**CONCUSSION MANAGEMENT RECOMMENDATIONS FOR MSHSL ATHLETES**

**Acute injury** When a player shows any symptoms or signs of a concussion, the following should be applied.

1. The player should not be allowed to return to play in the current game or practice.
2. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
3. The player should be medically evaluated after the injury.
4. Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic. "When in doubt, sit them out!"

**Return to play protocol** Return-to-play decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition.

* Each step requires a minimum of 24 hours.
* The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.
* If any symptoms or signs recur, the player should drop back to the previous level.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

The final return to competition decision is based on clinical judgment and the athlete may return only with written permission from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

Neuropsychological testing or balance testing may help with the return to play decision and may be used after the player is symptom free, but the tests are not required for the symptom free player to return to play.

**Signs Observed by Coaching Staff**

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

**Symptoms Reported by Athlete**

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