A concussion is a type of traumatic brain injury or (TBI), “that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost” (Centers for Disease Control and Prevention, 2009).

PART I -- 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 (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 / combative / 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 (what the athlete reports):
   - Headache or dizziness
   - Nausea or vomiting
   - Blurred or double vision
   - Over sensitivity to sound / light / touch
   - Ringing in ears
   - Feeling foggy or groggy

Note: Public Act No. 10-62 requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred.

PART II – RETURN TO PARTICIPATION (RTP)
– Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. Connecticut Law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (Physician, Physician Assistant, Advanced practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.

Concussion management requirements:

1. No athlete SHALL return to participation (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated from a licensed health care professional (Physician, Physicians Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain written clearance from one of the licensed health care professionals mentioned above directing them into a well defined RTP stepped protocol similar to one outlined below. If at any time signs or symptoms should return during the RTP progression the athlete should cease activity*.

6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals mentioned above for them to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP Protocol (Recommended one full day between steps)

<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>1. No activity</td>
<td>Complete physical and cognitive rest until asymptomatic. School may need to be modified.</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic activity</td>
<td>Walking, swimming or stationary cycling keeping intensity, &lt;70% of maximal exertion; no resistance training</td>
<td>Increase Heart Rate</td>
</tr>
<tr>
<td>3. 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>4. Non-contact training drills</td>
<td>Progression to more complex training drills, i.e., passing drills in football and ice hockey; may start progressive resistance training</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td>5. 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>
</tbody>
</table>

* If at any time symptoms should return during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, s/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don’t resolve, the athlete should be referred back to their medical provider.

References:

Resources: