

FRISCO FOOTBALL LEAGUE CONCUSSION RETURN TO PLAY POLICY

General Information for Parents

In an effort to increase the safety of our participants and to have a policy compatible with Texas laws for middle school and high school athletes, the Frisco Football League has developed a protocol for managing concussions. These guidelines include an approach that will involve input of the athletic trainer on the field, parent and coach in terms of removal from play decisions. Once removed from play for a suspected concussion, the athlete will be referred to a physician or neuropsychologist for further evaluation, management, and clearance prior to a return to athletic practices and competition. The following is an outline of this procedure. Your child must be cleared by a physician or neuropsychologist in order to return to play after having a concussion.

1. All head injuries in games will be documented by the athletic trainer on the field. The athletic trainer will have final authority as to whether a player may or may not return to the game after any injury.
2. Athletic trainers will complete an injury report, notifying the league as to the type of injury. Parents and the head coach will be informed that the league has been notified.
3. Any suspected concussion sustained in practice or at a game without an athletic trainer must also be reported to the league. (See injury report form)
4. All players who sustain suspected concussions, or are showing signs and symptoms of a concussion in a game or practice, will be required to be evaluated by a physician or neuropsychologist to determine whether or not a concussion management protocol is warranted. (See Appendix A)
5. Any player sustaining a concussion must provide the league a written statement from a physician or neuropsychologist stating that in the health care provider's professional judgment it is safe for the athlete to return to play. The player must be asymptomatic at rest and exertion.

Introduction, Definitions, What can happen if my child keeps playing, and Second Impact Syndrome sections were left as written.

Prevention Strategies

1. All helmets must be NOCSAE certified.
 2. Make sure your helmet is properly fitted.
 3. Make sure helmets are secured properly at all times.
 4. Mouth guards should fit and be used at all times. They also need to be checked throughout the season to maintain their integrity and proper function.
 5. Computerized Neuro-cognitive testing (e.g., ImPACT, Axon Sport's CCAT) is *recommended* prior to season to form a baseline – particularly if the child has any history or learning deficits, ADHD, etc, or is deemed a higher-level or “gifted and talented” student. Computerized neuro-physical testing (balance testing) might also be considered.
- *Note: ImPACT Neuro-cognitive testing is limited to 10 year-olds and older, and norms for standardized balance testing at young ages may be variable relative to age, weight, and development.*

Minimal changes made to the section below – Changes highlighted in yellow

Concussion Evaluation (Time of Injury) – At FFL tackle football games, athletic trainers will conduct the Concussion “Time of Injury” Evaluation. The athletic trainer has the final authority regarding Return to Play decisions. In the absence of an athletic trainer, such as at practice, it is *recommended* that teams designate 1 or 2 primary personnel (coaches and/or appointed parents) who are thoroughly familiar with the Concussion Policy to conduct the evaluation for a suspected concussion. In the case of any suspected concussion the athlete should sit out and be evaluated by a physician **or neuropsychologist** prior to return to practice.

1. Medical Clearance to rule out more serious injury
2. Removal from activity
3. Closely monitor for any red flags, noting any signs and/or symptoms
4. After minimum of 5 minutes, perform sideline assessment using one of the following:
 - a. SCAT/SCAT 2/SCAT 3
 - b. CDC Palm Card
 - c. Sideline Cognitive and Functional Testing
 - d. Smart Phone Application
5. When a concussion is suspected, the player is removed from play even if symptoms appear to resolve in 15 minutes or less.
6. Continue to monitor and repeat sideline assessment @ 15 minute intervals to determine whether or not emergency care is warranted. *
7. **Athlete does not return to a game or practice if he has any signs or symptoms that suggest a possible concussion.**
8. Follow injury reporting guidelines described on page 1.

** NOTE: any “red flags” or worsening of status warrants seeking immediate medical attention (See Appendix A)*

Post Injury Evaluation

1. Following an apparent concussion or head injury, athletes are required to follow up with their primary medical provider, sports medicine specialist, **neurologist, or neuropsychologist** within 24-48 hours for evaluation.
2. It is *recommended* that athletes follow-up with a concussion care facility 1) to begin Return to Play protocol when appropriate 2) for follow-up if any Baseline Tests were obtained, and/or 3) to manage post-injury testing and referral to appropriate medical providers when indicated (i.e., neuropsychologist, neurologist).

Minimal changes made to the section below – Changes highlighted in yellow

Concussion Management/Return to Play Guidelines – Best practices in concussion management call for graduated steps, or “graded activity progressions” as a guideline to maximize the athlete’s safety before returning to play.

1. “Graded” Exertional Protocol, or activity progressions at appropriate concussion care facility and/or by a physician.*
 - a. Step 1 No activity until athlete is symptom free and cleared to begin
 - b. Step 2 Light aerobic activities
 - c. Step 3 Sport specific training
 - d. Step 4 Non-contact sport specific training
 - e. Step 5 Full Contact drills (after medical clearance)
 - f. Step 6 Game Play! (with **medical** clearance)

** Note: Progressions continue as long as athlete remains sign and symptom free. Healthcare personnel will manage appropriate timing of stages and progressions based on athlete’s response.*

2. **Medical** Clearance – On completion of the Return to Play protocol, the athlete must provide the league a written statement from a physician **or neuropsychologist** stating that in the healthcare provider’s professional judgment it is safe for the athlete to return to play. It is *recommended* that athlete be cleared by a neurologist, sports medicine physician, **or neuropsychologist** using information provided by follow-up testing, activity progressions, and final evaluation.
3. Parent Acknowledgement and Consent (See Appendix B)

No suggested changes for Appendix A, Appendix B, or Injury Report