) a tournament played over multiple days,

(2) where age-group-based champions will be determined,[1] and

(3) in which 64 or more teams (excluding teams U10 and younger) are entered.

b. The HCP should be a licensed health care professional such as an athletic trainer certified (ATC), or a physician (MD/DO), with a skill set in emergency care and sports medicine injuries and with knowledge and experience related to concussion evaluation and management.

c. Each "major youth tournament" hosting entity should collaborate and communicate with an HCP, if available, on an overall emergency action plan and discuss the management of environmental injuries, injury prevention, head injury management and return to play matters.

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[1] A "major youth tournament" does not include regular league play or non-league matches.

2. Implementing Members recommend that each of their members comply with items 1.a.-c. above.

III. CONCUSSION MANAGEMENT

A. Baseline Testing

1. U.S. Soccer will continue to require baseline testing for all Youth National Teams.

2. The U.S. Soccer Development Academy will require baseline testing for all Development Academy teams.

3. For the Implementing Member and other Organization Members, though not a recommendation, U.S. Soccer will note that:

a. Baseline testing is another tool that is available for concussion diagnosis and management.

b. The use of neuropsychological baseline testing such as ImPact (https://www.impacttest.com) or comparable testing systems utilized by local HCPs.

c. All Organization Members and their members are encouraged to seek out local sports medicine programs that offer accessible and cost effective neurocognitive testing for both baseline and post injury evaluations.

d. The results should be interpreted and used only as an additional tool for the management and return to play. These tools should be used by HCPs who have knowledge and expertise in concussion management.

4. Implementing Members will include information about baseline testing as a tool for concussion diagnosis and management on their respective websites.

B. Assessment of Players

1. Youth National Teams and Development Academy Teams -- Games

a. The U.S. Soccer National Teams and Development Academy will have a qualified HCP on the sidelines during games.

b. Any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion will be evaluated on the sideline by the HCP.

c. The HCP will perform SCAT3 and modified BESS to evaluate players on the field/sideline.

d. Unless the HCP present determines that the player has not suffered a concussion, the player will not be permitted to return to play until the player has successfully completed the graduated return-to-play ("RTP") protocol described below and has been cleared to RTP by a physician.

(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an on-site HCP.

(2) If a coach seeks to allow a player who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP to re-enter the game, the referee shall allow the player to return to the field but shall

(a) not restart play,

(b) direct the player to leave the field of play and

(c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP, the referee shall issue a warning to the coach. If a coach persists in in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

2. Youth National Teams and Development Academy Teams -- Practice

a. Any player who, during practice, sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion must be evaluated by an HCP before the player will be allowed to return to practice.

b. An HCP, if present on-site, will perform SCAT3 and modified BESS to evaluate players on the field/sideline.

c. Unless an HCP determines that the player has not suffered a concussion and clears the player to RTP, the player will not be permitted to return to practice or play until the player has

successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

3. U.S. Soccer Recommendations for Implementing Members and Organization Members – Games Where an HCP is Present

a. U.S. Soccer recommends to Implementing Members and all Organization Members that, where an HCP is present at games, any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion, must be evaluated on the sideline by the on-site HCP.

b. The on-site HCP will perform SCAT3 or Child SCAT 3, as applicable, and modified BESS to evaluate players on the field/sideline.

c. Unless the on-site HCP determines that the player has not suffered a concussion, the player will not be permitted to return to play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an on-site HCP.

(2) If a coach seeks to allow a player who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP to re-enter the game, the referee shall allow the player to return to the field but shall

(a) immediately stop play,

(b) direct the player to leave the field of play and

(c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

4. U.S. Soccer Recommendations for Implementing Members and all Organization Members – Games and Practices Where No HCP is Present

a. U.S. Soccer recommends to the Implementing Members and all Organization Members that where no HCP is present at a game or practice, any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion, must be evaluated by an HCP before the player will be allowed to return to practice or play.

(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an HCP.

(2) If a coach seeks to allow a player who been removed from a game for a concussion assessment to re-enter the game, the referee shall allow the player to return to the field but shall

(a) immediately stop play,

(b) direct the player to leave the field of play and

(c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

b. Unless an HCP determines that the player has not suffered a concussion and clears the player to RTP, the player will not be permitted to return to practice or play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

5. Implementing Members

a. The Implementing Members accept the recommendations of U.S. Soccer set forth in items 3 and 4 above and recommend that each of their respective members follow such recommendations as well.

C. Return To Play (RTP) Protocol

1. Youth National Teams and Development Academy Teams

a. For any player removed from practice or play who has been diagnosed as having suffered a concussion, the player will not be permitted to return to practice or play until the player has successfully completed a graduated RTP protocol under the guidance of an HCP.

b. The graduated RTP protocol will consist of at least the following steps:

(1) the player must be symptom free at rest for 24 hours before commencing the protocol;

(2) the player must be symptom free after moderate activity for 24 hours;

(3) the player must be symptom free after heavy activity for 24 hours;

(4) player will retake baseline tests (SCAT3, BESS, and imPACT);

(5) neuropsychologists must review and interpret impact test versus baseline; and

(6) HCP must confirm that the player has completed the RTP process and a physician must make the final RTP decision.

2. U.S. Soccer Recommendations for Implementing Members and all Organization Members

a. U.S. Soccer recommends that Implementing Members and all Organization Members follow the graduated RTP protocol (not including steps 1.b. (4)-(5) unless the player has a baseline test and access to a neuropsychologist).

3. Implementing Members

a. The Implementing Members accept the recommendation of U.S. Soccer set forth in item 2 above and recommend that each of their respective members follow such recommendation as well.

D. U.S. Soccer Development Academy Concussion Monitoring

1. Although not a requirement, U.S. Soccer hopes to incorporate its Electronic Medical Records system (EMR) into the Development Academy program which will have the ability to track injury incidence including concussions.

IV. SUBSTITUTION RULES

A. U.S. Soccer Youth National Teams

1. Youth National Teams will continue to be bound by the substitution rules of the events in which they participate.

B. Development Academy

1. If a player suffers a significant blow to the head, is suspected of having suffered a concussion or has an apparent head injury during the course of a game, the club must remove the player from the game for a medical evaluation by a HCP knowledgeable in the diagnosis and management of concussions.

2. A substitution for the evaluation of the concussion/head injury will not count against the team's total number of allowed substitutions and substitution moments in the Development Academy game.

3. If the player with the suspected head injury has received clearance from the HCP to return to the game, the player may re-enter at any stoppage of play.

4. The evaluated player must replace the original substitute; this medical concussion substitution will NOT count as a substitution or a substitution moment.

5. The player that was temporarily substituted into the game for the player with the suspected head injury will be considered an available substitute and permitted to re-enter the game as a standard substitute per Development Academy rules.

6. Note that any cautions assessed to the substituted player will carry with that player throughout the remainder of the game, any red card to the substitute would apply to the team and the team would be required to utilize a substitution (if available) for the player with the suspected head injury to replace a different player.

C. U.S. Soccer Recommendations for Implementing Members and all Organization Members

1. U.S. Soccer recommends that, to the extent Implementing Members and other Organization Members and their members do not allow unlimited substitutions in connection with any games or tournaments, they follow the new Development Academy substitution rules set forth in B.1.-6. above.

D. Implementing Members

1. The Implementing Members accept the recommendation of U.S. Soccer set forth in item C. above and recommend that each of their respective members follow such recommendation as well.

V. HEADING

A. U.S. Soccer Recommendations

1. U11 and younger.

a. U.S. Soccer recommends that players in U11 programs and younger shall not engage in heading, either in practices or in games.

2. U12 and U13.

a. U.S. Soccer further recommends for players in U12 and U13 programs, that heading training be limited to a maximum of 30 minutes per week with no more that 15-20 headers per player, per week.

3. All coaches should be instructed to teach and emphasize the importance of proper techniques for heading the ball.

B. Implementing Members

1. The Implementing Members accept the recommendations of U.S. Soccer set forth in item A. above and recommend that each of their respective members follow such recommendations as well.