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Sports Medicine

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**2025-2026**

**Concussion Safety Protocol  
and Attachments**

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# **Hofstra University Athletics Concussion Safety Protocol**

Hofstra University takes the health and well-being of our student-athletes very seriously. In developing the following Concussion Safety Protocol, the University reviewed the requirements of NCAA Bylaws 3.2.4.18 and 3.2.4.18.1 and the Concussion Safety Protocol Checklist distributed by the NCAA Sport Science Institute. The resulting protocol helps protect student-athlete health and well-being and provides the Department of Athletics sports medicine staff with the authority and professional discretion to act in the best interests of the student-athlete. Traumatic brain injuries, including concussions, are inherently unpredictable and can occur despite safeguards and best practices employed by those responsible for coaching and providing medical care to student-athletes. When concussions occur, the Concussion Safety Protocol will provide a plan that helps protect the student-athlete and provides unquestioned authority to the sports medicine staff to diagnose and treat the student-athlete. The Concussion Safety Protocol also recognizes the importance of a graduated return-to-learn and return-to-play and guides the sports medicine staff in supporting the student-athlete to ensure safe and appropriate care.

## **DEFINITIONS**

- **Sports Medicine Staff**: Team consisting of the athletics health care administrator, certified athletic trainers (ATCs), head team physician, and team physicians, each of whom has training in the diagnosis, treatment, and management of concussion.
  - **Athletics Health Care Administrator**: Formerly known as director of medical services, the individual “responsible for overseeing the institution’s athletic health care administration and delivery” (Inter-association Consensus: Independent Medical Care for College Student-Athletes Best Practices. *NCAA Sport Science Institute*. 2016. Accessed 30 Mar 2017 from [http://www.ncaa.org/sites/default/files/2016\\_20Independent\\_20Medical\\_20Care\\_20Best\\_20Practices\\_20170116.pdf](http://www.ncaa.org/sites/default/files/2016_20Independent_20Medical_20Care_20Best_20Practices_20170116.pdf)).
  - **Head Athletic Trainer**: Certified athletic trainer (ATC) who is in the leadership role amongst the various ATCs and is the liaison between all the ATCs and the athletics health care administrator.
  - **Certified Athletic Trainer (ATC)**: Health care professionals who collaborate with team physicians. The services provided comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. ATCs work under the direction of team physicians, as prescribed by state licensure statutes. (Fincher L, Boyle-Walker K, Brown S, et al. Athletic training services: an overview of skills and services performed by certified athletic trainers. *National Athletic Trainers’ Association*. 2010 Jan. Accessed, 30 Mar 2017 from [http://www.nata.org/sites/default/files/guide\\_to\\_athletic\\_training\\_services.pdf](http://www.nata.org/sites/default/files/guide_to_athletic_training_services.pdf)).
  - All have been, certified by the athletics health care administrator/head team physician as having exemplary training in the diagnosis, treatment, and initial management of acute concussion.

- Head Team Physician: Team physician who is in the leadership role amongst the various team physicians and has the final say in all clinical judgments regarding student-athletes.
- Team Physician: “The team physician is:
  - an M.D. or a D.O. in good standing, with an unrestricted license to practice medicine;
  - possesses a fundamental knowledge of on-field medical emergency care (e.g., concussion, cardiac emergencies, spinal injuries, heat-related illnesses);
  - is trained in basic cardiopulmonary resuscitation and automated external defibrillator use;
  - And has a working knowledge of musculoskeletal injuries, medical conditions, and psychological issues affecting the athlete.” (Herring SA, Kibler WB, Putukian M. Team Physician Consensus Statement: 2013 update. *Med Sci. Sports Exerc.* 2013 Aug; 45(8):1618-22).
- Student-Athlete: A participant in an organized, competitive, varsity sport sponsored by the educational institution in which the student is, enrolled.
- Coach: An athletic instructor or trainer that supervises the student-athlete during participation in the organized competitive sport, including, but not limited to, head coaches, assistant coaches, strength and conditioning coaches, and managers.
- Concussion: Concussion is a subset of traumatic brain injury and is a change in brain function following a force to the head or body, which may or may not be accompanied by temporary loss of consciousness, but is identified in awake individuals, with measures of neurologic and cognitive dysfunction (Carney N, Ghajar J, Jagoda A, et al. Concussion guidelines part 1: Systematic review of prevalent indicators. *Neurosurgery* 2014; 75: S3-15).
- Traumatic Brain Injury (TBI): “An alteration in brain function, or other evidence of brain pathology, caused by an external force” (Menon DK, Schwab K, Wright DW. Position statement: definition of traumatic brain injury. *Arch Phys. Med Rehabil.* 2010 Nov; 91: 1637-40).

## **PRESEASON EDUCATION**

- **Hofstra will provide the NCAA Concussion Safety sheets and other applicable material annually to student-athletes, coaches, team physicians, athletic trainers, Hofstra Health and Safety Committee members, educators, and directors of athletics.**
- **Each party will sign an acknowledgement of having read and understood the concussion material.**

The Hofstra sports medicine staff will receive and review copies of the *NCAA Sports Science Institute Concussion Safety: What Student-Athletes Need to Know* (ATTACHMENT D, Pages 20-21, and available at

[https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI\\_ConcussionFactSheet\\_StudentAthletes.pdf](https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI_ConcussionFactSheet_StudentAthletes.pdf)

*NCAA Sports Science Institute Concussion Safety: What Coaches Need to Know* (ATTACHMENT E, Pages 22-23, and available at

[https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI\\_ConcussionFactSheet\\_Coaches.pdf](https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI_ConcussionFactSheet_Coaches.pdf)

as well as the *NCAA Sports Science Institute Concussion Safety: What Educators Need to Know* (ATTACHMENT F, Pages 24-25, and available at

[https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI\\_ConcussionFactSheet\\_Educators.pdf](https://ncaaorg.s3.amazonaws.com/ssi/concussion/SSI_ConcussionFactSheet_Educators.pdf)

Upon receipt and review of the materials, they will sign an acknowledgement of having read and understood the concussion material. Should any member of the sports medicine staff have any questions about the material, they will be referred to the athletics health care administrator.

All student-athletes will receive a copy of the *NCAA Sports Science Institute Concussion Safety: What Student-Athletes Need to Know* as well as watch the NCAA Concussion Safety Video for Student-Athletes (Available at [https://s3.amazonaws.com/ncaa/web\\_video/health\\_and\\_safety/concussion/concussion.html](https://s3.amazonaws.com/ncaa/web_video/health_and_safety/concussion/concussion.html)).

After review, student-athletes are provided an opportunity to ask questions and seek clarification from members of the sports medicine staff regarding the fact sheet and video. Student-athletes receive and are asked to sign the Sports Medicine Responsibility for Reporting Injuries and Illness Form (ATTACHMENT B, Page 17) and Informed Consent (ATTACHMENT C, Pages 18-19), which acknowledge the expectations, risk, and denote understanding of the above.

A copy of the *NCAA Sports Science Institute Concussion Safety: What Coaches Need to Know* is provided to all coaches. The ATC and coaches sign an acknowledgement form documenting the date the concussion information was reviewed by both parties after all coaches are given an opportunity to ask questions and seek clarification.

Hofstra's director of athletics also receives the *NCAA Sports Science Institute Concussion Safety: What Student-Athletes Need to Know* and the *NCAA Sports Science Institute Concussion Safety: What Coaches Need to Know* annually and will sign an acknowledgement form of having read and understood the concussion material after being given the opportunity to ask questions and seek clarification.

All acknowledgement forms will be stored for a period of no less than seven years and will be available for review upon request from an authorized party.

In addition to the above, all student-athletes and coaches will receive annual education regarding concussions in sport. This will include a review of Hofstra University's Concussion Safety Protocol as well as general information regarding concussions, including updates on any new diagnosis and management changes. Student-athletes and coaches will be educated to recognize the signs and symptoms of concussion and reminded that a member of the Hofstra University sports medicine staff must evaluate any student-athlete exhibiting any of these signs or symptoms. The education sessions will be conducted either by the team certified athletic trainer (ATC) or by the team physician.

#### Education Topics for Coaches

- The rationale behind current concussion management guidelines:
  - Prevention of potentially catastrophic injury.
  - Prevention of prolonged post concussive symptoms.
  - Prevention of compounding the injury with additional head trauma that can result in increased time missed from sport and potential for increasing the likelihood and severity of subsequent concussions.
  - Prevention of potential long-term sequelae, e.g. chronic traumatic encephalopathy

- The recognition of signs and symptoms of a concussion.
- The requirement that any student-athlete exhibiting signs or symptoms that may be associated with a concussion must be, removed from practice or play and be, evaluated by a member of the sports medicine staff before their return to participation.
- The requirement that any student-athlete suspected of or diagnosed with a concussion must be, withheld from participation for the remainder of that day.
- The Hofstra University evaluation process for traumatic brain injuries.
- The Hofstra University return-to-play progression and decision-making process education topics for student-athletes.

### **PRE-PARTICIPATION ASSESSMENT**

- **Each Hofstra University varsity student-athlete will receive a pre-participation baseline concussion assessment utilizing the SCAT6 prior to participating in practice or competition, including a brain injury and concussion history, symptom evaluation, cognitive assessment, balance evaluation, and determination by a team physician for clearance and/or additional consultation or testing.**
- **A new baseline concussion assessment six months or beyond for any varsity student-athlete with a documented concussion will be made on a case-by-case basis with consideration of a complicated or multiple concussion history.**

Pre-season, each student-athlete will undergo a comprehensive pre-participation concussion assessment. Hofstra University will utilize the Sport Concussion Assessment Tool – 6th Edition (SCAT6) (ATTACHMENT G, Pages 26-34, available at

<https://completeconcussions.com/wp-content/uploads/2023/06/SCAT6.pdf>

to address brain injury and concussion history, symptom evaluation, cognitive assessment, and balance evaluation. After completing the SCAT6, the student-athlete will be evaluated by the team physician to determine pre-participation clearance and/or the need for any additional consultation or testing by another member of the concussion evaluation multidisciplinary team (defined in Return-to-Learn).

Should a student-athlete sustain a concussion, the team physician, in consultation with the head team physician and athletics health care administrator, will make an individualized assessment to determine if a new baseline concussion assessment should occur at six months or beyond. Special consideration will be given to those with a complicated or multiple concussion history.

## **RECOGNITION AND DIAGNOSIS OF CONCUSSION**

- **A member of the sports medicine staff will be “present” at all NCAA varsity competitions in the following contact/collision sports, whether a men’s or women’s team, at Hofstra University: basketball, field hockey, lacrosse, soccer, and wrestling. Present is, defined as, at a minimum, on site at the campus or arena of competition.**
- **A member of the sports medicine staff will be “available” at all NCAA varsity practices in the following contact/collision sports, whether a men’s or women’s team, at Hofstra University: basketball, field hockey, lacrosse, soccer, and wrestling. Available is, defined as, at a minimum, reachable by telephone, messaging, email, or other immediate communication means as long as the case can be discussed through such communication and immediate arrangements can be made for the athlete to be evaluated.**
- **Signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes, and amnesia.**
- **Any student-athlete with signs/symptoms/behaviors consistent with concussion or catastrophic injury must be removed from practice or competition, must be evaluated by a member of the sports medicine staff, and must be removed from practice/play for that calendar day if concussion is confirmed.**
- **The initial suspected concussion evaluation management plan will utilize the SCAT6 and a symptom assessment, physical and neurological exam, cognitive assessment, balance exam, and clinical assessment for cervical spine trauma, skull fracture, and intracranial bleed will be performed.**

The Hofstra University sports medicine staff acknowledges the importance of recognizing the signs/symptoms/behaviors of a concussion. For every NCAA varsity competition, a member of the sports medicine staff, at a minimum, will be “present” for the following contact/collision sports, whether a men’s or women’s team: basketball, field hockey, lacrosse, soccer, and wrestling. For the purposes of this document, “present” is defined as on site at the campus or arena of competition. Medical personnel may be from either team or may be independently contracted for the event.

For every NCAA varsity practice, a member of the Sports Medicine Staff, at a minimum, will be “available” for the following contact/collision sports, whether a men’s or women’s team: basketball, field hockey, lacrosse, soccer, and wrestling. For the purposes of this document, “available” is defined as immediately able to be contacted via telephone, messaging, email, or other immediate communication means as long as the case can be discussed through such communication and immediate arrangements can be made for the athlete to be evaluated.

Signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes and amnesia. The sports medicine staff will be allowed ample time (up to 10-15 minutes) when conducting a multimodal screen (e.g., SCAT6) to evaluate a potential concussion.

Any student-athlete identified with any signs/symptoms/behaviors consistent with a concussion after an incident where a biomechanical force is transmitted to the head will be immediately removed from practice or competition. A member of the sports medicine staff will evaluate the student-athlete. This initial suspected concussion evaluation plan will utilize the SCAT6 and include a symptom assessment, physical and neurological exam, cognitive assessment, and balance exam. A clinical assessment for spinal trauma, skull fracture, and intracranial bleed may be performed before, during, or after the SCAT6 depending on the situation. Please see Sports Medicine Suspected Spinal Injury Procedures (ATTACHMENT H, Pages 35-36) for more information.

If a concussion or catastrophic injury is confirmed, the student-athlete will be removed from practice/play for the remainder of that calendar day and will not return until full clearance by a team physician. Please see Return-to-Play for more information.

### **POST-CONCUSSION MANAGEMENT**

- **Should any student-athlete have a Glasgow Coma Scale <13 on initial assessment, or GCS<15 at two hours or more post initial assessment, prolonged loss of consciousness, focal neurological deficit (suggesting intracranial trauma), repetitive emesis, persistently diminished/worsening mental status, other neurological signs/symptoms, or spine injury, they need to be transported immediately for advanced medical care. The Hofstra University Sports Medicine Emergency Action Plan is utilized in these situations.**
- **Any student-athlete diagnosed with a concussion will follow up with a certified athletic trainer on a daily basis for a serial assessment of symptoms using the Symptom Evaluation of the SCAT6. The student-athlete will be evaluated by a team physician as soon as reasonably possible to design a treatment plan. The team physician will re-evaluate the student-athlete on a regular basis to adjust the treatment plan as needed.**
- **Any student-athlete with a known or suspected concussion will undergo at least one other serial evaluation by a member of the sports medicine staff, who, prior to release from care to a responsible adult, will determine that the student-athlete is stable and there is no progression of symptoms.**
- **The student-athlete and another responsible adult are required to read and sign the Sports Medicine Concussion Instructions form regarding care for the affected student-athlete.**
- **A team physician will evaluate a student-athlete with any atypical presentation, persistent symptoms, or prolonged recovery (defined as greater than 2 weeks of symptoms) to consider any additional diagnoses and best management options. Additional diagnoses can include, but are not limited to, post-concussive syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, or ocular or vestibular dysfunction.**
- **Acute Management (<72 hours) will focus on rest and serial evaluations. Subacute Management (>72 hours) will focus on multimodal evaluation and graded return-to-learn and graded return to light physical activity below symptom threshold as tolerated.**

Concussion management consistent with best known, practices and the Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Guidelines will be, made available to student-athletes who suffer a concussion.

Student-athletes with a Glasgow Coma Scale <13 on initial assessment, or GCS <15 at two hours or more post initial assessment, and is experiencing prolonged loss of consciousness, any focal neurological deficits (suggesting intracranial trauma), repetitive emesis, persistently diminished/worsening mental status, other neurological signs/symptoms, or spine injury needs to be transported immediately for advanced medical care. This is in accordance with the Sports Medicine Emergency Action Plan (ATTACHMENT I, Pages 37-40).

Immediate removal from play and assessment for possible transport to a local hospital/trauma center when any of the following are present:

- Neck pain or tenderness.
- Seizure or convulsion.
- Double vision.
- Loss of consciousness.
- Weakness or tingling/burning in more than one arm or in the legs.
- Deteriorating conscious state.
- Vomiting.
- Severe or increasing headache.
- Increasingly restless, agitated or combative Glasgow Coma Scale Score <15.
- Visible deformity of the skull.

All student-athletes who sustain a concussion will follow-up with their athletic trainer on a daily basis for serial reassessment using the Symptom Evaluation of the SCAT6 to document changes in symptoms. As soon as reasonably possible, the student-athlete will be evaluated by a team physician to design a treatment plan. The student-athlete will follow up with the team physician on a regular basis for serial assessments and modification of the treatment plan. Should a student-athlete have an atypical presentation or prolonged recovery, the team physician will consider additional diagnoses and best management options. Additional diagnoses include, but are not limited to, post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, or ocular or vestibular dysfunction. If a prolonged recovery occurs and/or additional diagnoses are made, the team physician will consult with the athletics health care administrator/head team physician about involving the concussion evaluation multidisciplinary team (defined in Return-to-Learn).

Any student-athlete with a known or suspected concussion will undergo at least one additional serial evaluation by a member of the sports medicine staff, until it is determined that the student-athlete is stable and there is no progression of symptoms prior to release from care to a responsible adult. If the student-athlete's condition is considered stable, a responsible individual (generally a roommate or parent) is asked to remain in the student-athlete's presence for a determined time (6-12 hours), and to agree to report any observed "red flags" including, but not limited to, confusion, increasing headache, excessive drowsiness, or any other symptoms of concern to the sports medicine staff. The student-athlete and responsible adult are required to read and sign the Sports Medicine Concussion Instructions (ATTACHMENT A, Page 16).

This form provides instructions to the responsible adult and student-athlete regarding immediate treatment of a concussion. In addition, the form includes the cell phone number for the ATC and/or team physician in case of emergency or any other concerns.

If the student-athlete gives consent, a parent/guardian will be notified of the injury and informed of the treatment plan.

**Off-Field Same-Day and up to Three-Day Post-Concussion Management:**

- Mechanism for serial evaluation and monitoring following injury same day and up to 72 hours (see Return-to-Learn and Return-to-Play below).
- Documentation that post-concussion plan of care was communicated to both student-athlete and another adult responsible for the student-athlete in oral and/or written form.

**Subacute (72 hours to weeks post injury) Management Plan:**

Mechanism for evaluation and monitoring of the following:

- Symptom evaluation.
- Immediate and delayed memory.
- Concentration.
- Cervical spine assessment.
- Neurological evaluation.
- Balance and tandem gait assessment.
- Modified VOMS.

Consider further evaluation, as clinically indicated:

- Screen for fear, anxiety or depression, or other mental health issues.
- Screen for sleep disturbance.
- Graded aerobic exercise testing

**Rest and Exercise:**

- Symptom-limited, light aerobic physical activity can begin within 24-48 hours (e.g., walking).
- Reduced screen use as necessary in the first 48 hours after injury.

**RETURN-TO-PLAY**

- **Any final determination of return-to-play in practice or competition will be from the head team physician or designee team physician.**
- **Each student-athlete with a concussion will undergo a stepwise progression management plan managed by a team physician, outlined in the SCAT6, and including limited physical and cognitive activity until the student-athlete returns to baseline and is asymptomatic for a minimum of 24 consecutive hours**
- **The student-athlete will then be progressed through a stepwise protocol without any worsening or new symptoms. Steps include light aerobic exercise without resistance training, sport-specific exercise without head impact, participating in non-contact practice with progressive resistance training, unrestricted training, and then return to competition.**

After a student-athlete is diagnosed with a concussion, the student-athlete will not be allowed to return-to-play or participate in any practice for at least the remainder of that calendar day and thereafter without clearance from the athletics health care administrator/head team physician or other team physician. That is if an appropriate determination is made by the athletics health care administrator/head team physician.

Before clearance, a student-athlete must undergo a stepwise progression management plan managed by a team physician. Hofstra University will follow the “Return-to-Play” management plan outlined in the SCAT6 and explained below.

This plan requires the student-athlete to have limited physical and cognitive activity until the student-athlete has returned to baseline. At that time, each step must be completed without worsening or new symptoms.

| <b><u>Exercise Step</u></b>    | <b><u>Functional Exercise at Each Step</u></b>                                           | <b><u>Goal of Each Step</u></b>                                    |
|--------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Symptom-limited activity    | Daily activities that do not provoke symptoms.                                           | Gradual reintroduction of work/school activities.                  |
| 2. Light aerobic exercise      | Walking or stationary cycling at slow to medium pace. No resistance training.            | Increase heart rate.                                               |
| 3. Sport-specific exercise     | Running or skating drills. No head impact activities.                                    | Add movement.                                                      |
| 4. Non-contact training drills | Harder training drills, e.g., passing drills. May start progressive resistance training. | Exercise, coordination, and increased thinking.                    |
| 5. Full contact practice       | Following medical clearance, participate in normal training activities.                  | Restore confidence and assess functional skills by coaching staff. |
| 6. Return to play/sport        | Normal game play.                                                                        |                                                                    |

An athlete can only complete one stage per calendar day. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If the exertion activities do not produce acute symptoms, the athlete may progress to the next step. The team physician will develop an individualized treatment plan for each student-athlete based on the above criteria. Prior to Exercise Step 5, the student-athlete will meet with the athletics health care administrator/head team physician or predetermined team physician designee for clearance before full contact practice.

## **RETURN-TO-LEARN**

- The head athletic trainer will be the point person who will navigate return-to-learn with the student-athlete with direction from the athletics health care administrator/head team physician.
- A multidisciplinary team; is available to help navigate more, complex cases of prolonged return-to-learn. This team may include, but is not limited to, the athletics health care administrator/head team physician, team physicians, certified athletic trainers, coaches, a psychologist, a neuropsychologist, a faculty athletic representative, academic counselor, and the director of Hofstra University's Student Access Services Office or designee.
- Hofstra University's Student Access Services Office will be utilized to ensure compliance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).
- There will be no classroom activity on the same day a student-athlete sustains a concussion.
- The athletics health care administrator/head team physician or medically qualified team physician will work with the student-athlete to develop an individualized initial plan that includes remaining at home/residence hall if the student-athlete cannot tolerate light cognitive activity, and a gradual return to classroom/studying as tolerated.
- The team physician or designee will re-evaluate the student-athlete if concussion symptoms worsen with academic challenges.
- The head athletic trainer will work with the student-athlete and the student-athlete's academic advisor, with direction from the team physician, to modify the student-athlete's schedule and/or provide academic accommodations for up to two weeks.
- If a student-athlete has symptoms for longer than two weeks, the student-athlete will be re-evaluated by the team physician and members of the multidisciplinary team.
- Successful return to full classroom and academic activity is a requirement for clearance for return-to-play protocol. Academic adjustments/accommodations will be discontinued when a student-athlete is cleared for return-to-play protocol.
- Campus resources, as managed through Hofstra University's Student Access Services Office, will be employed for cases that cannot be managed through schedule modification/academic accommodations consistent with the ADAAA.

Once a student-athlete is diagnosed with a concussion, the head athletic trainer will be contacted so an individualized return-to-learn program, is established (Example: Attachment J). The head athletic trainer will be the point person within the athletics department who will navigate return-to-learn with the student-athlete, with direction from the athletics health care administrator/head team physician. The first step is that the head athletic trainer will contact the associate dean for the Center for University Advising, who will then contact the student-athlete's instructors notifying them of possible class absences and academic adjustments/accommodations.

This individualized plan contains, at a minimum, requirements that the student-athlete have no classroom activity on the same day as the concussion and should remain at home/dorm if the student-athlete cannot tolerate light cognitive activity. Once the student-athlete can tolerate light cognitive activity, a gradual return to classroom/studying plan will be implemented as tolerated.

More specifically, once the student-athlete can tolerate 30-45 minutes of cognitive activity without return of symptoms the student-athlete will gradually return to classroom activity, initially attending classes less than 60 minutes in duration followed by rest of 15 minutes or more. For classes that are longer than 60 minutes, the associate dean for the Center for University Advising will communicate with the professor so that appropriate classroom breaks are included and adjusted to the student-athlete's condition and cognitive tolerance levels at that time. The student-athlete will work with the head athletic trainer, as directed by the athletics health care administrator/head team physician and the associate dean for the Center for University advising, during the return-to-learn process. The associate dean for the Center for University Advising will continue to communicate with the student-athlete and course instructors throughout this process so that appropriate class modifications are implemented. If the student-athlete's concussion symptoms worsen with academic challenges, the student-athlete will be re-evaluated by the team physician. These recommendations are adaptations of recommendations referenced in: Halstead ME, McAvoy K, Devore CD, et al. - Returning to learning following a concussion. *Pediatrics*. 2013; 132: 948-57. These modifications/academic accommodations may be in place for up to two weeks.

For symptoms lasting longer than two weeks, the athletics health care administrator/head team physician or designated team physician will meet with the student-athlete and the head athletic trainer to develop a plan including a multidisciplinary team to help navigate these more complex or prolonged return-to-learn. This multidisciplinary team may include, but is not limited to, the athletics health care administrator/head team physician, team physicians, certified athletic trainers, coaches, a psychologist, a neuropsychologist, a faculty athletic representative, academic counselor, and the director of Hofstra University's Student Access Services Office or designee.

Successful return to full classroom and academic activity is a requirement for clearance for return-to-play protocol. For a student-athlete who required academic adjustments/accommodations, the expectation is that they will be able to tolerate their regular academic coursework and schedule before being considered asymptomatic. Academic adjustments/accommodations may be continued during the return-to-play protocol in certain cases when appropriate, but will be discontinued once a student-athlete has successfully completed the return-to-play protocol.

Concussion and mild traumatic brain injury are covered by the ADAAA. The Hofstra University Student Access Services Office is the campus office responsible for providing disability services to students with disabilities. As above, when a student-athlete has a more complex or prolonged return-to-learn, the director of Hofstra University's Student Access Services Office or designee will take an active role in ensuring compliance with ADAAA.

In order to seek long-term accommodations or academic adjustments, the student-athlete may choose to disclose the documentation to the Student Access Services Office. The Student Access Services Office will verify if the impairment is limiting a major life activity per the ADAAA and, where requested and appropriate, engage in an interactive communication with the student-athlete regarding reasonable accommodations. In accordance with applicable law, reasonable accommodations or academic adjustments will be provided where warranted in order to “level the playing field” for the student-athlete with prolonged cognitive difficulties resulting from a concussion. A detailed academic plan coupled with accommodations can provide the needed support for a student-athlete’s return-to-learn after a concussion.

#### Prolonged Return to Learn Management Team

- |                      |                                                             |              |
|----------------------|-------------------------------------------------------------|--------------|
| • Dr. Russell Camhi  | Athletics Health Care Administrator/<br>Head Team Physician | 516-325-7197 |
| • Rachel MacAndrew   | Associate Dean/Center of University Advising                | 516-463-4960 |
| • Dr. Jayne Ellinger | NCAA Faculty Athletics Representative                       | 516-463-6952 |
| • Evan Malings       | Head Athletic Trainer                                       | 516-463-6330 |
| • Julie Yindra       | Director, Student Access Services Office                    | 516-463-7075 |

#### **REDUCING EXPOSURE TO HEAD TRAUMA**

- **Hofstra University maintains a comprehensive head exposure, reduction management plan.**

The Hofstra University Department of Athletics takes many steps to help minimize a student-athlete’s potential exposure to head trauma. For example, practice activities are conducted in compliance with NCAA rules and the Office of NCAA Education and Compliance Services monitor observance of these rules. All certified athletic trainers and coaches are CPR and AED certified and are provided with annual updates that address student-athlete health and safety measures to help decrease risk factors while promoting awareness of proper practice techniques aimed at reducing exposure to head trauma. In addition, Hofstra University purchases certified protective equipment and reconditions protective equipment in accordance with NOCSAE standards.

Furthermore, Hofstra takes a “safety first” approach to all of our sports and provides education to coaches and student-athletes regarding safe play, proper technique, and taking the head out of contact, adheres to the NCAA Inter-Association Consensus: Independent Medical Care for College Student-Athletes Best Practices, as well as aims to reduce gratuitous contact in all sports.

Hofstra University’s Health and Safety Committee will conduct an annual review of all aspects of the Health and Safety Program and Hofstra University’s Concussion Safety Protocol, especially in its efforts to reduce head trauma exposures. This committee, appointed, directed and managed by the Office of Student Affairs, consists of, but is not limited to, university administrators, athletic administrators, athletics health care administrator/head team physician, the head athletic trainer, coaches, student-athletes, faculty athletic representative, academic advisors, as well as legal counsel.

## **ADMINISTRATIVE**

- **Hofstra University annually submits the Concussion Safety Protocol with Emergency Action Plan, as per the NCAA requirements.**
- **A written certificate of compliance signed by the athletics health care administrator, or school representative, will accompany all submitted plans.**

On an annual basis, the sports medicine staff and members of the Department of Athletics will review and update the Concussion Safety Protocol based on current best practices and updated material provided by the NCAA. The updated Concussion Safety Protocol will be submitted annually to the NCAA along with the written certificate of compliance signed by the athletics health care administrator or school representative.

As a continued effort to stay at the forefront of concussion management, the Hofstra University sports medicine staff is committed to maintain the highest standards of record keeping and will provide our data to the NCAA's Sports Science Institute through Athletic Trainer Systems (ATS), the electronic medical records system that is currently utilized.

With reference to the Settlement Agreement dated November 18, 2019, in the *In-re: National Collegiate Athletic Association Student-Athlete Concussion Injury Litigation* class action (Arrington), this Concussion Safety Protocol includes and is consistent with the return-to-play guidelines, which are, described in Section IX (A) of that Agreement. Hofstra University Department of Athletics will certify this compliance by electronically submitting the required certification form prior to May 18, 2020 on the Arrington settlement website.



# HOFSTRA UNIVERSITY

## Sports Medicine

### Concussion Instructions

You have sustained an injury to the head and you are being treated for concussion-like symptoms. A careful evaluation has been carried out and no evidence of any immediate concern has been found. It is expected that a full recovery will be made, but further monitoring by a responsible adult will be needed. Please read the following instructions carefully.

#### For the responsible adult monitoring the athlete

Problems could arise over the first 24-48 hours. The athlete should not be left alone for the first 6-12 hours dependent on severity of initial injury and must go to the hospital at once if they:

- Have a headache that gets worse.
- Are very drowsy or unable to be awakened.
- Are unable to recognize people or places.
- Have repeated vomiting.
- Behave unusually or seem confused; are very irritable.
- Have seizures (arms and legs jerk uncontrollably).
- Have weak or numb arms or legs.
- Are unsteady on their feet; have slurred speech.

In addition, **you** the athlete must follow these instructions:

1. Limit screen time and use of portable electronic devices including cellular phones.
2. DO NOT CONSUME ALCOHOLIC BEVERAGES.
3. NO DRIVING. (Determined on a case by case basis)
4. DO NOT TAKE aspirin, ibuprofen or prescription anti-inflammatories.
5. NO strenuous activity, conditioning, training exercise, or playing your sport.
6. Only take TYLENOL or ACETAMINOPHEN if directed by a physician.
7. Normal sleep is okay.
8. You must see your team athletic trainer the next day after receiving this sheet.

**If you have any additional questions or problems call your Team Athletic Trainer:**

(Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

*Athlete Signature* \_\_\_\_\_ *Responsible Adult Signature* \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_



## SPORTS MEDICINE

### Responsibility for Reporting Injuries and Illnesses

As a student-athlete at Hofstra University, there are many athletic, academic, and community responsibilities, with which I must comply. The most important responsibility that I have is my health.

It is my responsibility as a student-athlete at Hofstra University to notify my designated athletic trainer if I have any injuries or illnesses. In the event that my athletic trainer is not available, it is my responsibility to notify another member of the sports medicine staff (athletic trainer, team physician) if I have any injuries or illnesses. It is also my responsibility to follow all treatment and rehabilitation instructions, and if unable to comply with these instructions, I must notify a member of the sports medicine staff in a timely manner in order, to appropriately, adjust my treatment or rehabilitation plan to remain compliant.

During practice or competition, I acknowledge my responsibility and obligation to inform member of the Hofstra University sports medicine staff of any injury or illness that I may suffer during the activity. I will also allow any member of the sports medicine staff to appropriately, evaluate me in order to assess my ability to continue playing on that day.

This obligation to inform the sports medicine staff includes any direct or indirect hit to my head that causes a headache, dizziness, confusion, or any other symptoms. **I have reviewed the NCAA education materials on concussions so I am familiar with concussion symptoms.** If I am, diagnosed with a concussion, I acknowledge that it is an essential part of my treatment plan after a concussion to report any symptoms that may still be present. Failure to do so may lead to an increased risk for another concussion, a more severe injury that could lead to my death, or permanent negative effects on my brain function.

If I have any questions or concerns regarding the Responsibility for Reporting Injuries and Illnesses Policy I will communicate them with either Evan Malings, head athletic trainer of Hofstra University, or Dr. Russell Camhi, director of medical services/head team physician for Hofstra University's Department of Athletics.

Name \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_



HOFSTRA UNIVERSITY

Designated Athletic Trainer \_\_\_\_\_

Head Coach \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Guardian (if under 18) \_\_\_\_\_



HOFSTRA UNIVERSITY



## SPORTS MEDICINE

### INFORMED CONSENT

Injuries can and do occur during athletic practice and/or competition. Such injuries can result in, but are not limited to, temporary or permanent disability, paralysis, illness or death to you or your opponent. These injuries may occur with or without intent to violate any rules of specific events.

Improper or unauthorized use or alteration of protective equipment is in violation of NCAA rules and can contribute to injuries. Hofstra University student-athletes may utilize only University-issued equipment and are not to alter such equipment.

### **HELMET WARNING:**

#### **Men and Women Lacrosse, Field Hockey, Baseball and Softball**

Do not use your helmet to butt, ram or spear an opposing player, or use your helmet as a weapon. This is in violation of the rules and can result in severe head, neck or back injuries, paralysis or death to you and possible injury to your opponent. There is a risk that injuries may also occur, as a result, of accidental contact without intent to butt, ram or spear another player. No helmet can prevent all injuries.

### **CONCUSSION INFORMATION: All sports**

I acknowledge that I have received the NCAA Fact Sheet for Student-Athletes regarding Concussions. I understand and acknowledge the following information about concussions:

- A concussion is a potentially serious head injury that can result in brain injury or death.
- Participation in athletic practice or activity may result in a head injury or a concussion.
- Helmets, face shields, mouth guards, and other protective equipment do not eliminate the risk of concussions.
- Purposeful head contact in any sport is prohibited.
- Student-athletes are required to immediately report to the sports medicine staff if they experience signs and symptoms of a concussion or suffer a suspected concussion.
- Student-athletes will not be cleared to return to practices or games if experiencing concussion-like symptoms.
- A repeat concussion is more likely when an athlete returns to play before symptoms are resolved.

**I have read the above statements, and I agree to comply with all NCAA and HOFSTRA UNIVERSITY rules and policies. I understand that injuries can and do occur during athletic competitions. I seek to participate with full knowledge of these risks.**



## SPORTS MEDICINE

### INFORMED CONSENT

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**I have read the above statements, and I agree to comply with all NCAA and HOFSTRA UNIVERSITY rules and policies. I understand that injuries can and do occur during athletic competitions. I seek to participate with full knowledge of these risks.**



# HOFSTRA UNIVERSITY

I hereby agree to release and discharge Hofstra University, its trustees, directors, officers, representatives, employees, agents, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have in connection with my participation in athletic practice and/or competition, including those that may result from travel to and/or from said athletic practices and/or competition.

I hereby acknowledge that I am eighteen years of age or older and competent to contract in my own name.

I have read the foregoing before affixing my signature below and warrant that I fully understand the contents thereof.

**Name (print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature of Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Witness Name** (*print*): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

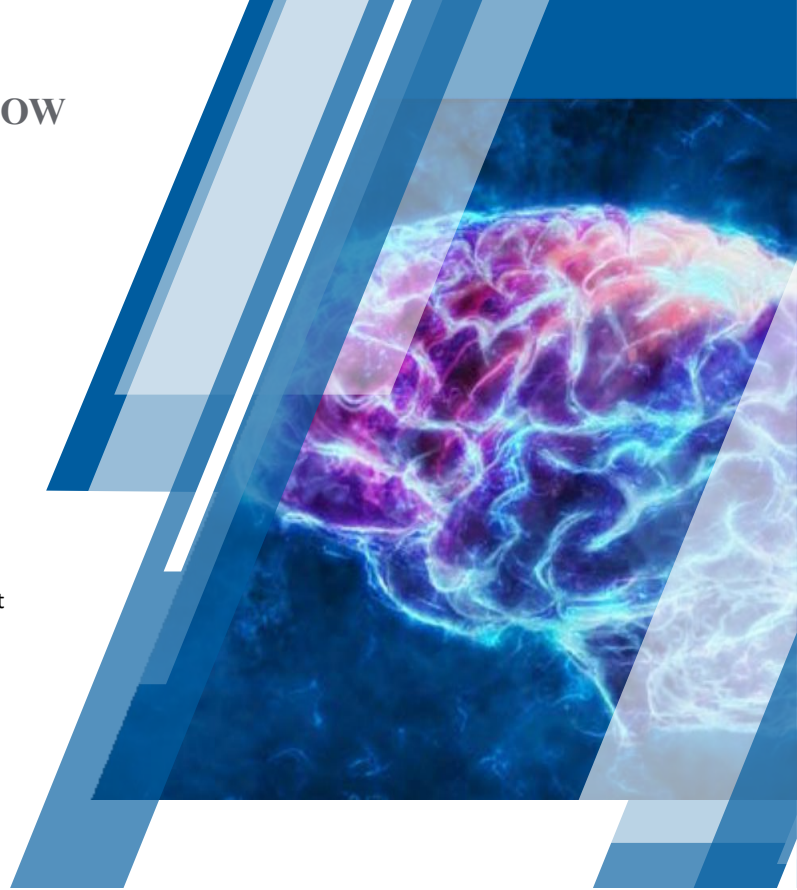
# Concussion Safety

## What Is a Concussion?

The Consensus Statement on Concussion in Sport, which resulted from the sixth international conference, defines sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

Additional information on concussion diagnosis, management and prevention in collegiate athletes, including a complete definition of concussion, can be found [here](#).



## How Can I Keep Myself Safe?

### 1. Know the symptoms.

You may experience ...

- Headache or head pressure.
- Nausea.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy or foggy.
- Confusion, concentration or memory problems.

### 2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

### 3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery.
- When managed properly, most student-athletes recover fully from concussion. Exercise, under medical supervision, is a core component of concussion management.
- There may be negative consequences when concussion is left untreated.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

## How Can I Be a Good Teammate?

### 1. Know the signs.

You may notice that a teammate ...

- Appears dazed or stunned.
- Forgets an instruction.
- Is confused about an assignment or position.
- Is unsure of the game, score or opponent.
- Appears less coordinated, unsteady on feet or wobbly.
- Answers questions slowly.
- Loses consciousness.

### 2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

### 3. Support your injured teammates.

- If one of your teammates has a concussion, let them know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

## What Happens If I Get a Concussion and Keep Practicing or Competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

## What is the Recovery Time for a Concussion?

- Each athlete is different, but emerging information indicates that most athletes fully recover from concussion.
- Some athletes experience persisting post-concussive symptoms, which are managed with exercise and targeted treatment.
- If your symptoms persist, you may also have another treatable condition unrelated to your concussion. If you are experiencing any ongoing symptoms, please seek medical care with the team physician.

## What Do I Need to Know About Repeated Head Impacts?

- Research into the new concept of repeated head impacts is evolving rapidly.
- Most head impacts in sport occur at low levels well below the force needed to cause a sports-related concussion.
- The medical and scientific community continues to conduct research to determine if long-term exposure to head impacts may be deleterious to brain health.
- While many questions remain unanswered, the NCAA Concussion Checklist recommends that efforts should be made to reduce head impact exposure in both practice and game settings.

## Chronic Traumatic Encephalopathy ("CTE")

- In recent years, there has been ongoing research into CTE, and more research is needed to answer important questions.
- According to the Centers for Disease Control website, research-to-date suggests that CTE is associated with long-term exposure to repeated head impacts at levels that would cause injury to the brain.
- According to the CDC, there is no strong scientific evidence that shows that getting one or more concussions (or other mild traumatic brain injuries) or occasional hits to the head leads to CTE.

More research is needed to better understand:

- The causes of CTE, including the role of repeated head impacts.
- Other potential risk factors for CTE, including the role of a person's sex, genetics, medical history, and environmental and lifestyle factors.
- How the CTE pathology develops, and what symptoms CTE pathology may cause.
- Why some people develop CTE and others do not.

You can find more information on the emerging CTE research at various sources including the [CDC](#), [NINDS](#) and the [Consensus Statement on Concussion in Sport](#).

If you are concerned or have questions, please talk to your medical doctor.

## Did You Know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit [ncaa.org/concussion](http://ncaa.org/concussion).

# CONCUSSION TIMELINE



### Baseline Testing

Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.



### Concussion

If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.



### Recovery

Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.



### Return-to-Learn

Return-to-learn should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.



### Return-to-Sport

Final return-to-sport only happens after you have returned to your pre-concussion baseline and you've gone through a step-by-step progression of increasing activity.

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# Concussion Safety

## What Is a Concussion?

Concussion is a mild traumatic brain injury that results from either a direct blow to the head or an impulsive force to the body that causes significant head motion. Concussion symptoms can result immediately or develop over many hours.

Additional information on concussion diagnosis, management and prevention in collegiate athletes, including a complete definition of concussion, can be found [here](#).

## How Can I Tell If an Athlete Has a Concussion?

**You may notice the athlete has a change in behavior or balance following a hit or impact, or other manifestations such as:**

- Appears dazed or stunned.
- Forgets an instruction.
- Is confused about an assignment or position.
- Is unsure of the game, score or opponent.
- Appears less coordinated, unsteady on feet or wobbly.
- Answers questions slowly.
- Loses consciousness.

**The athlete may tell you he or she is experiencing ...**

- A headache, head pressure or that he or she doesn't feel right following a blow to the head.
- Nausea.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy or foggy.
- Confusion, concentration or memory problems.

## What Happens If an Athlete Gets a Concussion and Keeps Practicing or Competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with a concussion have reduced concentration and slowed reaction time. This means they won't be performing at their best.
- Athletes who delay reporting concussion may take longer to recover fully.

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- Each athlete is different, but emerging information indicates that most athletes fully recover from concussion.
- Some athletes experience persisting post-concussive symptoms, which are managed with exercise and targeted treatment.
- If an athlete's symptoms persist, they may also have another treatable condition unrelated to their concussion. If the athlete is experiencing any ongoing symptoms, they should seek medical care with the team physician.

## What Do I Need to Know About Repeated Head Impacts?

- Research into the new concept of repeated head impacts is evolving rapidly.
- Most head impacts in sport occur at low levels well below the force needed to cause a sports-related concussion.
- The medical and scientific community continues to conduct research to determine if long-term exposure to head impacts may be deleterious to brain health.
- While many questions remain unanswered, the NCAA Concussion Checklist recommends that efforts should be made to reduce head impact exposure in both practice and game settings.

*No two concussions are the same. Symptoms may appear several hours after the initial impact or even the next day. Symptoms may also evolve over several days. All possible concussions must be evaluated by an athlete, trainer or team physician (or physician designee) with concussion experience.*

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Chronic Traumatic Encephalopathy (“CTE”)

- In recent years, there has been ongoing research into CTE, and more research is needed to answer important questions.
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- How the CTE pathology develops, and what symptoms CTE pathology may cause.
- Why some people develop CTE and others do not.

You can find more information on the emerging CTE research at various sources including the [CDC](#), [NINDS](#) and the [Consensus Statement on Concussion in Sport](#).

Did You Know?

- Most contact or collision teams have at least one student-athlete diagnosed with a concussion every season.
- Your school has a concussion management plan, and team physicians and athletic trainers are expected to follow that plan during a student-athlete’s recovery.
- NCAA rules require that team physicians and athletic trainers have the unchallengeable authority to make all medical management and return-to-sport decisions for student-athletes.
- We’re learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit [ncaa.org/concussion](#).



What Can I Do to Keep Athletes Safe?

|                     | Preseason                                                                                                                                             | In-Season                                                                                                          | Time of Injury                                                                                                                      | Recovery                                                                                                                                             |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| What can I do?      | Create a culture in which concussion reporting is encouraged and promoted.                                                                            | Know the signs and symptoms of concussions.                                                                        | Remove athletes from play immediately if you think they have a concussion and refer them to the team physician or athletic trainer. | Follow the recovery and return-to-sport protocol established by team physicians and athletic trainers.                                               |
| Why does it matter? | Athletes who don’t immediately seek care for a suspected concussion take longer to recover.                                                           | The more people who know what to look for in a concussed athlete, the more likely a concussion will be identified. | Early removal from play can mean a quicker recovery and help avoid further, potentially serious injury.                             | Team physicians and athletic trainers have the training to follow best practices related to the concussion recovery process.                         |
| Tips and strategies | Be present when your team physician or athletic trainer provides concussion education material to your team. Tell your team that this matters to you. | Check in with your team physician or athletic trainer if you want to learn more about concussion safety.           | Provide positive reinforcement when an athlete reports a suspected concussion.                                                      | Tell athletes that health decisions, including clearance for unrestricted return to sport are determined by the team physician and athletic trainer. |

You play a powerful role in setting the tone for concussion safety on your team. Let your team know that you take concussion seriously and reporting the symptoms of a suspected concussion is an important part of your team’s values.



## WHAT EDUCATORS NEED TO KNOW

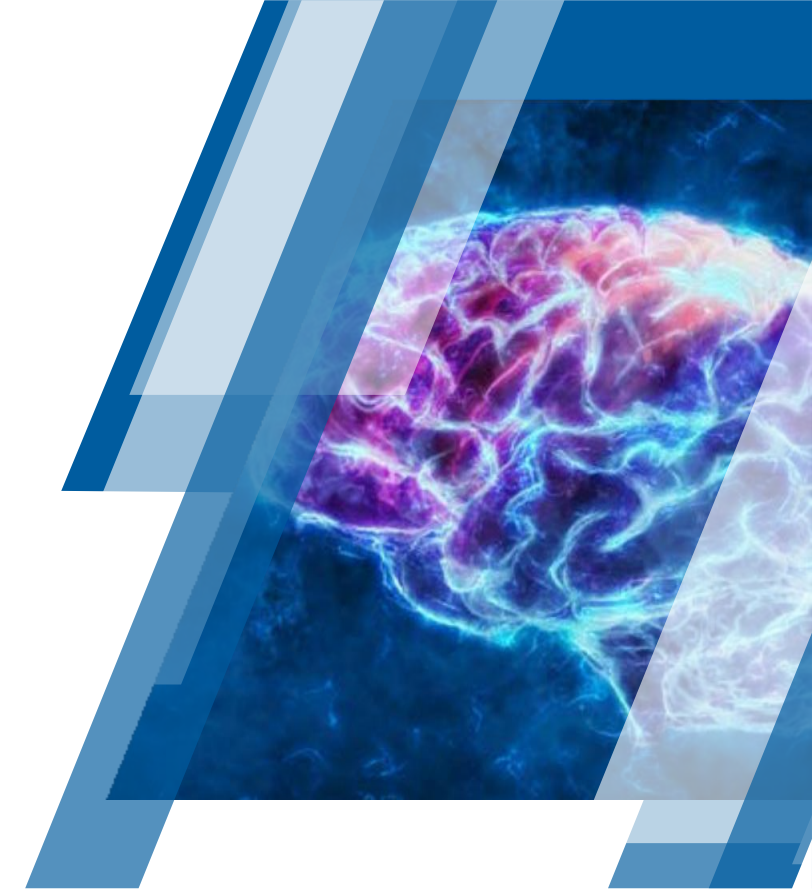
# Concussion Safety

### What Is a Concussion?

The Consensus Statement on Concussion in Sport, which resulted from the 6th international conference, defines sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use,



other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).

Additional information on concussion diagnosis, management and prevention in collegiate athletes, including a complete definition of concussion, can be found [here](#).

### What Is Your Role in Concussion Recovery?

- Each athletics department should have a concussion management plan that outlines the steps to be taken by team physicians and athletic trainers following a sport-related concussion diagnosis and during a student-athlete's recovery.
- The concussion management plan should provide for the identification of an academic point person who will navigate return-to-learn activities with a student-athlete who has been diagnosed with a sport-related concussion.
- The return-to-learn pathway is considered part of the suggested medical management plan and, in more complex cases of return-to-learn, the academic point person will be part of a broader multidisciplinary team.
- Return-to-learn should be done in a step-by-step progression that fits the needs of the individual, with adjustments to be made as needed to manage the student-athlete's unique symptoms and recovery response.
- As an academic point person or other member of academic staff, it is beneficial to understand the science underlying concussion management and the rationale behind related return-to-learn considerations.

### Specific Return-to-Learn Considerations

Return-to-learn guidelines assume that both physical and cognitive activities require functional brain activity that may be negatively impacted by concussion. The student-athlete may appear physically normal but may be unable to perform as expected due to concussion symptoms.

The unique nature of concussion symptoms and recovery make it difficult to provide prescriptive recommendations for return-to-learn. Importantly, unrestricted return-to-sport should not occur before unrestricted return-to-learn for injuries occurring while the athlete is enrolled in classes. The broad return-to-learn recommendations outlined on the next page are based on available data and related expert consensus, and portions of the content have been previously published by the NCAA as part of its [Concussion Safety Protocol Checklist](#) and corresponding [Concussion Safety Protocol Template](#).

## Return-to-Learn Recommendations

### Stepwise Progression

The first step of return-to-learn is relative physical and cognitive rest, although complete rest and isolation should be avoided. Relative cognitive rest involves minimizing potential cognitive stressors, such as reading and schoolwork. The necessary period of time that a concussed student-athlete waits before resuming class or homework should be individualized with a return to classroom/studying as tolerated. However, some student-athletes may not require a formal plan or accommodations. Return-to-learn should be gradual with specific attention to any significant worsening of concussion symptoms following cognitive exposure or symptoms lasting longer than two weeks. According to currently available expert consensus:

- If the student-athlete cannot tolerate light cognitive activity, they should remain at home or in the residence hall.
- Once the student-athlete can tolerate light cognitive activity, they should return to the classroom as tolerated, often in graduated increments.
- If the student-athlete experiences prolonged worsening of symptoms with academic challenge (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician or return-to-learn 'point person' should be notified, and the student-athlete's return-to-learn activity reassessed.

### Common Academic Adjustments

For the student-athlete whose academic schedule requires a minor modification in the first one to two weeks following a sport-related concussion, adjustments can often be accomplished through consultation between the student-athlete and the academic point person without

material changes to schedules, curriculum or testing environments. Recovery and return-to-learn schedules will vary on a case-by-case basis but the vast majority of young adults have a full return-to-learn with no additional academic support by 10 days post-injury.

### Persisting Symptoms

- In the case of persisting symptoms, the extent of necessary academic adjustments/accommodations should be decided in consultation with a broader multi-disciplinary team that may include, among others, the team physician, athletic trainer, faculty athletics representative, coach, teachers, office of disability representatives, neuropsychologist or psychologist/counselor.
- Cases that cannot be managed through schedule or academic accommodations may require the engagement of other campus resources. These resources should be engaged in a manner consistent with the Americans with Disabilities Act Amendments Act and should include learning specialists and/or representatives from the campus office of disability services or ADA/AA.

### Implementation of Return-to-Learn

The successful implementation of return-to-learn depends on several variables, including the following:

- Recognition that concussion symptoms vary widely among student-athletes, and even within the same individual who may be suffering a repeat concussion.
- Identification of an academic point person who can work with the recovering student-athlete to navigate the challenges that may occur in the academic space.
- Identification of symptoms that may warrant additional medical attention or impair cognitive recovery, such as fatigue, headache, mental health symptoms and disorders, ocular dysfunction, cervical and vestibular dysfunction, cognitive impairment, autonomic dysfunction and pain.
- Identification of additional campus resources that can help assure that the rights of the recovering student-athlete are adequately considered during this transition period.

### Available Campus Resources

Campus resources vary, and may include the following:

- Learning specialists. Many college campuses have certified learning specialists who have specialized knowledge of medical conditions such as concussion and post-concussion syndrome.
- Office of disability services. Most campuses have a disability office that is responsible for verifying each student's impairment under the Americans with Disabilities Act Amendments Act and some institutions also offer a separate ADA/AA office.

HU Sports Medicine  
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# SCAT6™

## Sport Concussion Assessment Tool For Adolescents (13 years +) & Adults



### What is the SCAT6?

The SCAT6 is a standardised tool for evaluating concussions designed for use by Health Care Professionals (HCPs). The SCAT6 cannot be performed correctly in less than 10-15 minutes. Except for the symptoms scale, the SCAT6 is intended to be used in the acute phase, ideally within 72 hours (3 days), and up to 7 days, following injury. If greater than 7 days post-injury, consider using the SCAT6/Child SCAT6.

The SCAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT6.

If you are not an HCP, please use the Concussion Recognition Tool 6 (CRT6).

Preseason baseline testing with the SCAT6 can be helpful for interpreting post-injury test scores but is not required for that purpose. Detailed instructions for use of the SCAT6 are provided as a supplement. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in *blue italics*. The only equipment required for the examiner is athletic tape and a watch or timer.

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### Recognise and Remove

A head impact by either a direct blow or indirect transmission of force to the head can be associated with serious and potentially fatal consequences. If there are significant concerns, which may include any of the Red Flags listed in Box 1, the athlete requires urgent medical attention, and if a qualified medical practitioner is not available for immediate assessment, then activation of emergency procedures and urgent transport to the nearest hospital or medical facility should be arranged.

### Completion Guide

Orange: Optional part of assessment

### Key Points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed, and monitored for injury-related signs and symptoms, including deterioration of their clinical condition.
- No athlete diagnosed with concussion should return to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred (or transported if needed) to a medical facility for assessment.
- Athletes with suspected or diagnosed concussion should not take medications such as aspirin or other anti-inflammatories, sedatives or opiates, drink alcohol or use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms may evolve over time; it is important to monitor the athlete for ongoing, worsening, or the development of additional concussion-related symptoms.
- The diagnosis of concussion is a clinical determination made by an HCP.
- The SCAT6 should NOT be used by itself to make, or exclude, the diagnosis of concussion. It is important to note that an athlete may have a concussion even if their SCAT6 assessment is within normal limits.

### Remember

- The basic principles of first aid should be followed: assess danger at the scene, athlete responsiveness, airway, breathing, and circulation.
- Do not attempt to move an unconscious/unresponsive athlete (other than what is required for airway management) unless trained to do so.
- Assessment for a spinal and/or spinal cord injury is a critical part of the initial on-field evaluation. Do not attempt to assess the spine unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

For use by Health Care Professionals Only

SCAT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





# SCAT6™

## Sport Concussion Assessment Tool For Adolescents (13 years +) & Adults



|                                                                                                                   |                                                            |                                                                                                                                              |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|
| Athlete Name:                                                                                                     |                                                            |                                                                                                                                              |  | ID Number:      |  |
| Date of Birth:                                                                                                    |                                                            | Date of Examination:                                                                                                                         |  | Date of Injury: |  |
| Time of Injury:                                                                                                   |                                                            | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Say <input type="checkbox"/> Other <input type="checkbox"/> |  |                 |  |
| Dominant Hand: Left <input type="checkbox"/> Right <input type="checkbox"/> Ambidextrous <input type="checkbox"/> | Sport/Team/School: <input type="text"/>                    |                                                                                                                                              |  |                 |  |
| Current Year in School (if applicable): <input type="text"/>                                                      | Years of Education Completed (Total): <input type="text"/> |                                                                                                                                              |  |                 |  |
| First Language: <input type="text"/>                                                                              | Preferred Language: <input type="text"/>                   |                                                                                                                                              |  |                 |  |
| Examiner:                                                                                                         | <input type="text"/>                                       |                                                                                                                                              |  |                 |  |

### Concussion History

How many diagnosed concussions has the athlete had in the past?:

When was the most recent concussion?:

Primary Symptoms:

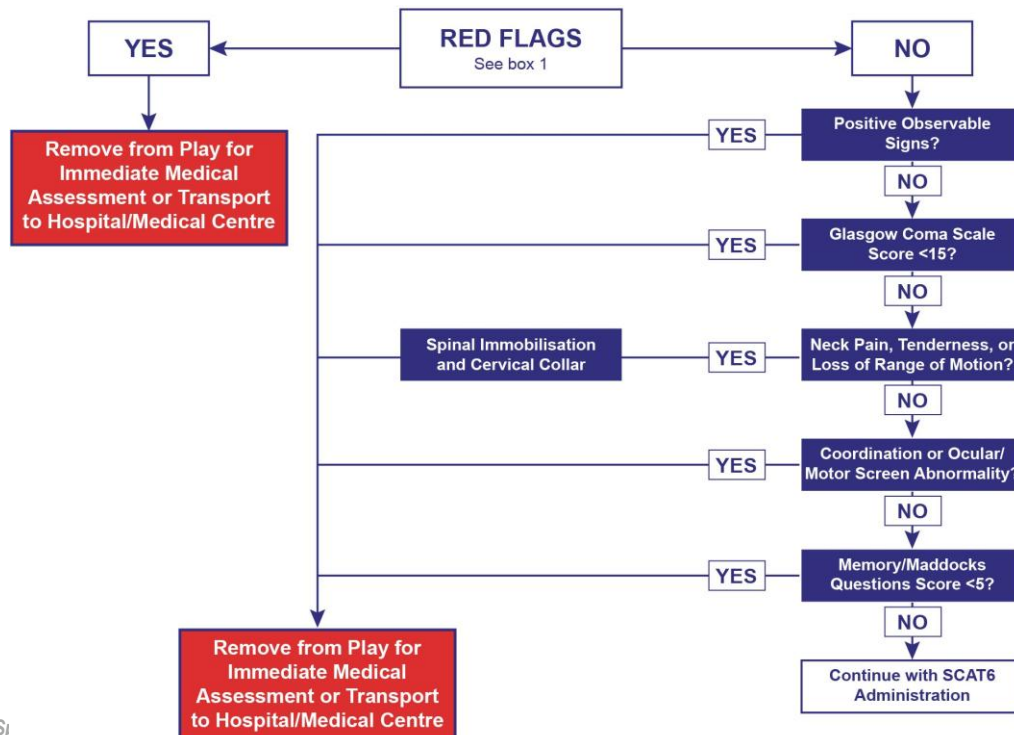
How long was the recovery (time to being cleared to play) from the most recent concussion?:  (Days)

### Immediate Assessment/Neuro Screen (Not Required at Baseline)

The following elements should be used in the evaluation of all athletes who are suspected of having a concussion prior to proceeding to the cognitive assessment, and ideally should be completed "on-field" after the first aid/emergency care priorities are completed.

If any of the observable signs of concussion are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by an HCP.

The Glasgow Coma Scale is important as a standard measure for all patients and can be repeated over time to monitor deterioration of consciousness. The Maddocks questions and cervical spine exam are also critical steps of the immediate assessment.



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## Step 1: Observable Signs

Witnessed ☐ Observed on Video ☐

|                                                                                                                       |   |   |
|-----------------------------------------------------------------------------------------------------------------------|---|---|
| Lying motionless on playing surface                                                                                   | Y | N |
| Falling unprotected to the surface                                                                                    | Y | N |
| Balance/gait difficulties, motor incoordination, ataxia: stumbling, slow/laboured movements                           | Y | N |
| Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions | Y | N |
| Blank or vacant look                                                                                                  | Y | N |
| Facial injury after head trauma                                                                                       | Y | N |
| Impact seizure                                                                                                        | Y | N |
| High-risk mechanism of injury (sport-dependent)                                                                       | Y | N |

## Step 2: Glasgow Coma Scale

Typically, GCS is assessed once. Additional scoring columns are provided for monitoring over time, if needed.

Time of Assessment:

Date of Assessment:

| Best Eye Response (E)      |   |   |   |
|----------------------------|---|---|---|
| No eye opening             | 1 | 1 | 1 |
| Eye opening to pain        | 2 | 2 | 2 |
| Eye opening to speech      | 3 | 3 | 3 |
| Eyes opening spontaneously | 4 | 4 | 4 |

| Best Verbal Response (V) |   |   |   |
|--------------------------|---|---|---|
| No verbal response       | 1 | 1 | 1 |
| Incomprehensible sounds  | 2 | 2 | 2 |
| Inappropriate words      | 3 | 3 | 3 |
| Confused                 | 4 | 4 | 4 |
| Oriented                 | 5 | 5 | 5 |

| Best Motor Response (V)    |   |   |   |
|----------------------------|---|---|---|
| No motor response          | 1 | 1 | 1 |
| Extension to pain          | 2 | 2 | 2 |
| Abnormal flexion to pain   | 3 | 3 | 3 |
| Flexion/withdrawal to pain | 4 | 4 | 4 |
| Localized to pain          | 5 | 5 | 5 |
| Obeys commands             | 6 | 6 | 6 |

Glasgow Coma Score (E + V + M)

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## Box 1: Red Flags

- Neck pain or tenderness
- Seizure or convulsion
- Double vision
- Loss of consciousness
- Weakness or tingling/burning in more than 1 arm or in the legs
- Deteriorating conscious state
- Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- GCS <15
- Visible deformity of the skull

## Step 3: Cervical Spine Assessment

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed and spinal precautions taken.

|                                                                                                     |   |   |
|-----------------------------------------------------------------------------------------------------|---|---|
| Does the athlete report neck pain at rest?                                                          | Y | N |
| Is there tenderness to palpation?                                                                   | Y | N |
| If NO neck pain and NO tenderness, does the athlete have a full range of ACTIVE pain free movement? | Y | N |
| Are limb strength and sensation normal?                                                             | Y | N |

## Step 4: Coordination & Ocular/Motor Screen

|                                                                                                                           |   |   |
|---------------------------------------------------------------------------------------------------------------------------|---|---|
| Coordination: Is finger-to-nose normal for both hands with eyes open and closed?                                          | Y | N |
| Ocular/Motor: Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision? | Y | N |
| Are observed extraocular eye movements normal? If not, describe:                                                          | Y | N |

## Step 5: Memory Assessment Maddocks Questions<sup>1</sup>

Say "I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Modified Maddocks questions (Modified appropriately for each sport; 1 point for each correct answer)

|                                        |    |   |
|----------------------------------------|----|---|
| What venue are we at today?            | 0  | 1 |
| Which half is it now?                  | 0  | 1 |
| Who scored last in this match?         | 0  | 1 |
| What team did you play last week/game? | 0  | 1 |
| Did your team win the last game?       | 0  | 1 |
| Maddocks Score                         | /5 |   |

Note: Appropriate sport-specific questions may be substituted

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## Off-Field Assessment

Please note that the cognitive assessment should be done in a distraction-free environment with the athlete in a resting state **after** completion of the Immediate Assessment/Neuro Screen.

### Step 1: Athlete Background

Has the athlete ever been:

|                                                        |   |   |
|--------------------------------------------------------|---|---|
| Hospitalised for head injury? (If yes, describe below) | Y | N |
| Diagnosed/treated for headache disorder or migraine?   | Y | N |
| Diagnosed with a learning disability/dyslexia?         | Y | N |

|                                                                      |   |   |
|----------------------------------------------------------------------|---|---|
| Diagnosed with attention deficit hyperactivity disorder (ADHD)?      | Y | N |
| Diagnosed with depression, anxiety, or other psychological disorder? | Y | N |

Notes:

Current medications? If yes, please list:

### Step 2: Symptom Evaluation

Baseline: ☐ Suspected/Post-injury: ☐ Time elapsed since suspected injury:  mins/hours/days

The athlete will complete the symptom scale (below) after you provide instructions. Please note that the instructions are different for baseline versus suspected/post-injury evaluations.

**Baseline:** Say *"Please rate your symptoms below based on how you typically feel with '1' representing a very mild symptom and '6' representing a severe symptom."*

**Suspected/Post-injury:** Say *"Please rate your symptoms below based on how you feel now with '1' representing a very mild symptom and '6' representing a severe symptom."*

PLEASE HAND THE FORM TO THE ATHLETE

| Symptom                                | Rating        |
|----------------------------------------|---------------|
| Headaches                              | 0 1 2 3 4 5 6 |
| Pressure in head                       | 0 1 2 3 4 5 6 |
| Neck pain                              | 0 1 2 3 4 5 6 |
| Nausea or vomiting                     | 0 1 2 3 4 5 6 |
| Dizziness                              | 0 1 2 3 4 5 6 |
| Blurred vision                         | 0 1 2 3 4 5 6 |
| Balance problems                       | 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 |
| Feeling slowed down                    | 0 1 2 3 4 5 6 |
| Feeling like "in a fog"                | 0 1 2 3 4 5 6 |
| "Don't feel right"                     | 0 1 2 3 4 5 6 |
| Difficulty concentrating               | 0 1 2 3 4 5 6 |
| Difficulty remembering                 | 0 1 2 3 4 5 6 |
| Fatigue or low energy                  | 0 1 2 3 4 5 6 |
| Confusion                              | 0 1 2 3 4 5 6 |
| Drowsiness                             | 0 1 2 3 4 5 6 |
| More emotional                         | 0 1 2 3 4 5 6 |
| Irritability                           | 0 1 2 3 4 5 6 |
| Sadness                                | 0 1 2 3 4 5 6 |
| Nervous or anxious                     | 0 1 2 3 4 5 6 |
| Trouble falling asleep (if applicable) | 0 1 2 3 4 5 6 |

|                                                    |   |   |
|----------------------------------------------------|---|---|
| Do your symptoms get worse with physical activity? | Y | N |
| Do your symptoms get worse with mental activity?   | Y | N |

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

PLEASE HAND THE FORM BACK TO THE EXAMINER

Once the athlete has completed answering all symptom items, it may be useful for the clinician to revisit items that were endorsed positively to gather more detail about each symptom.

Total number of symptoms:  of 22

Symptom severity score:  of 132

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### Step 3: Cognitive Screening (Based on Standardized Assessment of Concussion; SAC)<sup>2</sup>

#### Orientation

|                                            |             |   |
|--------------------------------------------|-------------|---|
| What month is it?                          | 0           | 1 |
| What is the date today?                    | 0           | 1 |
| What is the day of the week?               | 0           | 1 |
| What year is it?                           | 0           | 1 |
| What time is it right now? (within 1 hour) | 0           | 1 |
| <b>Orientation Score</b>                   | <b>of 5</b> |   |

#### Immediate Memory

All 3 trials must be administered irrespective of the number correct on Trial 1. Administer at the rate of one word per second.

Trial 1: Say "I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 and 3: Say "I am going to repeat the same list. Repeat back as many words as you can remember in any order, even if you said the word before in a previous trial."

Word list used: A ☐ B ☐ C ☐

|                    |         |         |         | Alternate Lists |         |
|--------------------|---------|---------|---------|-----------------|---------|
| List A             | Trial 1 | Trial 2 | Trial 3 | List B          | List C  |
| Jacket             | 0 1     | 0 1     | 0 1     | Finger          | Baby    |
| Arrow              | 0 1     | 0 1     | 0 1     | Penny           | Monkey  |
| Pepper             | 0 1     | 0 1     | 0 1     | Blanket         | Perfume |
| Cotton             | 0 1     | 0 1     | 0 1     | Lemon           | Sunset  |
| Movie              | 0 1     | 0 1     | 0 1     | Insect          | Iron    |
| Dollar             | 0 1     | 0 1     | 0 1     | Candle          | Elbow   |
| Honey              | 0 1     | 0 1     | 0 1     | Paper           | Apple   |
| Mirror             | 0 1     | 0 1     | 0 1     | Sugar           | Carpet  |
| Saddle             | 0 1     | 0 1     | 0 1     | Sandwich        | Saddle  |
| Anchor             | 0 1     | 0 1     | 0 1     | Wagon           | Bubble  |
| <b>Trial Total</b> |         |         |         |                 |         |

**Immediate Memory Score** of 30      Time Last Trial Completed:



### Step 3: Cognitive Screening (Continued)

#### Concentration

##### Digits Backward:

Administer at the rate of one digit per second reading DOWN the selected column. If a string is completed correctly, move on to the string with next higher number of digits; if the string is completed incorrectly, use the alternate string with the same number of digits; if this is failed again, end the test.

Say *"I'm going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7. So, if I said 9-6-8 you would say? (8-6-9)"*

Digit list used: A ☐ B ☐ C ☐

| List A      | List B      | List C      |              |   |      |
|-------------|-------------|-------------|--------------|---|------|
| 4-9-3       | 5-2-6       | 1-4-2       | Y            | N | 0 1  |
| 6-2-9       | 4-1-5       | 6-5-8       | Y            | N |      |
| 3-8-1-4     | 1-7-9-5     | 6-8-3-1     | Y            | N | 0 1  |
| 3-2-7-9     | 4-9-6-8     | 3-4-8-1     | Y            | N |      |
| 6-2-9-7-1   | 4-8-5-2-7   | 4-9-1-5-3   | Y            | N | 0 1  |
| 1-5-2-8-6   | 6-1-8-4-3   | 6-8-2-5-1   | Y            | N |      |
| 7-1-8-4-6-2 | 8-3-1-9-6-4 | 3-7-6-5-1-9 | Y            | N | 0 1  |
| 5-3-9-1-4-8 | 7-2-4-8-5-6 | 9-2-6-5-1-4 | Y            | N |      |
|             |             |             | Digits Score |   | of 4 |

##### Months in Reverse Order:

Say *"Now tell me the months of the year in reverse order as QUICKLY and as accurately as possible. Start with the last month and go backward. So, you'll say December, November... go ahead"*

Start stopwatch and CIRCLE each correct response:

December November October September August July June May April March February January

Time Taken to Complete (secs):

Number of Errors:

1 point if no errors and completion under 30 seconds

Months Score:  of 1

Concentration Score (Digits + Months)  of 5

### Step 4: Coordination and Balance Examination

#### Modified Balance Error Scoring System (mBESS) testing

(see detailed administration instructions)

Foot Tested: Left ☐ Right ☐ (i.e. test the non-dominant foot)

Testing Surface (hard floor, field, etc.):

Footwear (shoes, barefoot, braces, tape etc.):

**OPTIONAL** (depending on clinical presentation and setting resources): For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm) with the same instructions and scoring.

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## Step 4: Coordination and Balance Examination (Continued)

### Modified BESS (20 seconds each)

Double Leg Stance:  of 10

Tandem Stance:  of 10

Single Leg Stance:  of 10

Total Errors:  of 30

### On Foam (Optional)

Double Leg Stance:  of 10

Tandem Stance:  of 10

Single Leg Stance:  of 10

Total Errors:  of 30

**Note:** If the mBESS yields normal findings then proceed to the **Tandem Gait/Dual Task Tandem Gait**.

If the mBESS reveals abnormal findings or clinically significant difficulties, **Tandem Gait** is not necessary at this time.

Both the **Tandem Gait** and optional **Dual Task** component may be administered later in the office setting as needed (see SCAT6).

### Timed Tandem Gait

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed. Please complete all 3 trials.

**Say** *"Please walk heel-to-toe quickly to the end of the tape, turn around and come back as fast as you can without separating your feet or stepping off the line."*

Single Task:

| Time to Complete Tandem Gait Walking (seconds) |                      |                      |                      |                      |
|------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Trial 1                                        | Trial 2              | Trial 3              | Average 3 Trials     | Fastest Trial        |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Dual Task Gait (Optional. Timed Tandem Gait must be completed first)

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed.

**Say** *"Now, while you are walking heel-to-toe, I will ask you to count backwards out loud by 7s. For example, if we started at 100, you would say 100, 93, 86, 79. Let's practise counting. Starting with 93, count backward by sevens until I say 'stop'."* Note that this practice only involves counting backwards.

**Dual Task Practice:** Circle correct responses; record number of subtraction counting errors.

| Task     |    |    |    |    |    |    |    |    | Errors | Time |
|----------|----|----|----|----|----|----|----|----|--------|------|
| Practice | 93 | 86 | 79 | 72 | 65 | 58 | 51 | 44 |        |      |

**Say** *"Good. Now I will ask you to walk heel-to-toe and count backwards out loud at the same time. Are you ready? The number to start with is 88. Go!"*

**Dual Task Cognitive Performance:** Circle correct responses; record number of subtraction counting errors.

| Task    |    |    |    |    |    |    |    |    |    |    |    |    | Errors | Time (circle fastest) |
|---------|----|----|----|----|----|----|----|----|----|----|----|----|--------|-----------------------|
| Trial 1 | 88 | 81 | 74 | 67 | 60 | 53 | 46 | 39 | 32 | 25 | 18 | 11 | 4      |                       |
| Trial 2 | 90 | 83 | 76 | 69 | 62 | 55 | 48 | 41 | 34 | 27 | 20 | 13 | 6      |                       |
| Trial 3 | 98 | 91 | 84 | 77 | 70 | 63 | 56 | 49 | 42 | 35 | 28 | 21 | 14     |                       |

Alternate double number starting integers may be used and recorded below.

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Starting Integer:

Errors:

Time:

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### Step 4: Coordination and Balance Examination (Continued)

Were any single- or dual-task, timed tandem gait trials not completed due to walking errors or other reasons?

Yes ☐ No ☐

If yes, please explain why:

### Step 5: Delayed Recall

The Delayed Recall should be performed after **at least 5 minutes** have elapsed since the end of the Immediate Memory section:  
**Score 1 point for each correct response.**

Say *"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."*

Time started:

Word list used: A ☐ B ☐ C ☐

Alternate Lists

| List A               | Score | List B   | List C  |
|----------------------|-------|----------|---------|
| Jacket               | 0 1   | Finger   | Baby    |
| Arrow                | 0 1   | Penny    | Monkey  |
| Pepper               | 0 1   | Blanket  | Perfume |
| Cotton               | 0 1   | Lemon    | Sunset  |
| Movie                | 0 1   | Insect   | Iron    |
| Dollar               | 0 1   | Candle   | Elbow   |
| Honey                | 0 1   | Paper    | Apple   |
| Mirror               | 0 1   | Sugar    | Carpet  |
| Saddle               | 0 1   | Sandwich | Saddle  |
| Anchor               | 0 1   | Wagon    | Bubble  |
| Delayed Recall Score | of 10 |          |         |

### Total Cognitive Score

Orientation:  of 5

Immediate Memory:  of 30

Concentration:  of 5

Delayed Recall:  of 10

Total:  of 50

If the athlete was known to you prior to their injury, are they different from their usual self?

Yes ☐ No ☐ Not applicable ☐ (If different, describe why in the [clinical notes](#) section)

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## Step 6: Decision

| Domain                                           | Date:           | Date:           | Date:           |
|--------------------------------------------------|-----------------|-----------------|-----------------|
| Neurological Exam (Acute Injury evaluation only) | Normal/Abnormal | Normal/Abnormal | Normal/Abnormal |
| Symptom number (of 22)                           |                 |                 |                 |
| Symptom Severity (of 132)                        |                 |                 |                 |
| Orientation (of 5)                               |                 |                 |                 |
| Immediate Memory (of 30)                         |                 |                 |                 |
| Concentration (of 5)                             |                 |                 |                 |
| Delayed Recall (of 10)                           |                 |                 |                 |
| Cognitive Total Score (of 50)                    |                 |                 |                 |
| mBESS Total Errors (of 30)                       |                 |                 |                 |
| Tandem Gait fastest time                         |                 |                 |                 |
| Dual Task fastest time                           |                 |                 |                 |

## Disposition

Concussion diagnosed?

Yes ☐ No ☐ Deferred ☐

## Health Care Professional Attestation

I am an HCP and I have personally administered or supervised the administration of this SCAT6.

Name:

Signature:  Title/Specialty:

Registration/License number (if applicable):  Date:

## Additional Clinical Notes

**Note:** Scoring on the SCAT6 should not be used as a stand-alone method to diagnose concussion, measure recovery, or make decisions about an athlete's readiness to return to sport after concussion. Remember: An athlete can score within normal limits on the SCAT6 and still have a concussion.

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## Hofstra University Sports Medicine Suspected Spinal Injury Protocol

Revised 1/3/24

### Introduction

When caring for an athlete with a suspected neck or spinal injury, maintenance of cervical alignment and time management are of the utmost concern. The time between spinal cord trauma and admittance to an appropriate medical facility influences the extent of neurological damage.

### General Guidelines

- The first objective in any on-field evaluation is the primary survey. Should the athlete present any medical emergencies involving airway, breathing, or circulation caring for these problems becomes the primary objective while still protecting the spinal cord from any potential or further injury.
- Activate EMS.
- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. Cervical spine stabilization must be maintained.
- The athlete's airway, breathing and circulation should be assessed as well as vascular and neurological status in all four extremities. If the airway is impaired, maintain cervical spine in-line stabilization while time opening the airway with the modified jaw thrust maneuver. If the athlete's breathing stops, ventilate the athlete using the bag valve mask along with supplemental oxygen, if available. If situation warrants it, use the Nasal Pharyngeal airway procedures.
- The athlete should not be moved unless absolutely necessary to maintain the airway, breathing or circulation. If the athlete must be moved, use the log roll method to place them in a supine position.

### Immobilization

- Adjust and apply a cervical collar so it properly fits the athlete prior to moving utilizing either the Veribrace or the Stifneck cervical collar.
- Protective athletic equipment should be removed prior to transport to an emergency facility for an athlete-patient with suspected cervical spine instability.
- When moving the suspected spine injured athlete, the head and trunk must be moved as a unit by securing the athlete to a spine board with the log roll method. It is ideal to have a minimum of "3" if not a preferably "8" Emergency Action Team members. If needed, use the V-slide technique to get the injured athlete on the spine board properly.
- The rescuer controlling cervical spine stabilization is in command of all movement concerning the athlete, especially the log roll.



- Once positioned on the spine board, the athlete's torso and legs should be, secured first. The athlete's arms should be, left unsecured, to check vitals, and for IV access, but strapped together, against the torso.
- Once legs, torso and hands have been, secured, the head should be, secured last. If necessary, padding should be, placed under the head to maintain in-line stabilization. The head should be, secured with lateral restraint pads and then secured to the board with either tape or Velcro straps over the forehead and at the chin.
- Following securing the athlete to the board, neurologic status should be reassessed
- The secondary survey should be complete with baseline vitals' signs (reassessed approximately every 5 minutes). This includes vascular and neurological status in all four extremities a second time.
- Athlete should be transported to the appropriate emergency medical facility and notify the team physician and appropriate specialist(s).

## Procedures for Training in Spine Immobilization

Personnel should review signs and symptoms of spine injury and complete a training session yearly, which includes, In-line stabilization, rigid cervical collar application, log rolling, spine board packaging, and equipment removal with the appropriate tools.



## **Hofstra University Sports Medicine Emergency Action Plan**

*Revised 1/3/24*

### **Introduction**

An Emergency may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athlete during emergency and/or life threatening conditions. The development and implications of an emergency action plan will ensure the best care provided.

As emergencies may occur at any time during any activity, the department of athletics has a responsibility to be properly prepared. This preparation includes formulation of an Emergency Action Plan (EAP), proper medical coverage of athletic events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel and continuing education in the area of emergency medicine and planning. Through pre-participation physicals, appropriate medical coverage, safe practice techniques, and other safety procedures and guidelines, some potential emergencies are averted. However, emergencies are inherent with athletic participation, and proper planning for an emergency allows for appropriate management.

Basic components of the Emergency Action Plan:

1. Emergency Personnel.
2. Role of the Emergency Action Team.
3. Emergency Communication.
4. Emergency Equipment.
5. Emergency Transportation.

### **Emergency Personnel**

The first responder in an emergency is typically a member of the sports medicine staff, most commonly a certified athletic trainer (ATC). A team physician may not always be present at every organized practice or competition. Medical coverage may vary widely based on such factors, as sport, activity, setting and type of training or competition. In some instances, the first responder may not be an ATC, but a coach, or other institutional personnel. Certification in Adult cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), first aid or professional rescuer, prevention in disease transmission and EAP review is required for all intercollegiate coaches, all certified athletic trainers (Professional Rescuer Certified), all athletic training students and all strength and conditioning coaches.

The development of an EAP cannot be complete without the formation of an Emergency Action Team (EAT). The Emergency Action Team may consist of a number of healthcare providers including, but not limited to, physicians, emergency medical technicians, certified athletic trainer, athletic training students, coaches, athletic administrators and equipment managers. Roles of these individuals within the Emergency Action Team may vary depending upon factors such as the number of available members of the team, the athletic venue itself or preference of



The, certified athletic trainer present. When forming an EAT, it is important to adapt the team to the situation or sport. It may be advantageous to have more than one individual assigned to each role. This will allow the EAT to function through the absence of team members.

## **Role of Emergency Action Team**

There are four basic roles within the EAT. The first and most important role is to establish safety at the scene and immediate care of the athlete. In an emergency, whenever possible, the most qualified individual on scene provides acute care. Individuals with lesser qualifications should yield to those with more advanced or appropriate training. The second role is initiating the EAP by contacting Public Safety. Public Safety will then in turn contact emergency medical services (EMS) if emergency personnel are not already present on-site. Contact Public Safety for an emergency or life threatening conditions. Emergencies and life threatening conditions include, but are not limited to, possible head or neck injuries, heat illness/stroke, compound or displaced fractures, loss of consciousness, or respiratory or cardiac arrest. Time is the most critical factor when dealing with emergencies or life threatening conditions. Therefore, anyone within the EAT may contact Public Safety either via a telephone or a 2-way campus radio (channel 2). However, the person chosen for this role must be one who has good communication skills, is calm under pressure and is familiar with the EAP for that athletic venue. The third role within the EAT is equipment retrieval. This role may also be filled by anyone within the EAT with a working knowledge of the location of the specific equipment needed. The fourth and final role within the EAT is directing EMS to the scene. The individual charged with this responsibility should have keys to any locked gates or doors, which may slow the arrival of EMS.

## **Emergency Communication**

Communication is essential to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have emergency contact information as part of their emergency preparedness. Communication prior to an event is a good way to build rapport and establish boundaries between both groups of professionals. If EMS is not directly available on site, communication with Public Safety at the time of injury or illness is necessary.

Assure access to a working telephone (mobile or fixed) or a 2-way campus radio. Check the communications system prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect, should there be a failure of the primary system. The most common back up communication system is on the 2-way campus radio (channel 2 to Public Safety). At any athletic venue, home or away, it is important to establish the location of a working telephone.

Hofstra University emergency communication procedures mandates Public Safety be contacted first in any and all emergency situations, via cell phone (516- 463-6789), on a campus telephone (x36789), 911 on a campus phone that can dial out, or by 2-way campus radio (channel 2). When utilizing the protocol on the next page you can request an ambulance or a Public Safety transport.



## HOFSTRA UNIVERSITY SPORTS MEDICINE

### Initiation of the Emergency Action Plan

#### EMERGENCY NUMBERS:

Public Safety- on a cell phone dial (516) 463-6789, on a Hofstra landline phone dial x36789 or 9 then 911. There are also direct access emergency phone boxes and emergency contact towers available.

#### **CALL PUBLIC SAFETY FIRST IN CASE OF EMERGENCY. ONCE YOU CALL PUBLIC SAFETY, DO NOT CALL 911 DIRECTLY.**

WHEN CONTACTING PUBLIC SAFETY IN AN EMERGENCY, IT IS IMPORTANT TO GIVE ALL OF THE PERTINENT INFORMATION. USING THE SCRIPT BELOW WILL ASSURE THE BEST POSSIBLE COMMUNICATION SO THEY CAN PREPARE FOR THE SITUATION:

**Hello, my name is (your name), I am the (your position) with (the team you work with). I am calling from (your phone number). I am located at (location) and we have (# of individuals involved) who need medical attention. The injury or illness was caused by (explain the cause of the emergency). The individual(s) major complaint is (describe complaint) and is (level of consciousness).**

NEVER HANG UP WITH PUBLIC SAFETY UNTIL THEY INSTRUCT YOU TO.

**IF YOU ARE COMMUNICATING WITH PUBLIC SAFETY VIA A, 2- WAY CAMPUS RADIO, DO NOT CHANGE FROM CHANNEL 2 UNTIL PUBLIC SAFETY ARRIVES.**

#### EMERGENCY ENTRANCES:

**James M. Stuart Stadium/James C. Metzger Hall/Margiotta Hall Weight Room:**

- Utilize the East Entrance off Uniondale Avenue, onto Stadium Blvd., then direct personnel to appropriate facility with venue specific map.

**Physical Education Center/Hofstra Basketball Practice Facility/Hofstra Field Hockey Stadium/Soccer Stadium/Hofstra Soccer Stadium/Hofstra Swim Center:**

- Utilize the California Ave. entrance off Hempstead Tpk., head north on Hofstra Blvd., turn Right on Northern Blvd., then direct personnel to appropriate facility with venue specific map.

**Teague Ryan Wrestling Complex/Bill Edwards Stadium/University Field/David S. Mack Sports and Exhibition Complex/David S. Mack Sports and Exhibition Complex Weight Room/David S. Mack Fitness Center/University Tennis Complex/Indoor Practice Facility(Bubble):**

- Utilize the East Gate entrance off Earl Ovington Blvd. to Dome Rd., then direct personnel to appropriate facility with venue specific map.

REFER TO VENUE SPECIFIC EMERGENCY ACTION PLAN FOR EMERGENCY ENTRANCES.

#### EMERGENCY EQUIPMENT:

- THE FOLLOWING EMERGENCY EQUIPMENT IS LOCATED IN THE SPORTS MEDICINE FACILITIES IN THE PHYSICAL EDUCATION CENTER /MACK SPORTS COMPLEX/MARGIOTTA HALL:  
A.E.D., ATHLETIC TRAINING KIT, SPLINTING KIT, SPINE BOARDS, & ADDITIONAL EMERGENCY EQUIPMENT.
- ALL PUBLIC SAFETY VEHICLES ARE EQUIPPED WITH EMERGENCY EQUIPMENT.
- ALL PUBLIC SAFETY OFFICERS ARE NY STATE CERTIFIED FIRST RESPONDERS.
- ALL HOFSTRA UNIVERSITY ATHLETIC DEPARTMENT EMPLOYEES ARE FIRST AID, CPR AND AED CERTIFIED.
- ALL HOFSTRA STAFF LICENSED & CERTIFIED ATHLETIC TRAINERS AS WELL AS ATHLETIC TRAINING STUDENTS ARE CERTIFIED CPR/AED FOR HEALTH CARE PROVIDERS



## **Emergency Equipment**

All necessary emergency equipment should be in good operating condition, on site and quickly and easily accessible. All sports medicine personnel should be familiar with the function and operation of each type of emergency equipment, and be proficient in its proper use. Check all emergency equipment on a regular basis as to its condition. Rehearse mock emergencies on a regular basis to ensure comfort and proficient use of the equipment as well as ensuring a good working relationship with EMS. It is important to know the proper manner in which to care and store all of the emergency equipment as well.

## **Emergency Transportation**

Place emphasis on having an ambulance on site at high-risk sporting events. Factor in EMS response time when determining on site ambulance coverage. Ambulances may be coordinated on-site for other special events such as CAA/NCAA championship events. In the event an ambulance is on site, a specific location will be determined. For rapid access to the site with a cleared route for entering and exiting the venue, see the venue specific EAP. In the event of an emergency, contact Public Safety immediately.

In the evaluation of an emergency, the primary survey (Airway, Breathing, & Circulation) will help the emergency care provider in identifying emergencies requiring critical care and transportation decisions. In an emergency, an ambulance transports the athlete to the appropriate medical facility. Never be transport an unstable athlete in an inappropriate vehicles. Any emergency where there is a change in the level of consciousness, airway, breathing, or circulation, or there is neurovascular compromise, consider an immediate transport with emphasis on rapid evaluation, treatment and transportation.

## **Conclusion**

The importance of being properly prepared when athletic emergencies arise is paramount. The survival of an athlete may rely on how well trained and prepared the emergency action team is. It is wise to invest athletic department “ownership” of the EAP by the athletic administration and coaches as well as the sports medicine staff. There is annual EAP review with all athletic department staff, along with Adult CPR, AED, first aid and Professional Rescuer refresher training. Through development and implementation of the EAP, the athletic department helps ensure that the athlete will have the best care provided when an emergency does arise.



# HOFSTRA UNIVERSITY

## Hofstra University Sports Medicine Concussion Return-to-Learn

Student's Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

A concussion is a disruption in the normal functioning of the brain. The manifestations of a concussion can result in symptoms such as headache, impaired brain function resulting in confusion, and even abnormal behavior. We know that resting the brain is the best way to restore the normal cognitive function. Scholastic requirements are designed to stress the brain in order to impart knowledge. Usually this is beneficial for students. Concussed students, however, do need some academic accommodations initially to ensure they can participate to their full scholarly potential once the signs and symptoms resolve.

Therefore, I am asking that you provide some academic accommodations until the student is able to perform at a normal level.

### School attendance:

- ☐ No school – rest only.
- ☐ Attend classes as tolerated, but postpone quizzes/exams.
- ☐ Attend classes as tolerated.
- ☐ No physical education classes.
- ☐ No restrictions.

### Academic accommodations:

- ☐ Untimed tests or quizzes.
- ☐ Extra time given to complete assignments.
- ☐ Reduced workload.
- ☐ Provide printed outline/power point of class notes to reduce screen time
- ☐ Tutoring available as needed.

These are the initial recommendations. As the student's symptoms improve, the academic responsibilities will return to normal, but the student may continue to need extra time to make up missed assignments and tests. An athlete receiving academic accommodations is under both physical and cognitive rest. Please be advised that we do not prioritize an athlete's sport activity over their academic responsibilities. A concussed athlete will not be returned to their full regular sport activity until they have returned to regular academic activity as well. This is with the understanding that they may still need time to make up missed/postponed academic work.

If you should have any questions, please do not hesitate to e-mail me at [RCamhi@northwell.edu](mailto:RCamhi@northwell.edu).

Sincerely,

HU Sports Medicine  
4/11/23

Team Physician  
Hofstra University Sports Medicine