

Concussion Management and Return-to-Play Protocols

To: All Coaches, Athletic Department Staff, and School Administrators

Subject: Concussion Management and Return-to-Play Protocols

Purpose

This memorandum provides updated guidance on concussion recognition, management, and return-to-play (RTP) procedures for all high school athletic programs. It also outlines the essential roles of licensed athletic trainers and healthcare providers in ensuring the health and safety of our student-athletes.

Understanding Concussions and Second Impact Syndrome (SIS)

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that disrupts normal brain function. Symptoms may include headache, dizziness, confusion, blurred vision, difficulty concentrating, nausea, mood changes, or sleep disturbances. It is important to remember that concussions do not always involve loss of consciousness, and symptoms may appear immediately or develop gradually over several hours.

If a concussion is not fully healed, an athlete is at risk for Second Impact Syndrome (SIS)—a rare but potentially fatal condition that occurs when a second head injury is sustained before the brain has recovered from the first. SIS can lead to rapid brain swelling and catastrophic outcomes. Strict adherence to concussion management and RTP protocols is essential to prevent this condition and safeguard our athletes.

Immediate Response and Evaluation

When a concussion is suspected during practice or competition:

- The athlete must be immediately removed from play and may not return to participation on the same day.
- Only a licensed healthcare provider trained in concussion management, such as a certified athletic trainer (AT), should perform the on-site evaluation.
- The athlete should be referred to a physician or other qualified healthcare provider for further assessment and diagnosis.

Return-to-Play (RTP) Protocol

After a concussion, an athlete must be symptom-free and receive written medical clearance before beginning the RTP process. The progression follows a graduated, stepwise approach, with at least 24 hours between each stage:

1. Symptom-limited activity – Light cognitive and physical rest.
2. Light aerobic exercise – Walking or stationary cycling; no resistance training.

3. Sport-specific exercise – Running or skill drills without contact.
4. Non-contact training drills – More complex drills; may begin resistance training.
5. Full-contact practice – Only after medical clearance.
6. Return to competition – Full participation once cleared and symptom-free.

If symptoms recur at any stage, the athlete must stop activity and return to the previous symptom-free level after adequate rest.

Physician Involvement and Diagnostic Considerations

Physicians play a key role in diagnosing and clearing student-athletes following a concussion. However, concussions can be difficult to diagnose because they rarely appear on imaging studies such as CT or MRI scans. In some cases, physicians may be hesitant to diagnose a concussion when symptoms are subtle, subjective, or when there is pressure to maintain an athlete's eligibility. It is critical to understand that a concussion is a clinical diagnosis based on symptoms, cognitive testing, and physical findings—not imaging results.

If a physician does not diagnose a concussion, but the athletic trainer's clinical evaluation and objective testing (including SWAY Balance testing or comparable neurocognitive assessments) indicate concussion-like symptoms or deficits, the athlete will be treated as having a concussion and must complete the full Return-to-Play (RTP) protocol before resuming participation. This policy ensures that athlete safety remains the top priority and aligns with evidence-based best practices for concussion management.

Role of Licensed Athletic Trainers

Athletic Trainers (ATs) are licensed healthcare professionals with specialized training in the prevention, recognition, and management of sports-related injuries, including concussions.

- ATs are the first line of defense in identifying and managing concussions during athletic activities.
- They perform initial evaluations, conduct neurocognitive and balance testing (such as SWAY), and track recovery progress.
- ATs coordinate communication between parents, coaches, physicians, and administrators.
- Their expertise ensures adherence to best medical practices and protects both athlete safety and institutional compliance.

Summary

All high school athletic personnel must:

- Remove any athlete suspected of having a concussion from play immediately.
- Ensure prompt evaluation by a licensed healthcare provider/athletic trainer.
- Require written medical clearance prior to return-to-play.
- Adhere to the policy that if concussion signs are evident on athletic trainer testing, the RTP protocol must be followed, even in the absence of a physician diagnosis.
- Work collaboratively with athletic trainers and physicians to prioritize athlete health.
- Follow the principle: "When in doubt, sit them out."