

University of South Alabama
Intercollegiate Athletics Sports Medicine
CONCUSSION MANAGEMENT PLAN
Revised April 2017

PURPOSE:

To delineate a standardized protocol for the management of concussions or mild traumatic brain injuries, increase the access to healthcare in managing these injuries, increase awareness of the symptoms of a concussion thereby increasing the reporting of symptoms to a healthcare professional, and to diminish the likelihood of secondary injury.

EDUCATION:

All Student-Athletes, Athletic Director, Coaches, applicable Athletic Administrators; Sports Medicine health care team including; Certified Athletic Trainers, Medical Director, Team Physicians, Physical Therapists, and Paramedics will be made aware of The University of South Alabama Sports Medicine Department concussion management plan. Student-athletes will receive a written copy of the NCAA's concussion fact sheet (appendix 1), undergo a verbal review of the management plan with their designated certified athletic trainer, and sign the specified written acknowledgement (appendix 2, 3). Concussion educational materials will be distributed and visually available. The director of athletics, all coaches, all certified athletic trainers, team physicians, and applicable athletic administrators will receive a copy of the NCAA Coaches fact sheet (appendix 4), review the concussion management plan verbally with the athletic training staff covering their sport, and sign a written acknowledgment form (appendix 5). Team physicians will review the concussion management protocols with all members of the healthcare team annually, along with all emergency action plans and spine board in-service.

PRE-PARTICIPATION ASSESSMENT:

Prior to initial participation in practice or competition all student-athletes will undergo a baseline evaluation and concussion history. Baseline evaluation will include a concussion questionnaire, symptoms checklist review, Balance Examination (BESS) (Appendix 6), and computerized neurocognitive testing (Impact™ or CNS Vital signs™). These items will be reviewed by the team physician to determine clearance for play or any need for additional evaluation.

RECOGNITION & DIAGNOSIS:

Any student-athlete who exhibits signs or symptoms consistent with a concussion will be removed from play immediately. The student-athlete will be evaluated by a certified athletic trainer or team physician. Medical personnel with training in the diagnosis, treatment and the initial management of acute concussion will be onsite and present for all practice and intercollegiate competitions at minimum for the listed sports: basketball; football; pole vault; and soccer. Evaluation will include symptom review, focused physical and neurological exam, balance examination, and assessment for intracranial injury, spinal injury, or central nervous system disorder. A student-athlete who is determined to have a concussion, or in whom a concussion cannot be definitively excluded will be removed from play for the remainder of that calendar day. Any student-athlete who is removed from play will have serial exams over the subsequent hour looking for signs of a deteriorating condition. Signs of a deteriorating condition will prompt urgent referral to the nearest Emergency Department. Student-athletes removed from play will be sent home with a post-concussion information sheet (appendix 7).

POST-CONCUSSION MANAGEMENT:

Any student-athlete removed from play will be evaluated by a team physician, including a review of all medical staff assessments and performance of a complete neurologic and physical exam prior to return to play. Signs of a deteriorating condition prompt immediate referral to designated ER. The emergency action plan should be activated for any of the following:

- Glasgow Coma Scale < 13
- Prolonged loss of consciousness
- Focal neurological deficit suggesting intracranial trauma
- Repetitive vomiting
- Persistently diminished/worsening mental status or other neurological signs/symptoms.
- Spine injury

Following initial injury, the student-athlete will continually be evaluated and monitored by the onsite certified athletic trainer and team physician if present. If there is any worsening of the student-athlete's symptoms, the team physician will be notified immediately (if not already present for evaluation) and the student-athlete will be transported to a medical facility that can manage and treat severe closed head injuries. The referral facility of choice will be University of South Alabama Medical Center. Head injuries/ concussions occurring away from Mobile, AL, the referral site will be at the discretion of the host-team's medical staff. Oral and/or written instructions will be given to the student-athlete who suffers a concussion. These instructions will

also be communicated to a responsible adult (i.e. parent, spouse, teammate, roommate, and guardian) (appendix 7).

Student-athletes who have a prolonged recovery from a concussion will be evaluated again by the team physician in order to consider best management options and additional diagnosis, including but not limited to: Post-concussion syndrome, Sleep dysfunction, Migraine or other headache disorders, Mood disorders such as anxiety or depression, Ocular or vestibular dysfunction

RETURN TO PLAY:

Student-athletes who sustain a concussion will undergo follow-up cognitive and balance testing and should have limited physical and cognitive activity until all tests have returned to baseline. Once concussion symptoms have resolved and cognitive/balance tests have returned to baseline, the student-athlete must undergo a supervised graded stepwise return to play progression; including resolution of symptoms, normalization of neurologic exam deficits, and a return towards baseline on computerized neurocognitive testing. This RTP management must be supervised by a health care provider with expertise in concussion that specifies:

- Light aerobic exercise without resistance training/exertional testing protocol(appendix 8)
- Sport-specific exercise and activity without head impact or return of symptoms
- Noncontact practice with progressive resistance training
- Unrestricted training
- Return to competition

NO student-athlete suspected of having a concussion is permitted to return to play or practice same day of injury, neuropsychological testing may follow initial evaluation 24 hours post injury and reevaluation when student-athlete is symptom free, student-athlete must be asymptomatic for a minimum of 24 hours, student-athlete must have returned to baseline scores on their cognitive and balance testing before physical activity begins, student-athlete must participate in functional/exertional testing without return of symptoms (appendix 8), and NO student-athlete is permitted to return to play while symptomatic following a concussion.

Should a student-athlete sustain a second concussion in the same competitive season, she/he may be referred to clinical neuropsychology or clinical neurology for evaluation, treatment, and return to play prescription.

Should a student-athlete suffer from a third diagnosed concussion during the same competitive season, he or she may be excluded from competition for the remainder of that season, and will be referred for further neurology/neuropsychological evaluation and treatment. A medical evaluation will be required prior to that student-athlete returning to competitive sports the following season.

A student-athlete that has been diagnosed as having a concussion will not be allowed to return to activity until they are cleared by a team physician. The team physician will be the only one to determine return to play and will have full and complete authority to make that decision.

RETURN TO LEARN:

Student-athletes are held from the classroom on the day of injury. The team physician will determine return to learn during the initial evaluation. This will involve relative cognitive rest and will include removing physical and cognitive stressors. These may include academic work, team meetings, cellular telephones, video games, and television. With the athletes permission the academic center and academic advisors will be notified of the injury to help coordinate the return to learn process and facilitate any academic accommodations that may be required. The gradual return to learn academic process will be individualized based on symptoms and tolerance for cognitive work.

Student-athletes who exhibit symptoms greater than two weeks should be reevaluated by the team physician for signs of post concussive syndrome, sleep dysfunction, headache disorder, mood disorder and ocular or vestibular dysfunction.

When student-athletes at The University of South Alabama sustain a concussion from any cause, it is important to realize that their ability to learn and subsequently their academic progress may be hampered. For this reason, it is imperative that proper steps be taken in order to notify multidisciplinary team of academic, administration and medical personnel to arrange for proper management of student-athletes that have sustained concussion.

At present, when a student-athlete sustains a concussion from any cause, they are held out of all physical activity until their symptoms resolve. They are evaluated by the sports medicine or team physician staff daily, and then they are cleared only by the team physician when they are ready to

resume physical activity participation in their intercollegiate sport. During this time of cognitive and physical rest, it is important for the student-athlete to have some degree of cognitive rest in order to allow for enhanced recovery of symptoms. While it would be impossible to completely remove the student-athlete from all of their academic responsibilities, some adjustments in demand and academic requirements should be made.

The student-athlete is also instructed to avoid screens like television, computers, and cellular phones, and avoiding situations with loud noise, bright lights, or crowds. However, this doesn't suggest isolation in a dark room for a week, but to participate in healthy sleep hygiene. Monitor symptoms and avoid situations that increase symptoms.

The following guidelines are recommendations for managing the cognitive modifications needed for the student-athlete to recover. The guidelines of the return to learn program comply with the ADAAA.

- When a student-athlete sustains a concussion, they should be removed from all academic responsibilities for the remainder of that day.
- If the student-athlete cannot tolerate light cognitive activity, they should remain at their residence to rest.
- Once light cognitive activity is tolerated, the athlete may return to the classroom as tolerated. If at any point the student-athlete experiences return of symptoms or scores on neurocognitive measures decline, the team physician should be notified and the student-athletes cognitive activity should be reassessed.
- The extent of academic adjustments needed should be decided by a multi-disciplinary team that may include but not be limited to the medical director, team physician, certified athletic trainer, athletic academic liaison, athletic academic counselor, course professor/instructor, coach, athletic administration, college administrator, Office of Student Disability Services representative, and psychologists and/or neuropsychologists. The level of involvement by each member of this multi-disciplinary team should be made on a case-by-case basis.
- Modification of class schedule and academic accommodations may be necessary for up to two weeks and will be coordinated by [REDACTED], Assistant Athletic Director- Academic Services or [REDACTED], Associate Athletic Director- Sports Medicine.

- Prompt re-evaluation by a team physician and members of the multi-disciplinary team, if appropriate, will be done on any student-athlete whose symptoms last longer than two weeks or who has worsening of concussive symptoms with academic challenges.

Most concussive symptoms typically resolve within two weeks, however, there are occasions when symptom can persist for weeks to months. When a student-athlete has persistent symptoms, adjustments in curriculum and testing may prove more challenging. It is important to verify that the student-athlete is truly having continuation of concussive symptoms as often there are other conditions that may present with the same symptomatology such as post-concussive syndrome, attention deficit disorder, sleep dysfunction, migraines and other headache disorders, anxiety and or depression, and simply assuming these symptoms are the result of the concussion and just waiting them out may prove counter-productive.

When a student-athlete has not recovered in an anticipated time frame, the student-athlete may need a change in their schedule and academic requirements. Special arrangements may be required for extended absences, tests, term papers or other projects. In these situations, the student-athlete may need the assistance of special support services provided by the University of South Alabama. A student-athlete presenting with prolonged symptoms must be re-evaluated to check for other conditions and then a detailed long-term academic plan must be instituted. Special resources available to the student-athlete such as the Office of Student Disability Services, the ADA/AA Office, USA Center for Psychology, or specific learning specialists may need to be involved in the continuing management of the athlete with prolonged symptoms. As recovery progresses, a gradual return to normal academic function is evaluated.

Every effort will be made by the University of South Alabama Athletic Department and Office of Academic Services to ensure that a student-athlete that has sustained a concussion will be treated in such a manner as to ensure his/her safe return to sport and maintain their academic progress.

REDUCING EXPOSURE TO HEAD TRAUMA:

Efforts will be made to reduce exposure to head trauma. Examples of methods to minimize head trauma exposure include but are not limited to:

- Adherence to Inter-Association Consensus: Year Round Football Practice Contact Guidelines
- Adherence to Inter-Association Consensus: Independent Medical Care Guidelines
- Reducing contact during practice
- Taking a prevention, safety, and education attitude to the intercollegiate sport
- Reducing the number of 2 a days during pre-season
- Coaching and student-athlete education regarding safe play and proper technique.

ADMINISTRATIVE:

The Medical Director and Director of Athletics will annually review and endorse the concussion management protocols.

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body:
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

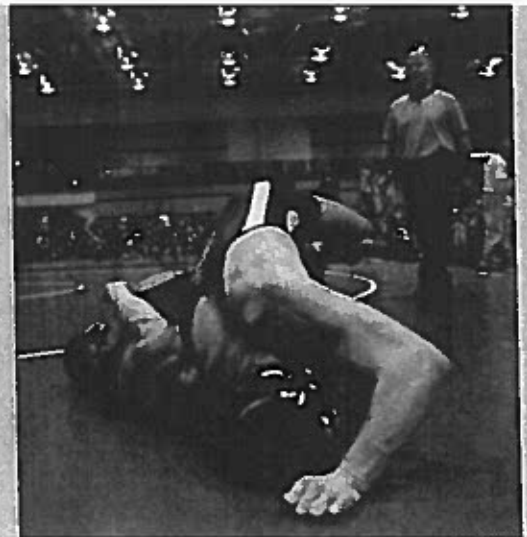
WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion



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South Alabama Concussion and Illness Reporting Acknowledgement Form

A concussion is a brain injury that: Is caused by a blow to the head or body. – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball, can change the way your brain normally works, can range from mild to severe, presents itself differently for each athlete, can occur during practice or competition in ANY sport, **can happen even if you do not lose consciousness.**

What are the symptoms of a concussion? Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

I, _____, acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of my institution (e.g., team physician, athletic training staff).

- I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced.
- I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the sports medicine staff at my institution.
- I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion.
- I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury or concussion to my sports medicine staff.

By signing below, I acknowledge that my institution has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I have read the above and agree that the statements are accurate and true.

Student Athlete Name: _____

Sport: _____

Date of Birth ____/____/____

JAG # _____

Student Signature: _____

DATE ____/____/____

Parent or Guardian Signature _____
(Required if student athlete is under 19 years of age)

DATE ____/____/____

University of South Alabama Student-Athlete Concussion Statement

- ☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.
- ☐ I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my team
Initial physician or athletic trainer.

_____ A concussion can affect my ability to perform everyday activities, and affect
Initial reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms right
Initial away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury
Initial to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to the head
Initial or body that results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. You are much more likely to
Initial have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and even
Initial death.

Student Athlete Name: _____

Sport: _____

Date of Birth ____/____/____

JAG # _____

Student Signature: _____

DATE ____/____/____

Parent or Guardian Signature _____
(Required if student athlete is under 19 years of age)

DATE ____/____/____

CONCUSSION

A FACT SHEET FOR COACHES

THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in *any* sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head;
- AND-
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS

Signs Observed By Coaching Staff

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets 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 before hit or fall.
- Can't recall events after hit or fall.

Symptoms Reported By Student-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."



**University of South Alabama
Coaches Concussion Statement**

☐ I have read and understand the *USA Concussion Management Protocol*.

☐ I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet and reviewing the USA Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the medical staff.
Initial

_____ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction
Initial time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ I will not knowingly allow the athlete to return to play in a game or practice if he/she has
Initial received a blow to the head or body that results in concussion-related symptoms.

_____ Athletes shall not return to play in a game or practice on the same day that they are suspected
Initial of having a concussion.

_____ If I suspect one of my athletes has a concussion, it is my responsibility to have that athlete see
Initial the medical staff.

_____ I will encourage my athletes to report any suspected injuries and illnesses to the medical staff,
Initial including signs and symptoms of concussions.

_____ Following concussion the brain needs time to heal. Concussed athletes are much more likely to
Initial have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that every first-year student-athlete participating on specified USA teams must be
Initial baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.

_____ I am aware that athletes diagnosed with a concussion will be assessed by the team doctor once
Initial symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

Signature of Coach

Date

Printed name of Coach

Name: _____ ID#: _____ Date: _____
 Height: _____ Weight: _____ Phone #: _____ Date of Injury: _____
 Time of Injury: _____ AM PM Examiner: _____
 Exam: (Circle One) Baseline Time of Injury Post Game
 Day 1 Day 2 Day 3 Day 5 Day 7 Day 90 Day _____

Post Concussion Symptom Scale (Lovell, Maroon, Norwig, Bailes)
 Circle appropriate number for each Symptom

| SYMPTOM | None | Mild | | Moderate | | | Severe |
|--------------------------|----------------------|------|---|----------|---|---|--------|
| Headache | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Nausea | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Vomiting | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Balance Problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Fatigue | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Trouble Falling Asleep | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sleeping to Much | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sleeping to Little | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Drowsiness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sensitivity to Light | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sensitivity to Noise | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Irritability | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sadness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Feeling Nervous | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Feeling Emotional | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Numbness or Tingling | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Feeling too Slow | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Mentally Foggy | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Difficulty Concentrating | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Memory Problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Visual Problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Other | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Symptom Score | | | | | | |

University of South Alabama Sports Medicine Intercollegiate Athletics – Concussion Management Plan

Balance Error Scoring System (BESS) (Guskiewicz)

| Balance Error Scoring System Types of Errors: | Score Card (#of errors) | Firm Surface | Foam Surface |
|--|---|---------------------|--------------|
| 1. Hands lifted off iliac crest | Double Leg Stance (narrow stance feet together) | | |
| 2. Opening eyes | Single Leg Stance (non-dominant foot) | | |
| 3. Step, stumble, or fall | Tandem Stance (non dominant foot in back) | | |
| 4. Moving hip into >30 abduction | Total Scores: | | |
| 5. Lifting forefoot or heel | | Final Score: | |
| 6. Remaining out of testing position >5 sec | | | |
| The BESS is calculated by adding one error point for each error during the six 20-sec tests | | | |



Concussion Injury Advice

You have received an injury to your head. A careful medical examination has been carried out and no sign of any serious complications have been found. It is expected that you will make a full recovery, but you will need monitoring for a further period by a responsible adult. Our team physician will provide guidance as to this timeframe.

IF YOU, A FAMILY MEMBER, OR FRIEND NOTICE ANY CHANGE IN BEHAVIOR SUCH AS:

- **VOMITING**
- **DIZZINESS**
- **WORSENING HEADACHE**
- **DOUBLE VISION**
- **EXCESSIVE DROWSINESS**

PLEASE CALL THE ATHLETIC TRAINER OR PROCEED TO THE UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER EMERGENCY ROOM IMMEDIATELY.

Other Important Notes:

- Use only Tylenol (Acetaminophen) for headache
- Do not use Aspirin or Anti-Inflammatory Medicines (Aleve, Ibuprofen, Advil, etc.)
- Rest and avoid strenuous activity for at least 24 hours
- Do Not Drink Alcohol
- Do Not Take Sleeping Pills
- Do Not drive until medically cleared
- Do Not train or play sports until medically cleared

Names and Numbers to Contact if Condition Worsens contact team designated ATC or:



Directions to USA Medical Center Emergency Room

- Take I-65 to the Springhill Avenue Exit (exit 5-A) and turn right onto Springhill Avenue. Go approximately 1.2 miles and turn left onto Mobile Street (at traffic signal). Go approximately 0.9 miles and after the road curves, USA Medical Center is the 2nd building on the right past the bridge.

University of South Alabama Sports Medicine
Intercollegiate Athletics – Concussion Management Plan
Exertional/Functional Testing Protocol:

