

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 should 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.

Acute Injury:

When a player shows any symptoms or signs of a concussion, the following should be applied.

1. The player should not be allowed to return to play in the current game or practice.
2. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
3. The player should be medically evaluated after the injury.
4. Return to play must follow a medically supervised stepwise process.

A player should **never** return to play while symptomatic. "When in doubt, sit them out!"

Return to play protocol:

Return-to-play decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition.

Each step requires a minimum of 24 hours.

The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.

If any symptoms or signs recur, the player should drop back to the previous level.

The return to play after a concussion follows a stepwise process with **24 hours at each step**. Return to play will take a minimum of 5 days following complete resolution of all symptoms.

1. No activity, complete rest until all symptoms have resolved. Use SCAT3 Symptom checklist. 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.

The final return to competition decision is based on clinical judgment and the athlete may return only with written permission from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

Neuropsychological testing or balance testing may help with the return to play decision and may be used after the player is symptom free, but the tests are not required for the symptom free player to return to play.

For more information please refer to the references listed below and www.concussionsafety.com.

Signs Observed By Coaching Staff

Appears dazed and stunned
Is confused about assignment or position
Forgets sports plays
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows behavior or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

Symptoms Reported By Athlete

Headache or —pressure|| in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not —feel right