Smith College Athletic Training
Concussion Management Protocol

Education:
Athletic Trainers, Health Services Practitioners, Coaches and Athletics Administrators will be given copies of the NCAA Concussion Fact Sheet for Coaches along with the Smith College Athletics Concussion Management Protocol and will sign a statement agreeing that they have received and understood this information.

Student-Athletes – Prior to participating in any practice or competition, athletes will receive the following information within the ATS program and in pre-season meetings:
- Baseline testing procedures
- Concussion signs and symptoms
- Disqualification criteria and rationale
- Referral protocols
- Return to play criteria
  *Athletes will sign a statement agreeing that they have received and understood this information.

Pre-participation Assessment:
Each athlete within the intercollegiate athletics program will complete a brain injury/concussion history, complete ImPACT Testing of neuropsychological function including the Graded Symptom Checklist and a balance assessment using the Modified Balance Error Scoring System:

Recognition and Diagnosis of Concussion:
Any student who is experiencing signs, symptoms or behaviors consistent with a sport-related concussion, at rest or with exertion, will be removed from practice or competition for the remainder of that calendar day and referred to an athletic trainer or team physician with experience in concussion management.
Assessment will include:
- Clinical assessment for cervical spine trauma, skull fracture and intracranial bleed
- Graded Symptom Checklist
- Physical and Neurological Exam
- Cognitive Assessment
- Balance Exam

Post-Concussion Management Plan:
Athletes demonstrating any of the following signs/symptoms will be transported to the hospital.
- Glasgow Coma Scale < 13
- Prolonged unconsciousness (greater than 1 min)
- Focal neurological deficit
- Repetitive vomiting
- Persistently diminished/worsening mental health status or other neurological signs/symptoms
- Spine Injury
**Home Care:**
Verbal and written home care instructions will be given to the athlete and to a responsible adult who is willing to supervise the athlete during the acute phase of the concussion. If symptoms are worsening, the athlete should be transported to the ER immediately.

**Follow-up Evaluation:**
Any athlete with signs and/or symptoms of a concussion will not be allowed to return to play in the same day.

The athlete will be instructed to make an appointment for medical evaluation at Health Services within the first 24-48 hours of the injury. The practitioner seen there will determine the need for further referral and will communicate with class deans for academic accommodations as deemed appropriate.

Each day following the injury, the athlete will complete the Graded Symptoms Checklist to monitor recovery. Once symptom-free as measured by the Graded Symptom Checklist, the athlete’s neurocognitive status (ImPact Test, King-Devick Test and/or SCAT3) and postural stability (BESS) will also be evaluated and compared to baseline tests.

Student-athletes with prolonged recovery will be referred for further evaluation for consideration of an additional diagnosis and best management options.

**Return to Play:**
If symptoms return at any point during this progression, the athlete must wait until symptom-free before attempting the progression again. To monitor this, the athlete will be asked to complete the GSC before and after the activity.

Stage 1. Light aerobic activity, no resistance training  
Stage 2. Mode, duration and intensity-dependent exercise based upon sport  
Stage 3. Sport-specific activity with no head impact  
Stage 4. Non-contact drills and resumption of resistance training  
Stage 5. Full contact  
Stage 6. Return to play

**Special Circumstances:**
The return to play progression for athletes with a significant concussion history or with symptoms lasting more than 10 days will be determined on a case by case basis.

**Return to Learn:**
Student-athletes will navigate return-to-learn with a practitioner at Health Services. In the event of a prolonged recovery, consultation with class deans, professors, office of disability services and counseling services will be included among others when appropriate.