**Williams College Athletic Concussion Policy**

It is the goal of Williams College to provide our student-athletes with the highest level of care. This document serves as an outline for the consistent management of closed head injuries. It was developed using the most recent scientific research, and therefore will be periodically reviewed to ensure its consistency with the latest standards of care.

The following concepts will be implemented in the process of assessing, treating, and safely returning the student-athlete to academics and/or athletics:

**Assessment**

* Under the direction of a physician, a qualified health care provider will assess and manage any student-athletes who exhibit signs and/or symptom associated with concussion.
* Student-athletes will not be allowed to participate, or continue to participate, in practice or game situations on the same day that they exhibit such symptoms.
* As dictated by the factors surrounding the injury, formal concussion testing (utilizing the Williams College Concussion Assessment tool) will take place. If evidence of a concussion is identified, referral will be made to the Student Health Center for further evaluation by the appropriate health care provider.
* Loss of conscious or assessments indicating any neurological deficits will be sent to the Emergency Department.
* Notification that a concussion assessment has occurred should be sent via e-mail to all appropriate health care personnel. If the assessment is performed after normal hours of operation for the Health Center (including weekends), a call will be placed to 413-597-2206 in order to notify the on-duty nurse.
* All documentation associated with the evaluation of the injury, including all Concussion Graded Checklists will be faxed to the Student Health Center for review by the appropriate health care providers.
* Student-athletes who have been evaluated for a concussion will be given written instructions that identify pertinent information regarding the injury including emergency signs and symptoms.

**Academic Accommodations**

It is recognized that many incidences of injury will require a period of cognitive rest prior to resuming activities. Student-athletes with a diagnosed concussion should be instructed to refrain from academic activities and be referred to the Student Health Center to assess the need for Academic Accommodation.

**Return-to-Play Criteria**

* The return-to-play process is under the direction of Williams College health care providers. Determining the length of rest and return to play will be based on the nature, severity, and duration of symptoms as well as the student athlete’s medical, psychiatric, and prior concussion history.

The student-athlete must meet the following criteria for Return-to-Play consideration:

1. Concussion related signs and symptoms have resolved
2. Is able to fully engage in academic activities without symptoms
3. Successfully completes post-injury BESS testing protocol (if baseline is available)
4. Successfully completes the post-injury ImPACT test and physician consultation
5. Remains symptom-free during and after a light aerobic exercise
6. Remains symptom-free during and after both the *Stationary Bike Protocol* and Sport Specific Exercise Drills.
7. Remains symptom-free during non-contact Training Drills
8. Remains symptom-free during contact drill participation (if applicable to the given sport)

“*Return-to-Play”*

The Return to Play (RTP) process is a step-wise approach involving the gradual progression of exercise and sport-related activities. The progression outlined below is a standing order from the overseeing physician to be implemented by his or her designee, the athletic trainer. If the student-athlete successfully progresses through the RTP progression without the return of symptoms, then he or she may be returned to play by the physicians’ designee. However, if any new or repeat symptoms occur at any point during the process, the student-athlete should immediately stop the offending activity. Resumption of the Return-to Play process will be dependent on remaining symptom-free for a minimum of 24 hours and consultation from the overseeing provider.

1. *Resolution of Symptoms*

The student-athlete indicates that signs and symptoms related to concussion have resolved

1. *Academic Accommodations*

The evaluation and implementation of Academic Accommodation (if appropriate) will be carried out in the Thompson Health Center. Steps for the “Return-to-Academics” include: Rest, Class Attendance, Class Participation and Homework, Full Class Participation and Homework.

1. *Baseline Testing: BESS*

The Balance Error Scoring System (BESS) is commonly used by researchers and clinicians to evaluate balance (Bell et al). Student-athletes (SAs) participating in “high risk” contact or collision sports will participate in baseline BESS testing during their pre-season screening process. Once the injured student-athletes’ concussion related symptoms have resolved and they are able fully participate in their academic responsibilities, a subsequent follow-up test will be conducted for baseline comparison. For more information regarding the testing procedure, refer to Appendix C.

1. *Baseline Testing: ImPACT Testing*
* The use of neuro-cognitive testing (ImPACT) is recognized as an assessment tool that can be employed in decision making. However, it will not be used as the sole determinant for return to play.
* Baseline ImPACT testing will be conducted on Varsity, Junior Varsity, and Club Sports that have been shown include a higher risk of incidence for concussion. Minimally, baseline concussion testing will remain consistent with current NCAA recommendations. Additions to the NCAA recommended list may include sports and/or individuals deemed pertinent by the overseeing providers of the College
* ImPACT testing will be implemented after concussion related symptoms have resolved for 24-48hrs. However, in a case of long term persistent symptoms, the Sports Medicine staff or physician may decide to administer ImPACT testing prior to resolution of symptoms, for use as an evaluation tool. Testing will not take place on the same day as the injury.
* If a student-athlete does not achieve a passing score, a re-test may occur no sooner than 48hrs. provided no additional symptoms develop. If the second ImPACT trial is unsuccessful, referral will be made back to the Health Center for a follow-up evaluation.
* The physician has the final decision on implementation of ImPACT testing, interpretation, and the decision to proceed with progressive exercise. After completion of the ImPACT test a timely consultation with a physician will occur.
1. *Light Aerobic Exercise*

Twenty minutes of light aerobic exertion completed on a stationary bicycle. This step is intended to increase heart rate and blood pressure. The increased HR goal should be approximately 120bpm. The student-athlete should immediately stop if any symptoms occur.

1. *Stationary Bike Protocol & Sport Specific Exercise*

The Stationary bike protocol is designed to provide a combination of higher cardiovascular load including both continuous and intermittent segments. The student-athlete should immediately stop if any symptoms occur. The test consists of the following components:

* 5 min warm-up
* 7 min moderate (HR 120-160)
* 7 min intermittent sprint (10 sec max effort, 50 sec easy recovery)
* 7 min moderate (HR 120-160)
* 5 min cool-down

Upon successful completion of the Stationary Bike Protocol, the student-athlete will participate in a Sport Specific activity (i.e. running/skating) as deemed appropriate by the Sports Medicine staff.

1. *Non-Contact Training Drills*

Often termed a “non-contact” practice, this step is intended to include sport specific activities without risking further contact to the head. The student-athlete may also resume resistance training although beginning with non-maximal loads and progressing over subsequent days is recommended. The student-athlete should immediately stop if any symptoms occur.

1. *Clearance for Full Practice or Game Situations*

Upon successful completion of the Return-to-play plan, the student-athlete will be cleared to fully participate in practice or game situations depending on the nature of the sport. After returning to play, the student-athlete should immediately stop if any symptoms occur.