Elevation Athletics
Concussion Management Plan

September 2024

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ATTENTION

This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.

Section 1: Mandatory Parent/Athlete Meeting

(a) Prior to the start of each athletic season, a meeting shall be organized by the club director or other appropriate designated official to discuss the topic of concussion in youth sports.

(b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete.

(i) Parents, athletes, and coaches should review the following material and have the opportunity to ask questions:

a. The definition of concussion
b. Signs and symptoms of the injury
c. Tips for prevention of the injury
d. Risks associated with continued play with a concussion
e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
    1. Remove suspected injured athletes from play.
    2. Ensure the athlete is evaluated right away by an appropriate health care professional.
    3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
    4. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
g. Any additional concussion resources provided to parents, athletes, and coaches

(c) **Required Parent/Guardian Written Consent Form**

(i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Written Consent Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education detailed under subsection (3) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.

a. Parent/Guardian Written Consent forms should be kept on file for no less than seven (7) years by the Elevation Athletics.

Section 2: Biennial Concussion Training

Coaches & Staff

(a) Coaches & Staff:
- (i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.
  - a. Completion of the Idaho Concussion Training Course provided by the Idaho High School Activities Association and the St. Luke's Sports Medicine Concussion Clinic shall satisfy this requirement.
- (ii) The course can be found at the following link: https://www.stlukesonline.org/apps/concussion-education
- (iii)Evidence of training must be kept on file by the Elevation Athletics.

Section 3: Removal from Play Strategy

Coaches & Non-Medical Staff

STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion during practice or game play, the youth athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.

Please Note: Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes or hours later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common signs and symptoms:

Observable Signs	Reported Symptoms
Can’t recall events prior to or after a hit or fall	Headache or “pressure” in the head
Appears dazed or stunned	Nausea or vomiting
Moves clumsily	Balance problems or dizziness
Answers questions slowly	Double or blurry vision
Loses consciousness (even briefly)	Bothered by light or noise
Shows mood, behavior, or personality changes	Feeling sluggish, hazy, foggy, or groggy
Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent	Confusion, or concentration or memory problems
	Just not “feeling right” or “feeling down”

STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization’s emergency action plan**:

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.

3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness *(a brief loss of consciousness should be taken seriously and the person should be carefully monitored).*

STEP 4: ENSURE ATHLETE RECEIVES A MEDICAL EVALUATION

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. **If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.**

STEP 5: COMMUNICATE

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and provide them a factsheet on concussion available online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's director or other appropriate personnel in a timely fashion.

Section 4: Return to Learn Strategy

(a) Under subsection (7) of section 33-1625, Idaho Code it reads "Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional as defined in subsection (6) of this section."

(b) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardians of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete's academic and personal needs while symptomatic.

(i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as they may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.

(ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.

(iii) Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:

a. Take rest breaks as needed
b. Spend fewer hours at school
c. Be given more time to take tests or complete assignments
d. Receive help with schoolwork
e. Reduce time spent on the computer, reading, or writing

(iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

(c) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

(d) The following 4-step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to school purposes.

(e) Return to learn and the first three steps of the return to sport strategy may occur simultaneously.

Graduated Return-to-Learn Strategy			
Following an initial period of relative rest **(maximum of 24-48 hours)**, students can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation (worsening). **See asterisk below.*			
The Return-to-Learn strategy is an individualized process. The graph below is a general example and may not apply to every student.			
Step	**Mental Activity**	**Activity at Each Step**	**Goal**
1	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading, social interactions, light walking) while minimizing screen time. Start with 5-15 minutes at a time and increase gradually.	Gradual return to typical activities
2	School activities with encouragement to return to school as soon as possible (as tolerated)	Homework, reading, or other cognitive activities at school or at home. **A complete absence from the school environment for more than one week is not generally recommended.**	Increase tolerance to cognitive work and connect socially with peers
3	Part-time or full days at school with academic accommodations as needed	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full-time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

*Sources: Patricios JS, et al. Br J Sports Med 2023;**57**:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. Living Guideline for Pediatric Concussion Care. doi:10.17605/OSF.IO/3VWN9*

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.

Section 5: Return to Sport Strategy

Athletic Trainers or Other Appropriate Medical Providers

ATTENTION

Only individuals deemed a "qualified health care professional" under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

- **(a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;**
- **(b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or**
- **(c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).**

The following return to play process (Section 7) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.

(a) **Return to learn and the first three steps of the return to sport strategy may occur simultaneously.**

(b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to sport strategy as set forth in section (d) below, unless the athlete has been directed through the stepwise return to sport progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.

(i) Clearance by a medical provider must be in written form and kept on file with the Elevation Athletics for no less than seven (7) years.

(c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.

   (i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.

(d) The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. A parent or legal guardian should supervise each step of the return to sport process and should communicate regularly with coaches of the athlete to inform them of the athlete's progress.

   (i) Each step of the return-to-sport strategy should take a minimum of 24 hours.

The athlete should not be released for full Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.

Graduated Return-to-Sport Strategy			
Step	**Exercise Strategy**	**Activity at Each Step**	**Goal**
Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through **each subsequent step typically taking a *minimum* of 24 hours.**			
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
2	Aerobic exercise **2a.** Light (up to approx. 55% max HR) **then** **2b.** Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). **No activities at risk of head impact.**	Add movement and change of direction
Following authorization by your physician, Steps 4–6 should begin after the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion. Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking (activity-related cognitive skills)
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. **If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage *with medical clearance.***			
6	Return to sport	Normal game play.	Fully back to sport

*Sources: Patricios JS, et al. Br J Sports Med 2023;**57**:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. Living Guideline for Pediatric Concussion Care. doi:10.17605/OSF.IO/3VWN9*

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RETURN-TO-PARTICIPATION PROTOCOL By: USA CHEER

For use by healthcare providers in conjunction with cheer coaches & advisors. The athlete should return to non-sports activities, such as school, with a green-light from the healthcare provider to begin the return-to-participation process outlined below.

	Activity Level	Functional Exercise/Cheer Activities
Phase 1	**Light aerobic exercise** (Target HR: 30-40% of maximum exertion)	• Slow walking on a treadmill or stationary bike (15 minutes) • Walk through cheers or dances
Phase 2	**Moderate aerobic exercise** (Target HR: 40-60% of maximum exertion)	• Stationary bike, elliptical, or jogging on a treadmill (15 minutes) • Include arm motions while allowing some positional changes and some head movement. • Light upper-body weight training (50% or less of max) • Spirit activity limited to cheers/chants/simple dances at a low volume
Phase 3	**Heavy aerobic exercise** (Target HR: 60-80% of maximum exertion)	• Stationary bike, elliptical, or jogging on a treadmill (20-30 minutes) • 15-yard sprints (as in tumbling passes) • Spirit activity limited to cheers/chants/dances including arm motions, but may now introduce quick head movement • Mark through dance activity • Begin light lower body weight training activities (50% of max) • May participate in crunches, push-ups, squats, etc. • Balance/proprioception exercises
Phase 4	**Sport performance & training** (Target HR: 80% of maximum exertion)	• Full weightlifting, agility, and conditioning activities • Light tumbling (hand-supported activities): cartwheels, round off-walk overs, handsprings. • Cradle catch (no basket tosses or flipping) • Simple dismounts for base and flyer • Stunting limited to double-legged, chest-level stunts with added spotter. • Minimum 2-minute break between tumbling passes for a maximum of 30 minutes total participation • Moderate dance activity (at ¾ effort)
Phase 5	**Full practice, sport performance & training** (Target HR: maximum exertion)	• Full weightlifting, agility, and conditioning activities • Limit stunting to double-legged, extension-level activities with simple dismounts and added spotter. • Limit gymnastics to basic and moderate tumbling passes: maximum of two rotations with no twisting per any single pass (i.e., round-off back tuck) • Minimum of 2-minute break between tumbling passes for a maximum of 60 minutes total participation • Full dance participation
Phase 6	**Full sport/physical activity participate.** (Pending medical clearance)	• Return to FULL participation/activity including advanced stunts, gymnastics, and dances. • May practice, compete.

*Concussion education and resources. USA Cheer. (2021, August 27). https://usacheer.org/safety/resources/concussion- education-and-resources