

The NYS Concussion Rule explains below that if a player is removed by an official, she cannot return unless an appropriate School Official has cleared her. An Athletic Trainer falls under that title (School Official).

If an official observes signs or symptoms consistent with a concussion and they remove the student the player should not return based on the NYS Concussion Management Law.

To: NYSPHSAA Member Schools **Revised 8/19/10**

Sport Official Organizations

From: New York State Public High School Athletic Association

Date: August 3, 2010

Re: NFHS Concussion Rule

This memo is to serve as a clarification of the NFHS Concussion Rule, effective for the 2010-2011 school

year, for the sports that use the NFHS rules.

The NFHS Concussion Rule states, *“Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headaches, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional”*. The NFHS emphasizes in the concussion rule that coaches and officials are NOT expected to “diagnose” a concussion. This is the responsibility of the appropriate health-care professional.

The responsibility for observing signs, symptoms, and behaviors that are consistent with a concussion

is shared by both sport officials and school officials. The following protocol should be followed if any

signs, symptoms or behaviors are observed.

Sport official: Remove the athlete from the contest. The official is NOT responsible for the sideline evaluation or the management of the athlete once they have been removed from the game. The official does not have to receive any paper work clearing the player to return to the game.

School official: The athlete needs to be *assessed by an appropriate health care professional. School health personnel are considered appropriate health care professionals. School health personnel include the Chief School Medical Officer, school nurse, physician, certified athletic trainer or an EMT that is a member of the on-site EMS squad. If the appropriate health care professional suspects a concussion, the student athlete MAY NOT return to the contest. The athlete MAY NOT return if an appropriate health care professional is not available. The NFHS and NYSPHSAA recommend that any athlete that suffers a concussion should not return to play the day of the injury. A student athlete that has been diagnosed with a concussion MUST be cleared by the Chief School Medical Officer.*

The NFHS and NYSPHSAA have developed many resources to help school officials, sport officials,

parents, and students learn more about concussion management. A concussion DVD, sideline cards,

and other useful materials can be found on the NYSPHSAA website (www.nysphsaa.org). A cost free concussion management course can be found on the NFHS website (www.nfhslearn.com). We have included a list of possible signs, symptoms, and behaviors that can be observed by sport officials and school officials. We have also included for school officials a recommended return to play protocol. We encourage anyone that has questions or concerns to contact the NYSPHSAA office or the Section Concussion Management Team.

SIGNS, SYMPTOMS, AND BEHAVIORS OF A POSSIBLE HEAD TRAUMA

1. Problems in Brain Function

a. Confused state – Dazed look, vacant stare, confusion about what happened or is happening.

b. Memory problems – Can't remember assignment on play, opponent, score of game, or period of the game. Can't remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast etc.

c. Symptoms reported by athlete – Headache, nausea, or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in the ears, feeling foggy or groggy.

d. Lack of sustained attention – Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.

2. Speed of Brain Function: Slow response to questions, slow slurred speech, incoherent speech, slow body movements, slow reaction time.

3. Unusual Behaviors: Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.

4. Problems with Balance and Coordination: Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

Recommended Return to Play Protocol

Day 1: No exertional activity until medically cleared and asymptomatic for 24 hours.

Day 2: Begin low-impact activity such as walking, stationary bike, etc.

Day 3: Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

Day 4: Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.

Day 5: Full contact in practice setting

If the athlete remains without symptoms, he or she may return to play.

Special note: Athlete must remain asymptomatic to progress to next day.

If symptoms return, the athlete must return to the previous level.

Medical check