

CONCUSSION MANAGEMENT MODEL FOR SCHOOLS AND TEAMS

STEP 1 Pre Season Baseline Testing and Education	STEP 2 Concussion is Suspected	STEP 3 Post Injury Testing & Treatment Plan	STEP 4 Is Athlete Ready for Non Contact Activity	STEP 5 Determining Safe Return-to-Play
Educate Athletes, Parents Coaches, Teachers on Concussion	Sideline Assessment	Athlete to Take Supervised Post Injury Test 24-48 hours After Injury Supervised Health Professionals	CRITERIA: A: Symptom Free @ Rest & With Cognitive Exertion	Return-to-Play Decisions Should Always be Made by a Concussion Specialist (Doctor)
Have a Concussion Management Protocol On-hand and Have Your Team of Health Professionals (listed below) Ready to Treat Athlete - Roles/Duties Should be Established	If Concussion is Suspected - Immediate Removal from Play/Activity	Continues to Coordinate Concussion Specialist (MD/Do/PhD) Referral	B: Post SCAT2 Test: Within Normal Range of Baseline	No Recurring Symptoms at Rest or Following Physical or Cognitive Exertion
Have Parents Sign Permission Slip	Health Professionals Sets Up Referral For Concussion Specialist (MD/Do/PhD)	Team Coordinates Care between Athlete, Parent, Doc, Therapist/Coach	C: Written Clearance for Progression to Activity by Supervising Doctor (non-Er Doctor)	SCAT2 Test Scores Back to Baseline
Schedule Supervised Baseline, Tests	Vestibular Screening	Does the athlete need additional and more extensive neuropsychological Testing? If so, Refer to neuropsychologist	Normal Vestibular Evaluation	After Return to Play Athlete's Final SCAT2 Score is Set as their New Baseline
	At the discretion of trained medical personnel... Optimal Brain imaging if needed		IF NOT Return to STEP 3	
			IF YES: Stepwise Return-to-Play Progression Beginning with Light Non-Contact Activity Progressing to Full Non-Contact Exertion	