



## ARIZONA SOCCER ASSOCIATION HEAD INJURY/CONCUSSION POLICY

### Policies for the management of concussion and head injury in youth soccer

#### Arizona Soccer Association Head Injury/ Concussion Policy – Effective 2019/20 Season

- i. An informed consent must be signed annually by parents and youth athletes acknowledging the risk of head injury prior to practice or competition.
- ii. A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play—“when in doubt, sit them out”
- iii. A youth athlete who has been removed from play **must receive written clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) prior to returning to play. [The ASA “Concussion Return to Play Form”](#) must be completed and signed by a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). This form must be submitted to the ASA office prior to returning to play.**
- iv. The referee will note on the game card a player being removed due to head injury. The referee will pull the player pass and advise the coach or team manager the player pass has been pulled and will require written release before being allowed to play in any further games.

#### TEAM/CLUB OFFICIAL:

- i. Shall immediately remove from participation/competition any athlete who is suspected of sustaining a concussion or head injury.
- ii. Shall not allow an athlete who has been removed from play because of a suspected concussion/brain injury to return to play until the athlete has received written clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) prior to returning to play [The ASA “Concussion Return to Play Form”](#) must be completed and signed by a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). This form must be submitted to the ASA office prior to returning to play.
- iii. In coordination with the parent/guardian complete an injury report form) within 30 days of the injury.

#### REFEREES:

- i. Shall note on the game card that player suffered Head Injury and was taken out of the game. Pull player pass from and mail to the ASA office.
- ii. Shall complete online concussion submittal form. (<https://gotsport.com/forms/open/?FormID=784>)

#### PARENTS/GUARDIANS:

- i. Shall annually review, sign and return to the Arizona Soccer Association Club in which their child plays. This policy can be found on [www.azsoccerassociation.org](http://www.azsoccerassociation.org) and clicking on Member Resources and following to the ASA forms section and click on the Arizona Soccer Association Head Injury/Concussion Policy and Procedures tab.

#### ATHLETES:

- i. Shall annually review, sign and return to the Arizona Soccer Association Club in which they play for, prior to initiating practice or competition. This policy can be found by logging into the player’s Got Soccer account, or downloading the hardcopy from the ASA website, [www.azsoccerassociation.org](http://www.azsoccerassociation.org) and clicking on Member Resources and following to the ASA forms section and click on the Arizona Soccer Association Head Injury/Concussion Policy and Procedures tab.
- ii. Athletes are encouraged to notify a coach if they or a teammate exhibit signs or symptoms of a concussion/brain injury.

#### What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

##### Licensed Health Care Providers

- i. Medical Doctors (MD)



ii. Doctor of Osteopathy (DO)

Research is currently being done to determine which other licensed health care providers may have sufficient training to qualify to authorize return to play.

### Head Injury/Concussion Signs and Symptoms

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
• Headaches	• “Pressure in head”
• Nausea or vomiting	• Neck pain
• Balance problems or dizziness	• Blurred, double, or fuzzy vision
• Sensitivity to light or noise	• Feeling sluggish or slowed down
• Feeling foggy or groggy	• Drowsiness
• Change in sleep patterns	• Amnesia
• “Don’t feel right”	• Fatigue or low energy
• Sadness	• Nervousness or anxiety
• Irritability	• More emotional
• Confusion	• Concentration or memory problems
(forgetting game plays)	• Repeating the same question/comment

<b>Signs observed by teammates, parents and coaches include:</b>
• Appears dazed
• Vacant facial expression
• Confused about assignment
• Forgets plays
• Is unsure of game, score, or opponent
• Moves clumsily or displays incoordination
• Answers questions slowly
• Slurred speech
• Shows behavior or personality changes
• Can’t recall events prior to hit
• Can’t recall events after hit
• Seizures or convulsions
• Any change in typical behavior or personality
• Loses consciousness



**HEAD INJURY/CONCUSSION MANAGEMENT PROTOCOL**

**What can happen if my child/player keeps on playing with a head injury/concussion returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child/player has suffered a head injury/concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

**and**

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”. **The ASA “Concussion Return to Play Form” must be completed and signed by the licensed health care provider trained in the evaluation and management of brain injuries. This form must be submitted to the ASA office [medical@azyouthsoccer.org](mailto:medical@azyouthsoccer.org)**

Licensed Health Care Providers acceptable to make the determination:  
Medical Doctors (MD) and/or Doctor of Osteopathy (DO)

You should also inform your child’s coach if you think that your child/player may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: [CDC.org](http://CDC.org)

_____	_____	_____
Student-Athlete Name Printed	Student-Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date
_____	_____	_____
Coach Name Printed	Coach Signature	Date