



SIMSBURY YOUTH LACROSSE 2017 Concussion Management Plan



This Concussion Management Plan (“CMP”) was developed to provide coaches, parents and participants of Simsbury Youth Lacrosse (“SYL”) with an annual review of current and relevant information regarding concussions and head injuries and actions SYL will take in response. The CMP is based on the U.S. Lacrosse Concussion Management Plan Guidelines for U-19 Programs and the Connecticut Valley Youth Lacrosse (“CVYL”) concussion guidelines.

Introduction

Given the incidence and importance of head injury in the sport of lacrosse, SYL has developed this CMP, which will be reviewed and updated annually as necessary or appropriate. The CMP is not intended as a standard of care, and should not be interpreted as such; rather, SYL’s CMP is intended to educate all parents, coaches, and participants about concussion risks and to require compliance with its principles. A copy of the CMP will be available to all SYL coaches, parents and participants and will be posted on the SYL website along with other concussion education and information resources.

Head injury, including concussions, continues to be a concern in youth sports. Concussions are among the five most frequent injuries for both boys and girls high school lacrosse. In 2014, among boys high school sports, lacrosse players experienced the second highest rate of concussions (0.3 per 1000 athletic-exposures), with football having the highest rate (0.6 per 1000 athletic-exposures). In 2014 among girls high school sports, lacrosse again had the second highest rate (0.2 per 1000 athletic-exposures), with soccer being highest (0.35 per athletic-exposure). Boys have a 50% greater risk of concussion than girls, with concussions resulting from player-to-player contact, often from “defenseless hits”. For girls, about half of concussions result from stick-to-head contact.

It is important to understand that no current helmet can eliminate concussions. All current helmet standards are designed to reduce the risk of severe brain injury and skull fracture, not to prevent concussion. There are substantial efforts towards developing standards and helmets that can reduce the risk of concussions, but this remains a challenge. Additionally, there is no evidence that any helmet or headgear can be used to reduce the risk of a second concussion or allow an earlier return to participation.

A SYL participant who exhibits signs, symptoms or behaviors suggestive of a concussion *will be removed* from practice or competition and *not returned* to play until evaluated by a healthcare professional with experience in the evaluation and management of concussions and who is authorized to do so in the state of Connecticut (“Qualified Healthcare Professional”). Athletes diagnosed with or suspected of a concussion will not be allowed to return to SYL activity for the remainder of that day.

Concussion Management Plan

- (a) Participants, parents, coaches, and league administrators will be provided with educational information about concussions, including: the signs and symptoms; possible prevention; mechanisms of injury; treatment; return to activity guidelines; and limitations of protective equipment.
- (b) Participants' parents, participants (Senior Division), coaches, and league administrators will be required to acknowledge that they have received information about the signs and symptoms of concussions and understand the importance of promptly reporting all signs and symptoms of concussion, as well as all injuries and illnesses, to a participant's coach, parent(s), and Qualified Healthcare Provider on the **2015 Concussion Education Plan & Consent Form**.
- (c) Participants who exhibit signs, symptoms or behaviors suggestive of a concussion will be removed from SYL activities (e.g., competition, practice, conditioning sessions) and will not be allowed to return to SYL activities until the participant is evaluated and cleared (in writing) by a Qualified Healthcare Professional.
- (d) Participants diagnosed with a concussion are prohibited from returning to SYL activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (e) Participants will be required to follow a multi-step return-to-play protocol that outlines what participants, coaches and parents should expect if there is a concussion diagnosis.

Definition of a Concussion

Although many definitions of concussion exist, SYL finds the one referenced below from the 4th International Concussion in Sport Conference (2013), to be the most useful:

“Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

- 1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an ‘impulsive’ force transmitted to the head.*
- 2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.*
- 3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.*
- 4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms*

typically follows a sequential course. However, it is important to note that in some cases symptoms may be prolonged.”

Signs and Symptoms of a Concussion

A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the coach/evaluator is unsure.

1. Signs of a concussion may include (i.e., what the athlete looks like):

- ✓ Confusion/disorientation/irritability
- ✓ Trouble resting/getting comfortable
- ✓ Lack of concentration
- ✓ Slow response/drowsiness
- ✓ Incoherent/slurred speech
- ✓ Slow/clumsy movements
- ✓ Loss of consciousness
- ✓ Amnesia/memory problems
- ✓ Act silly/combatative/aggressive
- ✓ Repeatedly ask same questions
- ✓ Dazed appearance
- ✓ Restless/irritable
- ✓ Constant attempts to return to play
- ✓ Constant motion
- ✓ Disproportionate/inappropriate reactions
- ✓ Balance problems

2. Symptoms of a concussion may include (i.e., what the athlete reports):

- ✓ Headache or dizziness
- ✓ Nausea or vomiting
- ✓ Blurred or double vision
- ✓ Oversensitivity to sound/light/touch
- ✓ Ringing in ears
- ✓ Feeling foggy or groggy

Preseason Education

Parents, participants, and coaches will receive preseason concussion education and information from SYL. The education program will include information regarding the signs and symptoms, possible prevention, mechanisms of injury, treatment, return to activity guidelines, and limitations of protective equipment. Coaches are [**strongly encouraged/required**] to register and complete the **NFHS/CDC Concussion in Sports** online program, which can be found on the Centers for Disease Control’s website at: <http://www.cdc.gov/concussion/headsup/training/>

Parents and participants, as part of their preseason information packet, will be informed about the CMP, including all of the elements and local resources. **US Lacrosse/CDC Heads Up Lacrosse** materials will be used by SYL to support this effort, which can be found on the Centers for Disease Control’s website at: http://www.cdc.gov/concussion/HeadsUp/sports_specific.html.

Preseason Baseline Testing

Parents of participants may want to discuss with the participant’s healthcare provider the advisability and availability of pre-participation baseline evaluation through ImPact testing. For more information (www.impacttest.com).

Evaluation

A participant exhibiting signs and symptoms of a concussion will be removed by the coach, referee or league official from play immediately and must be evaluated by a Qualified Healthcare Provider before being allowed to resume SYL activities. Parents of the participant will be given a **suspected head injury** form from the SYL coach or team manager.

Return to Physical Activity

Participants diagnosed with a concussion should rest both physically and cognitively until they are back to their baseline level of symptoms. The graduated return to activity program described below will be used when the participant has been cleared to do so by a Qualified Healthcare Professional. Written documentation from the Qualified Healthcare Provider will be maintained by SYL.

The return to play progression is an individualized one that should incorporate the individual’s past medical history related to the specific injury (e.g. the nature, burden and duration of symptoms, prior concussion history, history of migraines, learning disabilities, depression/anxiety), as well as how the participant responds to each step of the progression.

Medical Clearance Return to Participation protocol (recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic	Recovery
2. Light aerobic activity	Walking, swimming or stationary cycling keeping intensity <70% of maximal exertion; no resistance training	Increase heart rate
3. Sport specific exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, i.e., passing and line drills; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact practice	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills