Concussion Management Policy

The George Washington University Department of Athletics is committed to the prevention, identification, evaluation and management of concussions. Concussion, or mild traumatic brain injury (mTBI), has been defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. The GW Department of Athletics has developed this policy to protect the well-being of student-athletes and to ensure that all student-athletes have equitable access to the necessary healthcare providers and are treated within the framework of this policy.

This Concussion Management Policy is not a substitute for emergency medical care. If you require assistance with managing the emergency care for an injury at a GW athletic venue, please consult Emergency Action Plans first or, if the injury is of a minor nature, then you may consult the Injury Protocol instead. If the emergency situation involves a medical crisis (i.e. travel accident, spinal cord injury, severe head injury, life-threatening situation, death), the Catastrophic Incident Protocol should be consulted after emergency care is provided to the injured parties.

Educational Materials:

The GW Department of Athletics will present educational materials on concussions to all student-athlete at the start of each academic year or when they join the team (attachment A). All student-athletes will be required to sign a statement in which the student-athlete accepts responsibility for reporting their injuries and illnesses, including any signs or symptoms of a concussion, to the GW Sports Medicine Staff (attachment B). The GW Department of Athletics will also provide educational materials on concussions to all coaches, administrators, team physicians and athletic trainers (attachment C). In addition to these educational materials, all coaches, administrators, team physicians and athletic trainers will also receive Injury Protocols, Emergency Action Plans and the Catastrophic Incident Protocol. Coaches, administrators, team physicians and athletic trainers will have to sign a document indicating that they have received these documents and had the opportunity to ask questions. (attachment D,E) Furthermore, coaches and administrators are informed that the GW Sports Medicine Staff and affiliated athletics healthcare providers are empowered with the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete as they deem appropriate.

Recommended Baseline Assessments:

The NCAA has recommended baseline assessments for all student-athletes. The GW Sports Medicine Staff will use the Sport Concussion Assessment Tool 3 (SCAT3) (attachment F) as a baseline and follow-up to test for cognitive and balance assessments. Additionally, IMPACT (Immediate Post-Concussion Assessment and Cognitive Test) (attachment G) will also be utilized by GW Sports Medicine Staff for neurocognitive baseline and post-concussion testing. The baseline tests will be saved in each individual students SportsWare file. Completion of baseline Impact and SCAT 3 testing will be noted in the paperwork section of each individual student-athletes SportsWare file.

Sideline Assessment:

When a student-athlete shows or reports any signs, symptoms, or behaviors consistent with a concussion, the student-athlete will be removed from practice or competition and evaluated by a member of the GW Sports Medicine Staff if available. If no member the GW Sports Medicine Staff is present, then the coach should follow the appropriate Injury Protocol.

The sideline evaluation by the GW Sports Medicine Staff of the student-athlete suspected of having a concussion or mTBI should include assessment of airway, breathing and circulation (ABC’s), followed by an assessment of the cervical spine and skull for associated injury. The SCAT3 will be a tool used for sideline concussion assessment. The student-athlete will be
evaluated and monitored for at least 15 minutes to determine their status. The student-athlete should be transported to the nearest hospital if any of the following signs and symptoms are present; Glasgow Coma score less than 13; prolonged period of loss of consciousness (longer than 1 minute); focal neurological deficit; repetitive vomiting; persistently diminished or worsening mental status or other neurological signs or symptoms; or potential spine injury. A student-athlete with a suspected or diagnosed concussion will not return to practice or competition on that day.

The GW Sports Medicine Staff should continue to monitor the student-athlete with a suspected or diagnosed concussion for any change in symptom status. Any student-athlete with worsening symptoms should be referred for further medical evaluation (attachment H). The GW Sports Medicine Staff should provide any student-athlete suspected of having a concussion with written information about their injury and instruction of what to do if symptoms worsen (attachment I). This information will also be given to another responsible adult who will be able to look after the injured student-athlete.

**Post Concussion:**

Once removed from participation, the student-athlete must follow the outlined guidelines for management of their injury and will not be considered for return to participation until they are cleared by the George Washington Team Physician or their designee. The student-athlete will complete a daily symptom inventory (attachment J) until they are told they no longer have to by the treating physician, but must do this until they are cleared to return to full participation. Post concussion Impact and SCAT3 testing will be done at the direction of the treating physician. The treating physician will make referrals to neurology, psychiatry, neuro-psychology or the University Counseling Center as they deem necessary. The Team Physician or their designee should consider the following additional diagnosis for student-athletes with prolonged recovery: post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, ocular or vestibular dysfunction.

Current concussion management guidelines recommended that student-athletes diagnosed with a concussion get as much cognitive rest as possible to facilitate their recovery from symptoms. Student-athletes should abstain from or limit the following: prolonged reading, computer use, particularly activities involving saccadic eye movements, i.e. using eyes to track objects, reading and smart board work. Playing video games, texting, watching tv, listening to music with earphones are also discouraged during the symptomatic phase.

The student-athletes athletics academic advisor will be given a letter (attachment K) to distribute to instructors alerting them to the fact that the student-athlete has sustained a concussion and is under the care of a physician. The GW Team Physician will coordinate any request for academic accomodation with the student-athletes athletics academic advisor. The Team Physician and athletic academic advisor may consider consulting with other areas/individuals such as the Faculty Athletic Representative, Academic Dean and Disability Student Services on an individual case by case basis.

**“Return to Play” Process:**

Student-athletes who are diagnosed with a concussion should undergo post-concussion assessments using both SCAT3 and IMPACT at a frequency to be determined by the Team Physician. The Team Physician and Athletic Trainer(s) will work together to monitor the progress of the student-athlete and determine when they may begin the progression of return to play. The student-athlete should be symptom free and return to baseline on SCAT3 and IMPACT or cleared to do so by the treating physician. The student-athlete must be cleared by the Team Physician or their designee before he/she may return to full participation. The “Return to Play” Progression for a student-athlete that has suffered a head injury and/or a concussion is as follows:
## “Return To Play” Progression

1. Rest until the student-athlete self reports as asymptomatic for 24 hours
2. Light aerobic exercise not to exceed 20 minutes (no resistance training)
3. Sport-specific exercise and activity without head impact
4. Non-contact practice with progressive resistance training
5. Unrestricted training
6. Return to competition

If symptoms of a concussion return during the return to play progression either with physical or cognitive exertion, the student-athlete should rest for a minimum of 24 hours and until asymptomatic or cleared by Team Physician or their designee before they are allowed to resume the return to play progression. When cleared to resume the return to play progression the student-athlete may return to the last step that was successfully completed.

This Concussion Management Policy specifically outlines the roles of athletics healthcare staff below:

### Team Physician

- Will work in conjunction with Sports Medicine Staff (Athletic Trainers) in determining course of treatment.
- Will decide when to refer student-athlete for evaluation by a specialist (Neurologist, Neuropsychologist, Psychologist, Psychiatrist).
- Will make return-to-play decision in conjunction with GW Sports Medicine Staff and other specialists who may have been consulted.

### GW Sports Medicine Staff

- The GW Sports Medicine Staff, which includes certified Athletic Trainers, will work in conjunction with Team Physician in determining course of treatment.
- Will conduct baseline and post-concussion testing.
- Will administer “Return to Play” Process.

### Affiliated Athletics Healthcare Providers

- Will work in conjunction with Team Physician and GW Sports Medicine Staff in determining course of treatment.
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Concussion symptoms include:
- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don’t hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.
Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.
A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.

Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.
Attachment B

Acknowledgement of Injury & Illness Reporting

I, ____________________________, _________, accept the responsibly for
(Print name of Student-Athlete) (GWid)
reporting injuries and illnesses while competing in ________________, to the GW
(sport)
Athletic Training Staff including signs and symptoms of concussion.

I recognize that my physical condition is dependent upon an accurate medical history
and a full disclosure of any symptoms, prior injuries and/or disabilities experienced. I
hereby affirm that I have fully disclosed in writing any prior medical conditions and will
also disclose any future conditions to the sports medicine staff at my institution.

I further understand that there is a possibility of head injury and/or concussions by
participating in my sport. In signing this Acknowledgement, I recognize and represent
that I have read the entirety of the attached NCAA Concussion Fact Sheet\textsuperscript{1}, which
provides instructive guidance on the identifications and treatment of concussions, and
understands its contents.

_________________________    ________________________  __________
Print name of Student-Athlete       Signature of Student-Athlete       Date

If the Student-Athlete is under the age of 18, the following must be filled out by a
parent/guardian

_________________________    ________________________  __________
Print name of Parent/Guardian      Signature of Parent/Guardian      Date

\textsuperscript{1}This guidance on concussions was drafted by the Center for Disease Control and NCAA. More
information regarding the NCAA’s official policies and guidance on concussion can be found at the
official site for the NCAA(www.NCAA.org)
THE FACTS
- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?
A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION
To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:
1. A forceful blow to the head or body that results in rapid movement of the head;  
-AND-  
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS

Signs Observed By Coaching Staff
- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can’t recall events before hit or fall.
- Can’t recall events after hit or fall.

Symptoms Reported By Student-Athlete
- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not “feel right.”
PREVENTION AND PREPARATION

As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
  - Review and practice your emergency action plan for your facility.
  - Know when you will have sideline medical care and when you will not, both at home and away.
  - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
  - Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
  - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
  - Encourage student-athletes to practice good sportsmanship at all times.
  - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF A CONCUSSION IS SUSPECTED:

1. **Remove the student-athlete from play.** Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just “shake it off.” Each individual athlete will respond to concussions differently.

2. **Ensure that the student-athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.

3. **Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.

4. **Develop a game plan.** Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

IT’S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, SIT THEM OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.

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Concussion Management Acknowledgement Form

I, _________________________, acknowledge that as a member of The George Washington University Department of Athletics and Recreation, accept responsibility for supporting our athletic department’s policy on concussion management.

I understand that our student-athletes, through participation in sport and/or non-sport related incidences, may suffer a head injury and-or concussion. I also understand the importance of the student-athlete reporting any symptoms of a head injury/concussion to sport medicine personnel. I accept the responsibility for reporting any signs, symptoms, or behaviors consistent with a concussive injury that I may witness.

I understand and acknowledge that the determination of whether to allow a student-athlete to return to participation following a head injury/concussion is within the sole discretion of a George Washington University Team Physician or his/her designee.

By signing below, I acknowledge that The George Washington University Department of Athletics and Recreation has provided me with educational materials on concussion and has given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I have read the above and agree that the statements are accurate.

________________________  ______________
Signature        Date
Staff Acknowledgement Form

By signing below, I acknowledge that I have received and reviewed the George Washington University Department of Athletics and Recreation’s Emergency Action Plans, Injury Protocols and Catastrophic Incident Policy. I did have the opportunity to ask questions and provide input.

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<tr>
<th>Name</th>
<th>Position</th>
<th>Signature</th>
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What is the SCAT3?1

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is “normal”.

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

- Any loss of consciousness?
  - Y
  - N
- “If so, how long?”
- Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?
  - Y
  - N
- Disorientation or confusion (inability to respond appropriately to questions)?
  - Y
  - N
- Loss of memory:
  - “If so, how long?”
- “Before or after the injury?”
- Blank or vacant look?
  - Y
  - N
- Visible facial injury in combination with any of the above:
  - Y
  - N

Glasgow coma scale (GCS)

<table>
<thead>
<tr>
<th>Best eye response (E)</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>No eye opening</td>
<td>1</td>
</tr>
<tr>
<td>Eye opening in response to pain</td>
<td>2</td>
</tr>
<tr>
<td>Eye opening to speech</td>
<td>3</td>
</tr>
<tr>
<td>Eyes opening spontaneously</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best verbal response (V)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No verbal response</td>
<td>1</td>
</tr>
<tr>
<td>Incomprehensible sounds</td>
<td>2</td>
</tr>
<tr>
<td>Inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td>Confused</td>
<td>4</td>
</tr>
<tr>
<td>Oriented</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best motor response (M)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No motor response</td>
<td>1</td>
</tr>
<tr>
<td>Extension to pain</td>
<td>2</td>
</tr>
<tr>
<td>Abnormal flexion to pain</td>
<td>3</td>
</tr>
<tr>
<td>Flexion/Withdrawal to pain</td>
<td>4</td>
</tr>
<tr>
<td>Localizes to pain</td>
<td>5</td>
</tr>
<tr>
<td>Obeys commands</td>
<td>6</td>
</tr>
</tbody>
</table>

Glasgow Coma score (E + V + M) of 15

Maddocks Score³

“I am going to ask you a few questions, please listen carefully and give your best effort.”

Modified Maddocks questions (1 point for each correct answer)

<table>
<thead>
<tr>
<th>What venue are we at today?</th>
<th>Score</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Which half is it now?</th>
<th>Score</th>
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<tr>
<td>0</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Who scored last in this match?</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>What team did you play last week/game?</th>
<th>Score</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<tr>
<th>Did your team win the last game?</th>
<th>Score</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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</table>

Maddocks score of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury (“tell me what happened”):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.
Name: ____________________________ Date: ____________________________

Examiner: _______________________

Sport/team/school: ____________________________ Date/time of injury: ____________________________

Age: ____________________________ Gender: □ M □ F

Years of education completed: ____________________________

Dominant hand: ____________________________ [right] [left] [neither]

How many concussions do you think you have had in the past? ____________________________

When was the most recent concussion? ____________________________

How long was your recovery from the most recent concussion? ____________________________

Have you ever been hospitalized or had medical imaging done for a head injury? ____________________________

Have you ever been diagnosed with headaches or migraines? ____________________________

Do you have a learning disability, dyslexia, ADD/ADHD? ____________________________

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? ____________________________

Has anyone in your family ever been diagnosed with any of these problems? ____________________________

Are you on any medications? If yes, please list: ____________________________

Fever or Anxious 0 1 2 3 4 5 6

Sensitivity to noise 0 1 2 3 4 5 6

Sensitivity to light 0 1 2 3 4 5 6

Feeling slowed down 0 1 2 3 4 5 6

Feeling like “in a fog” 0 1 2 3 4 5 6

“Don’t feel right” 0 1 2 3 4 5 6

Difficulty concentrating 0 1 2 3 4 5 6

Dizziness 0 1 2 3 4 5 6

Balance problems 0 1 2 3 4 5 6

Sensitivity to light 0 1 2 3 4 5 6

Dizziness 0 1 2 3 4 5 6

“Pressure in head” 0 1 2 3 4 5 6

Headache 0 1 2 3 4 5 6

“Don’t feel right” 0 1 2 3 4 5 6

Difficulty concentrating 0 1 2 3 4 5 6

Nausea or vomiting 0 1 2 3 4 5 6

Single leg stance: ____________________________

Test your ability to stand on one foot. Which is your non-dominant foot? ____________________________

Double leg stance: ____________________________

Balance examination

Findings:

Modified Balance Error Scoring System (BESS) testing

Which foot was tested (i.e. which is the non-dominant foot) ____________________________

Testing surface (hard floor, field, etc.) ____________________________

Condition

Double leg stance: ____________________________

Errors ____________________________

Single leg stance (non-dominant foot): ____________________________

Errors ____________________________

And/or Tandem gait: ____________________________

Time (best of 4 trials): ____________ seconds

Coordination examination

Upper limb coordination

Which arm was tested: ____________________________

Coordination score ____________________________

Delayed recall score ____________________________

Cognitive assessment

Standardized Assessment of Concussion (SAC) 4

Orientation (1 point for each correct answer)

What month is it? ____________________________

What is the date today? ____________________________

What is the day of the week? ____________________________

What year is it? ____________________________

What time is it right now? (within 1 hour) ____________________________

Orientation score ____________________________

Immediate memory

List Trial 1 Trial 2 Trial 3 Alternative word list

each 0 1 0 1 0 1 candle baby finger

apple 0 1 0 1 0 1 paper monkey penny

carpet 0 1 0 1 0 1 sugar perfume blanket

saddle 0 1 0 1 0 1 sandwich sunset lemon

bubble 0 1 0 1 0 1 wagon iron insect

Total ____________________________

Immediate memory score total ____________________________

Concentration: Digits Backward

List Trial 1 Alternative digit list

4-9-3 0 1 6-2-9 5-2-6 4-1-5

3-8-1-4 0 1 3-2-7-9 1-7-9-5 4-9-6-8

6-2-9-7-1 0 1 1-5-2-8-6 3-8-5-2-7 6-1-8-4-3

7-1-8-4-6-2 0 1 5-3-9-1-4-8 8-3-1-9-6-4 7-2-4-8-5-6

Total of 4 ____________________________

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)


Concentration score ____________________________

Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings:

Sensory examination

Dominant hand: ____________________________

Non-dominant hand: ____________________________

Sport/Team/School ____________________________ Date ____________________________

Gender: □ M □ F

Years of education completed: ____________________________

Dominant hand: ____________________________ [right] [left] [neither]

Years of education completed: ____________________________

Symptom severity score (Maximum possible 132)

Do the symptoms get worse with mental activity? ____________________________

Do the symptoms get worse with physical activity? ____________________________

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self? ____________________________

Please circle one response: no different very different unsure N/A

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete’s readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.
INSTRUCTIONS

Words in italics throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

“You should score yourself on the following symptoms, based on how you feel now”. To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise. For total number of symptoms, maximum possible is 22. For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

SAC4

Immediate Memory

“I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.”

Trials 2 & 3:

“(I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.)

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

“I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-5, you would say 9-1-7.”

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

“Now tell me the months of the year in reverse order. Start with the last month and go backward. So you’ll say December, November … Go ahead”

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

“Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.”

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing4

This balancing test is based on a modified version of the Balance Error Scoring System (BESS)4. A stopwatch or watch with a second hand is required for this testing.

“I am going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three 20-second tests. The maximum total number of errors for any single condition is 10. If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Tandem Gait4,5

Participants are instructed to stand with their feet together behind a starting line (the test is best done with foot wear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape). 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

“I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose and then return to the starting position, as quickly and as accurately as possible.”

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.


ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for
Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they:
- Have a headache that gets worse
- Are very drowsy or can’t be awakened
- Can’t recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe. Consult your doctor after a suspected concussion.

Return to play
Athletes should not be returned to play the same day of injury. When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression.

For example:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling, keeping intensity, 70% maximum predicted heart rate, No resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer, No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

CONCUSSION INJURY ADVICE
(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:
- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating painkillers
- Do not drive until medically cleared
- Do not train or play sport until medically cleared

Clinic phone number

---

Scoring Summary:

<table>
<thead>
<tr>
<th>Test Domain</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td>Number of Symptoms of 22</td>
<td></td>
</tr>
<tr>
<td>Symptom Severity Score of 132</td>
<td></td>
</tr>
<tr>
<td>Orientation of 5</td>
<td></td>
</tr>
<tr>
<td>Immediate Memory of 15</td>
<td></td>
</tr>
<tr>
<td>Concentration of 5</td>
<td></td>
</tr>
<tr>
<td>Delayed Recall of 5</td>
<td></td>
</tr>
<tr>
<td>SAC Total</td>
<td></td>
</tr>
<tr>
<td>BESS (total errors)</td>
<td></td>
</tr>
<tr>
<td>Tandem Gait (seconds)</td>
<td></td>
</tr>
<tr>
<td>Coordination of 1</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Patient’s name

Date/time of injury

Date/time of medical review

Treating physician

Contact details or stamp

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About ImPACT

Developed by clinical experts who pioneered the field, ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the most widely used and most scientifically validated computerized concussion evaluation system. ImPACT provides trained clinicians with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices -- as part of determining safe return to play decisions.

Through tools such as the ImPACT Concussion Management Model ImPACT addresses the need for an accurate, medically accepted assessment system that is used as part of an overall concussion management protocol. This Model builds partnerships with healthcare professionals and athletic trainers to offer training and resources for affordable concussion management. ImPACT benefits athletes at all levels of play, from professional sports teams to students and their parents.

ImPACT has the largest database of clinical research (more than 215 peer reviewed and 145 independent studies) on concussion management, validating ImPACT’s model. Further, ImPACT’s comprehensive normative data includes more than 75,000 (and growing) results, which provides reliability and validity of testing, even without a baseline.

ImPACT has received numerous accolades and endorsements from many of the world’s leading sports authorities, governing bodies, teams and athletes. Currently, more than 10,000 medical professionals have been trained by ImPACT on concussion management and the ImPACT Program. ImPACT is in use by the majority of teams in MLB, NHL, NFL and WWE. More than 7,400+ high schools, 1,000+ colleges and universities, 900+ clinical centers, 475+ Credentialed ImPACT Consultants, 200+ professional teams and select military units use ImPACT. Cirque du Soleil, Irish and South African rugby teams, among many other organizations around the globe also use ImPACT.

ImPACT and its products continue to evolve by incorporating the latest advancements in neurocognitive science and in technology for portability and ease of use. In addition, ImPACT is constantly expanding educational resources and tools to raise awareness regarding the importance of proper concussion management. Proof of ImPACT’s clinical value can be found in more than a thousand clinics and hospitals throughout the United States and elsewhere.

The ImPACT Test is a fundamental element of ImPACT’s overall approach to concussion management. Here are important facts about the ImPACT Test:

**The ImPACT Test is:**

- One important piece of the overall concussion evaluation and management process.
- A sophisticated test of cognitive abilities.
- The most scientifically researched concussion management tool.
- A tool that can help health care professionals track recovery of cognitive processes following concussion.
- A tool to help communicate post-concussion status to athletes, coaches, parents, clinicians.
- A tool that helps health care professionals and educators make decisions about academic needs following
The ImPACT Test is not:

- A "panacea" or cure-all for concussion, as there is no such thing. As long as contact to the head occurs, concussion will continue to happen.
- A tool to diagnose concussion, which should always be diagnosed by a qualified health care provider.
- A substitute for medical evaluation and treatment.
Concussion Physician Referral Checklist

Immediate Referral (Day of Injury)
- Loss of consciousness on field
- Amnesia lasting longer than 15 minutes
- Deterioration of neurologic function
- Decreasing level of consciousness
- Decrease or irregularity in respirations
- Decrease or irregularity of pulse
- Increase in blood pressure
- Unequal, dilated or unreactive pupils
- Cranial nerve deficits
- Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- Mental status changes: lethargy, confusion, agitation
- Seizure activity
- Vomiting
- Motor deficits subsequent to initial on-field assessment
- Sensory deficits subsequent to initial on-field assessment
- Balance deficits subsequent to initial on-field assessment
- Cranial nerve deficits subsequent to initial on-field assessment
- Post-concussion symptoms that worsen
- Additional post-concussion symptoms as compared with those on field

Delayed Referral (After the day of injury)
- Any of the findings under the day-of-injury referral category
- Post-concussion symptoms worsen or do not improve over time
- Increase in the number of post-concussion symptoms reported
- Post-concussion symptoms begin to interfere with the student-athlete’s daily activities
The above named athlete has suffered a suspected concussion and should be monitored closely for the next 24-48 hours.

*A Concussion is a change in brain function following a force to the head, face or neck or a blow elsewhere on the body with the forces transmitted to the head. Concussion symptoms can appear rapidly and often do not last long, and may or may not include temporary loss of consciousness. Resolution of symptoms typically follows a progressive course; however, in a small number of cases, they may linger and require medical intervention. A concussion is a functional brain injury, rather than a structural brain injury.


| Common non-emergent signs and symptoms of a concussion are (checked if present at time of evaluation): |
|-------------------------------------------------|-------------------------------------------------|
| _Headache_ 1-10 Scale _________ | _Confusion_  |
| _Nausea_ | _Slowed reaction time_ |
| _Sensitivity to light (Photophobia)_ | _Extremity weakness / numbness_ |
| _Sensitivity to sound (Misophonia)_ | _Feeling sluggish, foggy or groggy_ |
| _Dizziness / Balance difficulty_ | _Behavioral changes (i.e. irritability)_ |
| _Ringing in the ears (Tinnitus)_ | _Dizziness/Balance difficulty_ |
| _Difficulty remembering_ | |

<table>
<thead>
<tr>
<th>It is OK to:</th>
<th>There is no need to:</th>
<th>DO NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use Acetaminophen (Tylenol) as directed by Sports Med Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use necessary prescription medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Apply ice to head/neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Eat a light &amp; simple meal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Drink water, juice, or sports drink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sleep</td>
<td>- Check eyes with a light</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Wake up/be awakened on hourly intervals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Stay in bed exclusively</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Drive a motor vehicle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Ride a bike or skateboard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Drink alcohol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Drink caffeinated beverages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use nicotine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use ibuprofen (Advil, Motrin), Aspirin, Naproxen (Aleve), or Excedrin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Loud music</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Computers, television, cell phones, video games, books</td>
<td></td>
</tr>
</tbody>
</table>
WATCH FOR ANY OF THE FOLLOWING PROBLEMS:

- Worsening headache
- Vomiting
- Decreased level of consciousness
- Dilated pupils
- Blurred vision
- Seizure
- Sudden or increased confusion
- Sudden or increased irritability
- Stumbling or loss of balance
- Weakness in one arm/leg
- Weakness on one side of the face
- Or any other symptom that worries you

**If at any time the athlete begins to experience any new symptoms, the current symptoms worsen, or the athlete feels it necessary, IMMEDIATELY go to the emergency room and contact your Athletic Trainer at: ________________

You are not cleared to return to sports (game and/or practice) until:

- All of your symptoms have subsided
- Your ImPACT score has returned to an acceptable level as determined by the team physician
- You have successfully completed a graded exertional program without return of any symptoms
- You have successfully returned to all classroom activities without return of any symptoms
- Your clinical examination has returned to normal as determined by team physician

The athlete is to be seen for follow-up on:

(date) ____________________

(time) ____________ AM/PM

(circle) Smith/Vern Athletic Training Room.
Sports Medicine
Concussion Information: Home Instruction Sheet

Name: ___________________________ Date of Injury: ___________________________
Sport: __________________________ Location: __________________________
Time of Injury: __________________________

- The above has been provided with Home Instructions as he/she has suffered a suspected concussion.
- The above has been instructed to report any and all symptoms and/or changes in symptoms to GW Sports Medicine staff.
- Home Instructions have also been explained to a responsible adult, named below, who will remain in close contact with the athlete until follow-up.
- The above understands that honesty in reporting symptoms plays a crucial role in his/her recovery and safe return to sports participation.
- The above understands that the GW Team Physician has the final say in the return to sport.

Recommendations provided to: _________________ Cell # ______________ Relationship __________

Recommendations provided to: _________________ Cell # ______________ Relationship __________

Printed Athlete Name: ___________________________

Athlete Signature: ___________________________ Date: ______________

Athletic Trainer Signature: ___________________________ Date: ______________ Time:_________
Attachment J
Concussion Return-to-Play Progression Record

Name: ______________________________         Sport: _________________________
Date of Concussion: ________________

On ______________ (date), ________________________ (athlete name), completed part of a graduated return-to-play protocol following a concussion that consisted of the following:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Below is this athlete’s report of symptoms following the completed stage of exertion.

Symptom Score Sheet

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pressure in Head</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slow</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Fogg</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Sleeping</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More Emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Numbness or Tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vision Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Athlete’s Signature: _________________________________________ Date: ___________
Concussion Awareness Letter

_________________________ sustained a concussion during ____________________ on ___/___/___.

He/she was evaluated by ____________________ on ___/___/___. ____________________ will undergo
additional concussion testing as he/she continues to recover from this injury.

A concussion or mild traumatic brain injury can cause a variety of physical, cognitive and emotional
symptoms. Concussions range in significance from minor to major, but all concussions temporarily
interfere with the way the brain processes information. We would like to inform you that during the
next 7-10 days, potentially longer, this student-athlete may experience one or more of the following
signs and symptoms:

- Headache
- Nausea
- Balance problems
- Dizziness
- Diplopia - double vision
- Confusion
- Photophobia - light sensitivity
- Difficulty sleeping
- Misophonia - noise sensitivity
- Blurred vision
- Feeling sluggish or groggy
- Memory problems
- Difficulty concentrating

We want to make you aware of this injury and the related symptoms that the student-athlete may
experience. Although the student-athlete is attending class, please be aware that the side effects of the
concussion may adversely impact his/her academic performance. Any consideration you may provide
academically during this time would be greatly appreciated. We will continue to monitor the progress of
this student-athlete and anticipate a full recovery.

If ________________ continues to experience symptoms that may affect his/her academic performance
after ___/___/___, they will be directed to the office of Disability Support Services. Should you have any
questions or require further information, please do not hesitate to contact Danya Ellman.

Thank you in advance for your time and consideration with this circumstance.

Sincerely,

Danya Ellman, MA, NCC
Assistant Athletic Director
Educational Support Services
202-994-2495

Frederick W. Parker III, MD
Team Physician

Craig Linebaugh, Ph.D.
Faculty Athletics Representative
Professor of Speech and Hearing Science
Research Professor of Medicine