



Concussion Protocol





Quick Concussion Reference Guide

When a concussion is suspected, the guidelines below should be followed:

- Immediate removal from game/practice
- Report injury to your athletic trainer, coach, etc.
- Evaluation by a physician or a qualified medical professional which may include neurocognitive testing, i.e. ImPACT
- Once symptom free, the athlete must be cleared by a physician to begin the graded return to play protocol (4-day gradual increase in physical activity)
 - Day 1. Light aerobic exercise
 - Day 2. Sports-specific exercise
 - Day 3. Non-contact training
 - Day 4. Full contact practice
- Final clearance by a physician or qualified medical professional is required to return to play after successful completion of the exertional progression without symptoms

Whom to Contact:

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Orlando Orthopaedic Center Follows FHSAA Concussion Return to Play Guidelines

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Overview

Concussions and other head injuries are common, especially in contact sports. Getting informed about the proper way to manage these injuries is crucial to avoid potentially harmful consequences.

What is a concussion?

A concussion is a traumatic head injury that affects how your brain functions. Concussions can come about from a direct blow or a sudden rotation or shaking movement of the head. Athlete DOES NOT need to lose consciousness for a concussion to occur.

Common symptoms of concussions include headaches, dizziness, light-headedness, nausea, light/sound sensitivity, disorientation/confusion, memory loss, difficulty concentrating, fatigue, sleep disturbances, mood changes, and many others.

How does a concussion occur?

A concussion can ensue from any type of fall, collision, or activity that results in a sudden directional change of the head.

In sports, a concussion most often happens after a collision with another player or obstacle, hitting the head on the ground after a fall/tackle, or being struck by a ball, etc.

Concussions occur most often in contact sports such as football, soccer, lacrosse, and hockey, but they can happen during any sport or activity.

A concussion can come about from “whiplash” injuries such as car accidents or any situation where the head gets shaken.





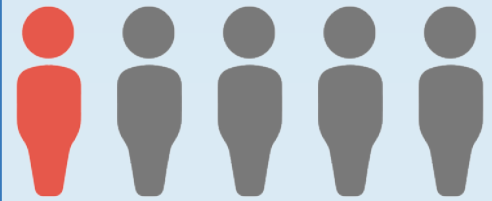
When an injury occurs:

Athletes who sustain a head injury often have symptoms immediately after the injury, but these frequently resolve within a few minutes. It is essential to check on an athlete as soon as possible to identify a concussion injury.

When in doubt, you should always remove an athlete from competition. It is much better to be overly cautious than to risk further injury that could be catastrophic.

If you suspect a head injury, the athlete should not be allowed to return to play that day, even if they seem to recover and act normally. Initial symptoms will often temporarily resolve, then worsen hours later. Do not be fooled by this "honeymoon period."

Athletes should be monitored closely after an injury for any changes or worsening of symptoms. If you have ANY concerns about the condition worsening, you should take the athlete immediately to the emergency department, or you should call EMS. More severe life-threatening head injuries such as intracranial bleeding can initially be mistaken as a concussion.



1 IN 5 HIGH SCHOOL ATHLETES will sustain a sports concussion during the season

Concussion Specialists at Orlando Orthopaedic Center



Michael D. McCleary, M.D.



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Evaluation by medical professional:

Any suspected concussion should be checked out by a qualified medical professional and the athlete cleared before returning to play.

Qualified medical professionals typically include physicians or other medical professionals (physician assistants, nurse practitioners, clinical psychologists, etc.) with specific expertise and experience in evaluating and treating concussions.

Concussions usually improve with time and rest from physical and mental activities. Concussion treatment is usually directed towards specific symptoms such as a headache, nausea, sleep disturbances, or balance problems, etc.

Resting after a concussion:

It is crucial to avoid any physical activity including all sporting activities, conditioning/running, or weightlifting.

Concussion patients should significantly limit their daily activities such as shopping/running errands, attending concerts/shows, and social gatherings. These activities tend to fatigue the brain and delay healing.

People who have sustained a concussion are advised to stay home from school or work for 1-2 days as this may be beneficial. School work and exams should be delayed until your child's symptoms improve, and they should take frequent breaks when doing homework, reading, and studying.

Time on electronic devices such as cell phones, tablets, computers, and video games should be limited. Watching television or listening to music are acceptable activities but volume levels should be kept low.

47%

of all reported sports concussions occur during high school football

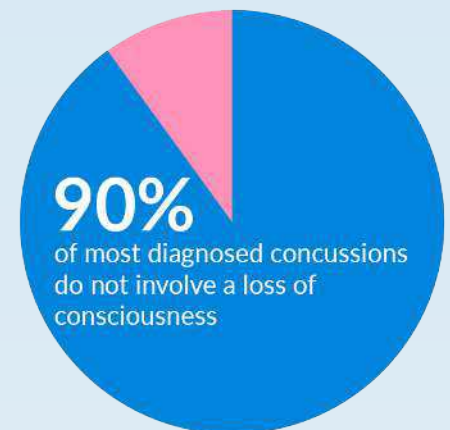


Return to play protocol:

Once an athlete has no more symptoms, has returned to normal neurocognitive functioning, and has been cleared by a medical professional, he/she will need to complete a gradual increase in physical activity (a typical protocol is a 4-day progression) before returning to full-contact competition.

A progression of activity is supervised by an athletic trainer, coach, or parent under the guidance of a physician or qualified medical professional.

Return to full competition is permitted only after successful completion of an activity progression AND final clearance by a physician or qualified medical professional.



Long-term considerations:

Studies are ongoing as to the long-term effects of concussions. The current guidelines and protocols are designed to minimize the risk of aggravating the injury and preventing permanent complications.

Recommendations for athletes that have sustained multiple concussions over time are done on a case-by-case basis and should be carefully discussed with a qualified physician or concussion specialist.

Medical Action Plan



	ATHLETIC TRAINER ON FIELD	ATHLETIC TRAINER NOT ON FIELD
1	The Athletic Trainer (AT) on the field acts as a First Responder in a medical emergency and will assess all injuries, medical emergencies, and non-medical emergencies	Coaches and parents will act as First Responders during a medical emergency and will need to make the appropriate FKK Medical Team contact if an injury occurs
2	Medical Emergency <ul style="list-style-type: none"> • AT will properly assess and triage • Activation of EMS if necessary: Call 911 • Contact parents immediately 	Medical Emergency <ul style="list-style-type: none"> • Activation of EMS if necessary: Call 911 • If unsure of the medical situation, call your FKK Medical Team for direction
3	Non-Medical Emergency <ul style="list-style-type: none"> • AT will assess the injury and make the appropriate FKK Medical Team recommendation and provide the appropriate contacts 	Non-Medical Emergency <ul style="list-style-type: none"> • Coaches or parents will make the appropriate FKK Medical Team Contact

- ### MEDICAL EMERGENCIES
- Head or Neck Injury
 - Loss of Consciousness
 - Fractures
 - Dislocations
 - Eye Injuries
 - Dental Injuries
 - Sever Asthma Attack
 - Severe Allergic Reaction
 - Heat Stroke
 - Profuse Bleeding
 - Internal Bleeding
 - Syncope
 - Signs of Shock
 - Loss of Limb

- ### NON-MEDICAL EMERGENCIES
- Abrasions
 - Minor Lacerations
 - Strains
 - Sprains
 - Contusions

ORLANDO ORTHOPAEDIC CENTER

Clinic: (407) 977-3500 (Option 2)

Andy Reber: (407) 448-5132

FKK Medical Team Contact & Athletic Trainer

Call Andy for priority appointments and locations

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