Winona State University Concussion Policy

1) All WSU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:
   a. They have read and understand the NCAA Concussion Fact Sheet
   b. They accept the responsibility for reporting their injuries and illnesses to the WSU medical staff, including signs and symptoms of concussions.

2) All WSU coaches (head coaches, assistant coaches and graduate assistant coaches) must read and sign the attached coaches statement acknowledging that they:
   a. Have read and understand the NCAA Concussion Fact Sheet
   b. Will encourage their athletes to report any suspected injuries and illnesses to the WSU medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the WSU medical staff suspected of sustaining a concussion.
   c. Have read and understand the WSU Concussion Management Protocol

3) Winona State team physician, athletic trainers and undergraduate athletic trainers must read and sign the medical provider statement acknowledging that they;
   a. Will provide athletes with the NCAA Concussion Fact Sheet and encourage their athletes to report any suspected injuries and illnesses to the WSU medical staff, including signs and symptoms of concussions.
   b. Have read, understand, and will follow the WSU Concussion Management Protocol

4) The head athletic trainer will coordinate the distribution, educational session, signing and collection of the necessary documents. These documents will be filed appropriately in the athletic training room.

5) The athletic department and head athletic trainer will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and coaches. This will take place in the early fall with the annual coaches meeting. The athletic training department will keep the signed documents, along with the WSU Concussion Policy, on file. A copy of the WSU Concussion Policy will also be distributed to each coaching staff.

6) The head athletic trainer will coordinate an annual meeting at the end of each academic year to review and update the Concussion Policy with the medical staff. Any changes to the policy will be effective August 1 of that year.
Winona State University Concussion Management Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for WSU student athletes suspected of sustaining a concussion.

A concussion occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

The Plan

1) The process will begin with pre-season baseline testing. Every new (first year or transfer) student athlete in the sports of baseball, basketball (men and women), football, gymnastics, soccer, softball, track and field (pole vaulters and high jumpers), and volleyball must receive a pre-season baseline assessment for concussion which involves Impact Testing.
   a. The respective team’s athletic trainers will conduct the following assessment for all new athletes: Impact Testing
   b. The respective team’s athletic trainer will also provide the educational material to all athletes on their respective teams and will acquire appropriate signatures on specific documentation.

2) An athlete suspected of sustaining a concussion will be evaluated by the team’s athletic trainer using the Graded Symptom Checklist (GSC). Should the team physician not be present, the athletic trainer will notify the team physician to develop an evaluation and a treatment plan. If able, an assessment of symptoms will be performed at the time of injury and then serially thereafter (i.e, 2-3 hours post-injury, 24 hours, 48 hours, etc). The presence or absence of symptoms will dictate additional testing.

3) Any student-athlete diagnosed with symptoms of a concussion will not return to activity for the remainder of the day. Medical clearance will be determined by the team physician and or the combination of the team physician and athletic trainer involved.

4) The team athletic trainer will administer the Impact Testing when they deem the athlete capable of taking the test. These test results will be given to the team physician after results are received.
Concussion Assessment

NO ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY, AND NO ATHLETE IS PERMITTED TO RETURN TO PLAY WHILE SYMPTOMATIC FOLLOWING A SUSPECTED CONCUSSION.

1) **Baseline Testing**: performed on each athlete upon entering as a first year student, transfer, or for those athletes sustaining a concussion the previous season (reestablish a baseline)
2) **Time of Injury**: clinical evaluation, GSC, and appropriate referral if needed; each athlete will receive a Head Injury Information Card that they can take with them.
3) **1-3 hrs post-injury**: if available reevaluate, GSC and appropriate referral if needed
4) **Next day**: reevaluate, GSC
5) **Follow-up evaluations** daily to track signs and symptoms
6) **Administer Impact Testing**: when athletic trainer and or team physician deems necessary
7) **Once the athlete becomes asymptomatic**:  
   a) The athlete must be asymptomatic for 24 hours before any exertional activity will take place. This must be documented in the athletes file and the results of the Impact Test must be placed in athletes file.

5 Step Graduated Exertional Return to Play Protocol

The protocol allows for a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs/symptoms during and after each exertional activity. The athlete will be reassessed prior to each step when it takes place.

The following steps are not ALL to be performed on the same day. In some situations, steps 1, 2, or 3 may be completed on the same day, but usually will take place over a couple of days. The step process will be determined by each teams respective athletic trainer. The activities in each step will be sport specific as deemed by each athletic trainer and with consultation of the team physician.

**Step 1**: 10-20 minute stationary bike ride (low intensity); monitor signs/symptoms as well as vital signs.

**Step 2**: Interval bike ride: sprinting and recovery periods; athletic trainer may add other activities (i.e. squats, pushups, sit-ups, etc). monitor signs/symptoms as well as vital signs.

**Step 3**: Running activities (short sprints); plyometric activities as well as sport specific activities as deemed by athletic trainer; monitor signs/symptoms as well as vital signs.

**Step 4**: Limited, controlled return to full-contact practice; monitor signs/symptoms as well as vital signs.

**Step 5**: Return to Full participation in a practice
NO athlete will return to full activity or competition until asymptomatic in limited, controlled, and full—contact activities, and cleared by team physician. These activities also include weight training as well as activity courses.

Note: This document has been adapted to specifically address issues at Winona State University. Modifications have been made from the following:

- University of North Carolina at Chapel Hill Sport Concussion Policy (2010)