



**Seneca Valley Junior  
Football and Cheer**

**Comprehensive Concussion  
Awareness Program**

**2012-2013**

## Overview of Need

As a response to the growing concern over the rise in frequency in concussions to student athletes, Seneca Valley Junior Football and Cheer Association (SVJFAC) in partnership with industry experts, including those at UPMC, has developed this Comprehensive Concussion Awareness Program. The following document will serve as a standard for concussion management for our football players and cheerleaders.

Pennsylvania's Governor, Tom Corbett, signed the Safety in Youth Sports Act and the state General Assembly passed the law on November 1, 2011. The legislation was called Senate Bill 200, and was introduced by Senator Patrick M. Browne (R-Lehigh); it was pushed through the House by Representative Timothy P. Briggs (D-Montgomery), who introduced the companion bill, House Bill 200.

This bill established standards for managing a concussion in a student athlete. It stated that in order to return to play the athlete must be evaluated and cleared by an appropriate medical professional. An appropriate medical professional is: a licensed physician who is trained in the evaluation and management of concussions, a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician, or a licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who had postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions.

Information on the nature of concussions a student athlete may incur and the risks associated with continuing to play or practice after a concussion has been diagnosed can be found on the Pennsylvania Department of Health and the Pennsylvania Department of Education web sites. *Each student-athlete and their parents or guardians must sign an acknowledgment of receipt of an information sheet on concussions prior to participation in athletics. All coaches must complete a concussion management certification training course before coaching any athletic activity.* Coaches are required to sit out any athlete if that child displays symptoms of a concussion.

This legislation became effective on July 1, 2012. It pertains to public schools and covers interscholastic athletics, school-sponsored cheerleading, and school-based club sports.

## 1. Education: prevention and recognition for coaches, parents, players

- a. **CDC Heads Up Online Training** will be mandatory for all coaches and team volunteers, and it must be completed before the first practice of the season. A certificate of completion will be printed and kept on file with the association through the year.  
[http://www.cdc.gov/concussion/headsup/online\\_training.html](http://www.cdc.gov/concussion/headsup/online_training.html)
- b. **CDC Heads Up Online training** for all parents and athletes is optional but strongly recommended.  
<http://www.cdc.gov/concussion/HeadsUp/youth.html>
- c. **Parent/Athlete Concussion Information sheet** must be completed and signed by parent and child at the start of the season. This form will be distributed and collected by Team Moms during the first few weeks of practice. [http://www.cdc.gov/concussion/headsup/pdf/Parent\\_Athlete\\_info\\_sheet-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_info_sheet-a.pdf)

## 2. Baseline screening:

- a. 6-9 years old: We strongly encourage parents of children ages 6-9 to accompany their child for a baseline concussion test at UPMC's South Side facility.
- b. 10-13 years old: Concussion baseline screening will be set up in May, through Seneca Valley Junior Football and Cheer. A parent must accompany athlete to testing. Cost will be \$20- possibly free if sponsored.
- c. We request that the parents of both age groups view a UPMC Educational Video before testing begins.

UPMC recommends impact testing each year for athletes up to 12 years of age and every two years for athletes over the age of 13. Prior concussion increases testing to every year for age 13 and above.

## 3. Best practices for football

- a. Training to play Heads Up- We propose teaching a newer tackling technique through USA Football "Heads Up" (<http://usafootball.com/#headsup>). This tackling style emphasizes an "up and through" motion, instead of "wrap" with an emphasis on heads up play. The 5 steps of Heads Up Tackling are: Breakdown Position, Buzzing the Feet, Hit Position, Rip Position and Shoot (<http://videos.usafootball.com/pages/tackleprogression>).
- b. Proper training techniques- We recommend utilizing tackling dummies earlier in the season. We also propose to work with athletes to develop leg and core strength through drills, in order to encourage bent leg drills during tackling. The coach should also control the amount of contact based on factors such as the goal of the drill, age, and player's ability. The coach can manipulate the contact level by setting the speed at which the players should play and the distance apart from one another:

**Air (Level 0):** Players run unopposed without bags or opposition.

**Bags (Level 1):** Drill executed against a bag, shield, or pad to allow for soft contact surface. First use bag as a stand alone item. More advanced players can use the added resistance of a teammate or coach standing behind the bag.

**Wrap (Level 2)/Thud (Level 3):** Drills run at full speed until contact. All contact is above the waist and all players stay on their feet. Coaches should use a quick whistle here.

**Live Action/Scrimmage (Level 4):** Contact should be at full/game speed. Players execute full tackles at a competitive pace. This is the only level when it is ok for players to be taken to the ground.

Drill instruction is best at lower level of scale to ensure that players are using correct techniques. If a player can't execute a tackle at level 1 or 2 then the chances of them completing it properly at Level 4 are slim.

- b. Avoiding or limiting duration of high risk training – We suggest limiting contact drills in practice (i.e. Pop Warner is limiting one-on-one blocking, tackling, and scrimmaging to no more that 1/3 of total weekly practice time). We suggest running these drills at beginning of practice, not at the end. We also propose limiting full speed, head-on blocking and tackling- may be acceptable if executed at 3 yards or less. Full speed drills can still be executed when players approach each other from an angle.

#### **4. Best Practices for cheer-**

- a. Proper supervision and training techniques- While stunting, we propose that a coach or teen coach spotter always be present for safety. For tumbling, we recommend that the cheerleader must be able to perform the stunt on her own without a spotter.
- b. Avoiding or limiting duration of high risk training – If it is raining or the field conditions are poor due to weather, we suggest that no stunting or tumbling be permitted and a modified routine will be performed. Also, we recommend that stunting should be done at the beginning of practice when the cheerleaders are less tired and thus more focused.

#### **5. Reporting injuries, recording and return to play (mandatory)**

- a. **Reporting and recording** – It is mandatory that all concussions and suspected concussions be reported and recorded promptly. Each concussed athlete will have a file with SVJFAC. The following are a list of resources that should be at every practice or competition where an athlete could possibly sustain a concussion:

On field quick reference guide kept in team medical kit or other accessible area, a CDC clipboard sticker [http://www.cdc.gov/concussion/pdf/Clipboard\\_Sticker-a.pdf](http://www.cdc.gov/concussion/pdf/Clipboard_Sticker-a.pdf) or clipboard sticker containing the same information, and copies of "Notification of Probable Head Injury" form.

- b. **Return to play program:**

1. **Recovery time-** Recovery time varies from athlete to athlete and no two concussions will be the same. Proper recovery is vital to avoid more serious re-injury (i.e. Second Impact Syndrome) or lingering effects. Symptoms can show up at any point from immediately to 3 days or even longer after the initial injury. If after a bump, blow, or jolt to the head or body the athlete should receive medical attention if he/she exhibits any of the following:

One pupil larger than the other	Convulsions or seizures
Is drowsy or cannot be awakened	Cannot recognize people or places
Slurred speech	Has unusual behavior
A headache or pressure in head that gets worse	ANY vomiting or nausea
Weakness, numbness, or decreased coordination	Loses consciousness (even a brief loss of consciousness should be taken seriously)
Becomes increasingly confused, restless, or agitated	For more symptoms, see: <a href="http://www.upmc.com/Services/sports-medicine/services/concussion/about-concussions/Pages/symptoms.aspx">http://www.upmc.com/Services/sports-medicine/services/concussion/about-concussions/Pages/symptoms.aspx</a>

2. **Impact re-test-** We recommend another impact test after concussion has occurred. Results of this test will be compared to baseline test results.
3. **Clearance-** After suffering a concussion, it is mandatory that no athlete return to play or practice that same day- “WHEN IN DOUBT, SIT THEM OUT”. Any symptom on the field require at least 7 days of rest and follow up with an appropriate medical professional. After the athlete has been cleared by the appropriate medical professional, they should begin the 6 step program to return to play:

**Step wise return**

1. Light aerobic exercise to increase heart rate
  2. Increased heart rate and incorporate limited body and head movement
  3. Integrated non-contact physical activity
  4. Reintegration into practice (Non-Contact)
  5. Full Contact Practice
  6. Return to Game
4. **Independent review of steps-** It is mandatory that the athlete be cleared by appropriate health care professional, with SIGNED declaration (SVJFAC concussion return to play clearance form). If symptoms occur at any time, athlete should cease activity and be re-evaluated by their health care professional.

5. **Liaison/case manager for injured child**- We recommend that each injured athlete be assigned a case manager. An informational folder with publications from UPMC and CDC will be provided to family. The case manager will help walk family through the recovery process, if so desired. We will send a get well card to the athlete and arrange weekly or bimonthly phone call to parent to check on progress. We must advise we are not health care professionals; we are just concerned with athlete's recovery and well-being.

## 7. Equipment, capital and infrastructure needs

### a. **Football:**

**Helmets** and equipment will be fitted carefully by SVJFAC staff members, coaches and industry liaisons when available. Attention, time and patience is required to ensure correct size and proper fit.

SVJFAC and parents will continue to invest in new helmets (Riddell and Xenith). All helmets will be reconditioned and inspected annually by SVJFAC.

Parents and players are responsible for checking football equipment **daily** for serviceability and fit. Any equipment problems must be reported to a coach for immediate repair.

**Guardian caps** are soft-shell football helmet covers which reportedly reduce impact by up to 33%. Wear is optional for practices and games and has been approved by the Greater 19 league. Guardian Caps are available for a reduced cost to all players in our league.

**CheckLight** is a head impact indicator designed to make it easy to see if an athlete has taken a potentially dangerous blow to the head. We are exploring this technology and possibly seeking participation in a case study and/or grant in return for testing this product.

The organization encourages the use of new technology and we pledge to constantly seek improved equipment and safety devices to maintain utmost safety for our student athletes.

- b. **Cheer:** We have discussed the purchase of **new mats** for indoor practices as needed. Mats must be consistent in size and shape and in good repair.

Graham Park Field A and B are equipped with blue rubberized sideline surfaces for game day sideline cheering and safety.

**SVJFAC**  
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