



**RECOGNIZE TO  
RECOVER**

Presented By THORNE

# CONCUSSION EVALUATION & MANAGEMENT PROTOCOLS

## **ACUTE EVALUATION/MANAGEMENT**

Players who are suspected of having sustained a concussion shall be removed from play immediately and evaluated by team medical staff (e.g. ATC and/or physician if available). A player does not need to have lost consciousness to suffer a concussion. The evaluation shall consist of a standardized acute concussion evaluation using the SCAT3. All players suspected of having a concussion must be seen by a physician. All assessments, including daily assessments once a diagnosis of concussion has been made, and all components of the RTP progression, should be documented and included in the medical record.

If after initial evaluation the player is diagnosed with a concussion he or she shall not be returned to play on the same day.

If there is any concern for concomitant cervical spine injury or more serious brain injury, the athlete should be immobilized and transported to the nearest emergency department according to your Emergency Action Plan. If the athlete is medically stable and no additional testing is indicated, the initial management should include patient education, and physical as well as cognitive rest.

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## **POST-ACUTE EVALUATION AND MANAGEMENT**

Once the athlete is back to a baseline level of symptoms, the player shall undergo post-injury neurocognitive testing. An individualized and graded approach to RTP should begin after the player is back to their baseline level of symptoms for at least 24-48 hours. The RTP progression includes a progressive increase in both the level of exertion as well as the risk for contact. An example of the RTP progression in soccer players is outlined below. Once an athlete is back to their baseline level of symptoms for at least 24-48 hours, they can initiate light aerobic activities, and neurocognitive testing should be arranged.

In conjunction with a physician neurocognitive testing can be performed using ImPACT and the data can be interpreted by a consulting neuropsychologist within US Soccer's Neuropsychologists network ([link?](#)).

Once the player is back to their baseline level of symptoms and balance at rest and exertion (as determined by use of the SCAT3), and the neuropsychologist has determined that they are neurocognitively at or above baseline, the player can advance along the graded RTP protocol as outlined below to strength training, non-contact sport-specific drills, contact sport-specific drills, heading training and finally, full RTP. Throughout the RTP progression the player should be monitored for a re-emergence of somatic and cognitive symptoms

In accordance with current consensus guidelines, there is no mandatory period of time that a player must be withheld from play following a concussion, or how long each step in the RTP should take. These decisions are individualized and will vary depending on several factors including the nature of the injury, the player's age, concussion history and psychological status. Research is beginning to suggest that low level physical exertion may be beneficial for slow to recover athletes even though they may continue to report mild symptoms. A physician must approve and oversee the situation in which physical activity is introduced while a player is symptomatic.

However, at minimum, a player **MUST** be back to their baseline level of symptoms and balance at rest and upon exertion, and determined to be neurocognitively at baseline prior to return to contact activities and full play. A physician must, in writing, clear an athlete to return to play and acknowledge the athlete has progressed asymptotically through the graded RTP process. Players under the age of 18 should be managed more conservatively than older players.