

Sanford Sports Medicine Concussion Protocol

1. Athlete sustains blow or trauma.
2. Athlete reports to Athletic Trainer at earliest convenience during athletic training room hours or call to make arrangements if outside of their normal hours.
3. Administer SCAT3 and score.
 - a. If no symptoms monitor and determine RTP
 - b. If symptomatic, remove from competition and monitor.
 - i. Inform parents and coaches. Give out concussion guideline handout and business card. If visiting team, complete visiting evaluation form and give to coach.
4. Athlete with concussion must follow up with ATC the next athletic training room day.
 - a. If symptom free, complete SCAT3 again and compare symptoms to initial test.
 - i. If still symptom free after SCAT3, contact your athletic trainer to schedule the ImPACT test.
 1. If symptoms present while doing the SCAT3, stop test, send home to rest, follow-up the following day
 - ii. When ImPACT scores return to baseline the athlete then begins the Graduated "Return-to-Play" Protocol (below).
 - b. If athlete reports with symptoms, send home to rest. Report to athletic training room again the following day. Do this daily until athlete reports with no symptoms, then proceed to 4a.
 - c. When ImPACT scores return to baseline and the athlete completes the Graduated "Return-to-Play" Protocol, they may return to play.

*****Each student athlete must be cleared by the licensed health care provider designated by their school *****

Graduated "Return-to-Play" Protocol

Complete rest from physical activity —until asymptomatic (no symptoms)
Increased rest and sleep; no weight lifting +/-or resistance training; limit computer use, video games, texting, reading, watching television, and driving

Stage 1 – Light Aerobic Exercise—walking, swimming, stationary cycling, etc.
No weight lifting +/-or resistance training
Exertion Level: 30-40% of maximum exertion / HR range 100-140 / RPE range 3-4
Duration: 20 minutes

Stage 2 – Sport-Specific Exercise—moderate running, skating, dribbling or weight training, etc.
Exertion Level: 40-60% of maximum exertion / HR range 120-160 / RPE range 4-6
Duration: 30 minutes

Stage 3 – Non-Contact Training Drills—sprinting/running, full weight training, etc.
Exertion Level: 60-80% of maximum exertion / HR range 140-180 / RPE range 6-8
Duration: 30-60 minutes

Stage 4 – Full Contact Practice—resume normal training activities.
Exertion Level: 80-100% of maximum exertion / HR range 160-200 / RPE range 8-10
Duration: full practice

CLEARED FOR RETURN-TO-PLAY

*** Please note ***

- Each stage is to take at least 24 hours, but longer in recurrent or severe cases.
- Each stage should be completed without a return of concussive symptoms before proceeding to the next stage.
- If the athlete becomes symptomatic (has symptoms) during the course of the protocol, he or she should be reevaluated by a health care provider for clearance before restarting the protocol. When the athlete restarts the protocol, he or she needs to begin at stage 1.
- RPE is an abbreviation for Rating of Perceived Exertion. It should be measured on a scale from 1 to 10.