

# ***Wenatchee School District Head Injury Protocols***

The Wenatchee School District has adopted the recommendations of the ***3rd International Conference on Concussion in Sport, Zurich 2008*** as a guideline to the management of concussions. (*Journal of Science and Medicine in Sport*; 12 (2009) 340–351; *Consensus statement on Concussion in Sport—The 3rd International Conference on Concussion in Sport held in Zurich, November 2008*; P. McCrory, W. Meeuwisse, K. Johnston, J. Dvorak, M. Aubry, M. Molloy, R. Cantu)

## **Summary of Zurich 2008 recommendations** (when an athlete shows concussive signs):

- The player should be medically evaluated onsite using standard emergency management principles and particular attention should be given to excluding a cervical spine injury.
- The appropriate disposition of the player must be determined by the treating healthcare provider in a timely manner (at WHS, licensed/certified athletic trainer). If no healthcare provider is available, the player should be safely removed from practice or play (by coach) and referral to a physician arranged.
- Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the **SCAT2** or other similar tool.
- The player should not be left alone following the injury and serial monitoring for deterioration is essential over the initial few hours following injury.
- A player with diagnosed concussion should not be allowed to return to play on the day of injury.

A step-by-step return-to-play protocol will be utilized. During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

The following is an example of a progression:

- (1) No activity, complete rest***
- (2) Light aerobic exercise (walking, stationary cycling, etc.), no resistance training***
- (3) Sport-specific exercise, progressive resistance training***
- (4) Non-contact training drills, progressive resistance training***
- (5) Full contact training after medical clearance***
- (6) Game play***

•There should be approximately 24 hours (or longer) for each stage and *the athlete should return to previous asymptomatic level if symptoms recur.*

•The Zurich Committee also found that *“The application of neuropsychological testing in concussion has been shown to be of value and continues to contribute significant information in concussion evaluation.”*

•The Wenatchee School District has adopted the imPACT concussion testing program (the most widely used program in the United States) to perform neuropsychological pre-testing/post-testing on athletes in selected collision and contact sports to serve as one tool in determining the recovery following a concussion.

•***NOTE: In the evaluation of concussions, the Wenatchee School District policy is that the most conservative opinion will prevail in determining return to play.***

\_\_\_\_\_My recommendation is to follow the 2008 Zurich guidelines (with neuropsychological testing, when appropriate)

\_\_\_\_\_Return only after my follow-up evaluation scheduled for:\_\_\_\_\_

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*Physician's signature*

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*Date*