



Minnesota State High School League

IMPLEMENTATION OF NFHS PLAYING RULES RELATED TO CONCUSSION AND CONCUSSED ATHLETES

In its various sports playing rules, the National Federation of State High School Associations (NFHS) has implemented a standard rule in all sports dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly different in each rule book) states that:

“Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The MSHSL Sports Medicine Advisory Committee highly recommends that every student-athlete and parent successfully complete the Heads Up: Concussion in High School Sports course. The course can be accessed at: www.cdc.gov/concussion

The role of contest officials in administering the rule

- Officials are to review and know the signs and symptoms of a concussion and immediately remove any athlete who displays the following signs or symptoms from the contest.
 - Headache
 - Fogginess
 - Difficulty concentrating
 - Easily confused
 - Slowed thought processes
 - Difficulty with memory
 - Nausea
 - Lack of energy, tiredness
 - Dizziness, poor balance
 - Blurred vision
 - Sensitive to light and sounds
 - Mood changes – irritable, anxious or tearful

Only an Appropriate Health Care Professional can decide if an athlete has been concussed (has had a concussion)

- An Appropriate Health Care Professional is empowered to make on site determination that an athlete has received concussion. An Appropriate Health Care Professional (AHCP) is defined as a medical professional functioning within the levels of their medical education, medical training, and medical licensure.
- If the Appropriate Health Care Professional has determined that an athlete has been concussed, that decision is final and the athlete must be removed from all competition for the remainder of that day.
- If the event continues over multiple days, the designated event AHCP has ultimate authority regarding any return to play decision during the event.

Procedure to follow if an official has removed an athlete and the AHCP has determined the athlete does not have a concussion

- If it is confirmed by the school's designated AHCP that the athlete was removed from competition but did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play, and the athlete may reenter competition pursuant to the contest rules.

Procedure regarding an authorization to return to practice/competition in the sport

- Once a concussion has been diagnosed by an AHCP, only an AHCP can authorize a subsequent return to play.
 - a) The clearance must be in writing;
 - b) The clearance may not be on the same date on which the athlete was removed from play; and
 - c) The form must be kept on file in the school's athletic office.
 - d) A parent cannot authorize the return to play for his or her child, even if the parent is also an AHCP.
- The school administration shall notify the coach regarding the concussed athlete's permission to return to play.

Fundamental reminder about this rule

- It has always been the ultimate responsibility of the coaching staff, in all sports, to ensure that players are allowed to compete in practice or contests only if they are physically capable of doing so.

WHEN IN DOUBT...SIT THEM OUT

MSHSL Tournament Series

- In cases where an assigned MSHSL tournament physician is present, his or her decision regarding an athlete's ability to return to competition shall not be overruled by any other AHCP.

NFHS suggested Concussion Management Guidelines for Health Care Professionals if the athlete has been concussed on the day of competition

1. No athlete should Return to Play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an AHCP that day.
3. Any athlete with a concussion should be medically cleared by an AHCP prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon the return of any signs or symptoms.

A. Return to play protocol

As described above, most injuries will be simple concussions, and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy.

During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after 24 hours.

In cases of complex concussion, the rehabilitation will be more prolonged, and return to play advice will be more circumspect. It is envisaged that complex cases should be managed by doctors with a specific expertise in the management of such injuries.

An additional consideration in return to play is that concussed athletes should not only be symptom-free but also should not be taking any pharmacological agents/drugs that may affect or modify the symptoms of concussion. If antidepressant treatment is started during the management of a complex concussion, the decision to return to play while still receiving such medication must be considered carefully by the clinician concerned (see below).

When there are team physicians experienced in concussion management with access to immediate—that is, sideline—neurocognitive assessment, return to play management is often more rapid, but it must still follow the same basic principles, namely full clinical and cognitive recovery before consideration of return to play.

Neurocognitive testing, utilizing computerized program like CogSport (Concussion Sentinel), Impact, and Headminers, can be a useful adjunct to the management of concussion in high school athletes and are best applied to the management of concussion when there is a baseline test to use for comparison after concussion. Baseline testing should be considered for athletes competing in contact sports, especially football, ice hockey, soccer, wrestling and basketball. Testing is most cost effectively applied after symptoms have resolved.

B. Guidelines for returning to an activity after a concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

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