

# **Williams College Athletic Concussion Policy 2020**

It is the goal of Williams College to provide our student-athletes with the highest level of care. This document serves as an outline for the consistent management of closed head injuries. It was developed using the most recent scientific research, and therefore will be periodically reviewed to ensure its consistency with the latest standards of care. For the purpose of this document, the terms closed head injury, mild traumatic brain injury (mTBI), and concussion will be used interchangeably.

The following concepts will be implemented in the process of educating, assessing, treating, and safely returning the student-athlete to academics and/or athletics:

## **Education**

- Student-athletes are required to review both the NCAA Concussion Fact Sheet and view the NCAA Concussion Safety Video on an annual basis. Completion of these requirements should take place prior to participation in their respective sport season and will be recorded in the form of signed acknowledgement within the College's Electronic Medical Records System. Information will be reviewed in group sessions with student-athletes who will be encouraged to discuss the education materials and ask questions if necessary.
- Coaches, the Director of Athletics, Team Physicians, and Athletic Trainers are required to review the NCAA Fact Sheet for Coaches annually. Physical copies with signed acknowledgment of their review will be kept on file in the Athletic Training Room. Information will be reviewed in group sessions with coaches and administrators who will be encouraged to discuss the education materials and ask questions if necessary.
- Additional measures aimed at reducing exposure to head injuries will be consistent with the *Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes*, and include, taking a "safety first" approach to sport that includes coaching emphasis on safe practice/play, proper technique, and sportsmanship. All equipment will meet the relevant safety standards. Helmeted sports will be instructed not to use their helmet as a weapon and techniques to "keep the head out of blocking and tackling" will be points of emphasis.

## **Pre-Participation Baseline Assessment Testing**

Baseline testing for pre-participation in athletics will include the following assessments at the prescribed intervals:

- Brain Injury and Concussion History (completed annually as part of the pre-participation screening documentation with Sports Medicine)
- Cognitive Assessment and Symptom Evaluation (completed annually as part of the ImPACT baseline test)
- Balance Testing (completed at least one time prior to athletic participation)

- King Devick (KD testing will be administered for contact sports with higher rates of injury incidence.

Addendum: The use of the KD test will be suspended for the Fall 2020 semester due to the suspension of contact activity and competition as a result of the COVID-19 pandemic. Use of the KD test will be reinstated once contact activity and competition resume.

Incoming student-athletes (SA) with a concerning history of concussion(s) will have their information reviewed by a college physician or his/her designee prior to granting clearance for athletic participation. Examples of a concerning history may include:

- SAs who are currently symptomatic or who are participating in on-going concussion rehab therapy
- SAs with history of concussion in the past calendar year that have not been cleared by a physician or returned to full athletic participation since the time of injury
- SAs who identify a history of 3 or more concussions within the past 5 years

Returning student-athletes who did not complete the RTP process during the previous academic year will also have their information reviewed by a physician or designee prior to resuming athletic activity.

### **Medical Personnel**

- Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion will be present (on-site at campus or arena) for home NCAA competitions for the following contact/collision sports: basketball, field hockey, football, ice hockey, lacrosse, pole vault, rugby, skiing, soccer, and wrestling
- Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion will be available (can be contacted) for home NCAA practices for the following contact/collision sports: basketball, field hockey, football, ice hockey, lacrosse, pole vault, rugby, skiing, soccer, and wrestling

### **Assessment**

- Any student-athlete who exhibits the signs, symptoms, and/or behaviors consistent with concussion will be removed from practice or competition for evaluation.
- Under the direction of a physician, a qualified health care provider will assess and manage any student-athlete who exhibits these signs, symptoms, and/or behaviors.
- Student-athletes will not be allowed to participate, or continue to participate, in practice or game situations on the same calendar day that they exhibit such signs, symptoms, and/or behaviors.
- Initial suspected concussion assessment will look for evidence of cervical spine trauma, skull fracture, intracranial bleed, and/or other catastrophic injury. Additional evaluation measures

will include symptom assessment, physical & neurological exam, cognitive assessment, and balance assessment.

- As dictated by the factors surrounding the injury, formal concussion testing will take place. If evidence of a concussion is identified, referral will be made to the Student Health Center for further evaluation by the appropriate health care provider.
- Loss of consciousness, assessments indicating any focal neurological deficits, repetitive emesis, spinal injury, and/or persistently diminishing mental status or other neurological signs/symptoms will be referred to the Emergency Department.
- Notification that a concussion assessment has occurred should be sent via e-mail to all appropriate health care personnel. If the assessment is performed after normal hours of operation for the Health Center, a call will be placed in order to notify the on-duty nurse (if present on campus).
- All documentation associated with the evaluation of the injury, including all Concussion Graded Checklists will be faxed to the Student Health Center for review by the appropriate health care providers.
- Student-athletes who have been evaluated for a concussion will be given written instructions that identify pertinent information regarding the injury including emergency signs and symptoms.
- Student-athletes with suspected concussions will be advised to refrain from physical and cognitive activity until further diagnosis and treatment plan has been determined by the providers at the Student Health Center.

### **Academic Accommodations and Return to Learning**

It is recognized that many incidences of injury will require a period of cognitive rest prior to resuming academic activities. Given the effects of mTBI can vary greatly from case to case, an individualistic multidisciplinary approach will be taken with regards to managing a student's return to the academic environment for both classroom attendance and studying as tolerated

- Academic Accommodations and the Return to Learn (RTP) will be managed by the overseeing providers through the Williams College Student Health & Wellness Services
  - Managing Medical Provider (NP, PA, MD)
  - Director of Accessible Education
- Additional members of the multidisciplinary team may include, but are not limited to:
  - Professors/Instructors
  - Athletic Trainers/Physical Therapist
  - Dean/Academic Adviser
  - Psychologists/Counselors
  - Faculty Athletic Representative (FAR)
- Students who are unable to engage in light cognitive activity will be instructed to refrain from participation in academic work until a point where it can be tolerated without significantly increasing their symptom score. Staying at home/dorm may be an acceptable practice during the initial steps of the process.
- Individual needs and progressive steps within the process will be overseen by the providers of the Williams College Health Services in consultation with the appropriate members of the multidisciplinary team.

- Students requiring academic accommodations will be referred to the Director of Accessible Education in compliance with the Americans with Disabilities Act (ADA).
- Modifications to the student's academic schedule and load will continue as long as necessary provided the team is in agreement that the individual is making progress, following up with all medical appointments, and may still meet the academic requirements that have been agreed upon.
- Students who continue to have difficulty engaging in moderate cognitive activity after a period of two weeks will be evaluated by the overseeing physician where additional external resources will be discussed.

### **Return-to-Sport Criteria**

- The return-to-sport process is under the direction of Williams College health care providers. Determining the length of rest and return to play will be based on the nature, severity, and duration of symptoms as well as the student athlete's medical, psychiatric, and prior concussion history.
- The final determination for returning to practice or competition in their sport is at the discretion of the overseeing physician.
- Any NCAA student-athlete re-engaging in the same athletic season in which the injury occurred must complete the steps outlined in the Return to Sport criteria listed below.
- In consultation with a medical provider from the Student Health Center, Athletic Trainers may implement Steps 5 & 6 prior to final clearance from the overseeing physician. However, final clearance must be given prior to both "non-contact" and "contact" practice/training drills
- Student-athletes whose symptoms have returned to baseline, and who have fully reengaged in exercise and athletic activity, may be cleared for return to collegiate athletics without progressing through the individual steps of the Return to Sport process. Examples of these occurrences may include student-athletes who have recovered over a period of absence from the College, such as an academic break, or those who were unable to return within their given season and have shown complete recovery over time.

NCAA student-athletes must meet the following criteria for Return-to-Sport consideration:

1. Concussion related signs and symptoms have resolved and any non-concussion related signs and symptoms have returned to baseline levels
2. Is able to fully engage in academic activities without symptoms
3. Successfully tolerates any symptom-limited activity as dictated by the overseeing provider.
4. Successfully completes post-injury BESS testing protocol
5. Successfully completes the post-injury ImPACT test and physician consultation
6. Remains symptom-free during and after a light aerobic exercise
7. Remains symptom-free during and after both the *Stationary Bike Protocol* and Sport Specific Exercise Drills.
8. Remains symptom-free during non-contact Training Drills
9. Remains symptom-free during contact drill participation (if applicable to the given sport)

## *“Return-to-Sport”*

The Return to Sport (RTS) process is a step-wise approach involving the gradual progression of exercise and sport-related activities. The progression outlined below is a standing order from the overseeing physician to be implemented by his or her designee, the athletic trainer. If the NCAA student-athlete successfully advances through the RTS progression without the return of symptoms, then he or she may be returned to play by the physicians’ designee. However, if any new or repeat symptoms occur at any point during the process, the student-athlete should immediately stop the offending activity. Resumption of the Return-to Play process will be dependent on remaining symptom-free for a minimum of 24 hours and consultation from the overseeing provider.

### *1. Resolution of Symptoms*

The student-athlete indicates that signs and symptoms related to concussion have returned to baseline levels

### *2. Academic Accommodations and Return to Learn*

If academic accommodations were deemed necessary by participating members of the interdisciplinary staff, then the student-athlete, to the satisfaction of the overseeing medical provider, must be fully engaged in academic course load and attending all classes while remaining asymptomatic. Exceptions to this would include physician/practitioner directed exercise aimed at symptom improvement.

### *3. Baseline Testing: BESS*

The Balance Error Scoring System (BESS) is commonly used by researchers and clinicians to evaluate balance (Bell et al). NCAA student-athletes will participate in modified baseline BESS testing during their pre-season screening process in their first year of participation. Additions to the NCAA recommended list may include Club sports with higher incidence of contact and collision (for example Rugby), and/or individuals deemed pertinent by the overseeing providers of the College. Once the injured student-athletes’ concussion related symptoms have resolved, and they are able fully participate in their academic responsibilities, a subsequent follow-up test will be conducted for baseline comparison.

#### 4. Baseline Testing: ImPACT Testing

- The use of neuro-cognitive testing (ImPACT) is recognized as an assessment tool that can be employed in decision making. However, it will not be used as the sole determinant for return to play.
- Baseline ImPACT testing will be conducted on all NCAA student-athletes. Additions to the NCAA recommended list may include Club sports with higher incidence of contact and collision (for example Rugby), and/or individuals deemed pertinent by the overseeing medical providers
- ImPACT testing will be implemented after concussion related symptoms have resolved/returned to baseline for 24-48hrs. However, in a case of long term persistent symptoms, the Sports Medicine staff or physician may decide to administer ImPACT testing prior to resolution of symptoms, for use as an evaluation tool. Testing will not take place on the same day as the injury.
- If a student-athlete does not achieve a passing score, a re-test may occur no sooner than 48hrs. provided no additional symptoms develop. If the second ImPACT trial is unsuccessful, referral will be made back to the Health Center for a follow-up evaluation.
- The physician has the final decision on implementation of ImPACT testing, interpretation, and the decision to proceed with progressive exercise. After completion of the ImPACT test, a timely consultation with a physician will occur.

#### 5. Light Aerobic Exercise

Twenty minutes of light aerobic exertion completed on a stationary bicycle. This step is intended to increase heart rate and blood pressure. The increased HR goal should be approximately 120bpm. The student-athlete should immediately stop if any symptoms occur.

#### 6. Stationary Bike Protocol & Sport Specific Exercise

The Stationary bike protocol is designed to provide a combination of higher cardiovascular load including both continuous and intermittent segments. The student-athlete should immediately stop if any symptoms occur. The test consists of the following components:

- 5 min warm-up
- 7 min moderate (HR 120-160)
- 7 min intermittent sprint (10 sec max effort, 50 sec easy recovery)
- 7 min moderate (HR 120-160)
- 5 min cool-down

Upon successful completion of the Stationary Bike Protocol, the student-athlete will participate in a Sport Specific activity (i.e. running/skating) as deemed appropriate by the Sports Medicine staff.

#### 7. *Non-Contact Training Drills*

Often termed a “non-contact” practice, this step is intended to include sport specific activities without risking further contact to the head. The student-athlete may also resume resistance training although beginning with non-maximal loads and progressing over subsequent days is recommended. The student-athlete should immediately stop if any symptoms occur.

#### 8. *Clearance for Full Practice or Game Situations*

Upon successful completion of the Return-to-Sport plan, the student-athlete will be cleared to fully participate in practice or game situations depending on the nature of the sport. After returning to play, the student-athlete should immediately stop if any symptoms occur.