

Northampton High School  
Department of Athletics  
**Concussion and Return to Play Protocol**

**Concussion Information:** The Massachusetts Interscholastic Athletic Administration (MIAA) Board of Directors adopted a policy concerning concussions. This policy applies to all member schools including Northampton High School. The policy reads, **“ANY ATHLETE WHO EXHIBITS SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION (SUCH AS LOSS OF CONSCIOUSNESS, HEADACHE, 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.”**

Any head injury can be a serious life threatening condition. It is important that the athlete and parent/guardian, pay careful attention to these symptoms:

- headache
- pressure in head
- double or blurry vision
- sensitivity to light or noise
- nausea or vomiting
- balance problems or dizziness
- feeling sluggish, hazy, foggy, or groggy
- confusion, concentration or memory problems

If any of these symptoms occur during any phase of the recovery process, whether in school, practice, or at home, the coach, trainer, nurse, or health care provider needs to be notified. ***Athletes who have not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences from a second concussion injury.*** Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return to sport or other high risk activities when symptoms of concussion are present and recovery is ongoing. ***Don't Hide It!*** It is better to miss a few games than a whole season.

The following procedures will be followed in the event an athlete receives a head injury:

- Athlete is removed from the contest or practice.
- The athletic trainer will conduct a *Standardized Assessment of Concussion*.
  - If athletic trainer is not available, coach will notify parents and recommend follow up with athlete's health care provider.
- The athletic trainer/coach will notify parent/guardian and director of athletics.
- Director of athletics will notify school nurse.
- School nurse will contact athlete's teachers and guidance counselor.

**Any athlete exhibiting signs and or symptoms of a concussion will follow the *Gradual Return to Play Protocol*.**

**Gradual Return to Play Protocol:**

Return to play will occur only after the following steps have been completed, **in the order** listed below:

1. Parent/Guardian reads and signs the *Concussion Information* and *Gradual Return to Play Protocol*.
2. Post injury Impact® test completed when athlete returns to school. Post injury Impact® test must be back to baseline before continuing with the *Physical Post Concussion Tests*. Parent/Guardian will be notified, and athlete referred to their health care provider, if first post injury Impact® test is not back to baseline. Post injury Impact® test will continue every five(5) days until baseline is attained.
3. Athletic trainer verifies that the *Physical Post Injury Tests* were administered and the athlete was asymptomatic. Athlete must finish *Physical Post Injury Tests*, even if athlete has been cleared by their health care provider.
4. Athlete may not participate in practice or play until written clearance by an appropriate health care professional: physician (MD, DO), physicians assistant (PA), or nurse practitioner (NP) **AND** with completion of the *Physical Post Injury Tests*.
5. Completed signature form returned to athletic trainer.
6. Athlete reads and signs the *Concussion Information*.
7. Athletic trainer notifies coach and gives copies of completed form to director of athletics and school nurse.

(additional information on other side)

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**Physical Post Concussion Tests**

The athlete will be given five physical post concussion tests, administered by a certified athletic trainer. Only one test per day. Next test will be administered only when previous test is passed. These tests will take a minimum of five days.

Test 1: (to increase heart rate): Low Levels of physical activity. This includes walking, light jogging, light stationary biking, and light weight lifting (low weight, moderate reps, no bench, no squats)

Test 2: (to increase heart rate with movement): Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weight lifting (reduce time and or reduced weight from the athlete's typical routine).

Test 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility with 3 planes of movement).

Test 4: Sports specific practice.

Test 5: Full contact in a controlled drill or practice.

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Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Injury \_\_\_\_\_ Sport \_\_\_\_\_

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**Parent/Guardian Signature:**

I have read the *Concussion Information*, and I understand the seriousness of a concussion, its symptoms, and the *Gradual Return to Play Protocol*. Questions? Call high school nurse @ 413-587-1360 or athletic office @ 413-587-1356

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Test Completion Dates with Asymptomatic Results**

\_\_\_\_\_ Test 1      \_\_\_\_\_ Test 2      \_\_\_\_\_ Test 3      \_\_\_\_\_ Test 4      \_\_\_\_\_ Test 5

I verify that \_\_\_\_\_ has completed the five physical  
Athlete's Name

post-concussion tests and said athlete was asymptomatic for all tests.

\_\_\_\_\_  
Athletic Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Health Care Professional Clearance**

I have seen \_\_\_\_\_ and I  
Athlete's Name

- Will allow him/her to return to full sports activity.
- Will allow him/her to return to full sports activity with the following restrictions:
  
- Will **NOT** allow him/her to return to full sports activity until.....

\_\_\_\_\_  
Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

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**Athlete Signature**

I have read and understand the *Concussion Information* and its symptoms.

\_\_\_\_\_  
Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_