ECU ATHLETICS
CONCUSSION MANAGEMENT POLICY

The East Carolina University Athletic Department recognizes that concussions are serious injuries that require a comprehensive medical approach for diagnosis, treatment, and return to academic and athletic activities. Each athlete suffering a concussion is treated individually, as every case is different. The aim of the East Carolina University Concussion Management Plan is to define the process of handling concussions suffered by ECU student-athletes, including those suffered outside of participation in athletics.

**Education**

Concussion education will be presented to each athletic team, coaches, medical staffs, and athletic administration on a yearly basis. All student-athletes will sign a statement in which they accept the responsibility for reporting their injuries to the institutional medical staff, including signs and symptoms of concussion. Coaches will sign a form acknowledging that they have the responsibility to provide truthful information and to report promptly any student-athlete injury or illness to a member of the medical staff. The medical staff will sign a form each year stating that they have received the concussion education and have reviewed the Concussion Management Plan. During the review and signing process, all groups will receive the NCAA concussion fact sheets. Additional educational information can be found at www.ncaa.org/health-safety.

Football game officials will receive annual concussion education from the Conference Office staff as part of their annual certification.

**Emergency Action Plans**

Emergency Action Plans (EAP’s) will be updated annually for each athletic venue in order to respond to student-athlete catastrophic injuries and illnesses, including but not limited to concussion, heat illness, spine injury, cardiac arrest, respiratory distress (e.g. asthma), and sickle cell trait collapse. All healthcare providers and coaches will be provided with a copy of the EAP for the facility(ies) they utilize. EAP’s will be forwarded the American Athletic Conference Office no later than August 1 of each year.

For any student-athlete with a suspected concussion who scores <13 on the Glasgow Coma Scale section of the SCAT5, the decision will need to be made as to whether transport to a medical facility is warranted. The team physician or Sports Medicine Fellow should be contacted immediately for evaluation and management decision making.

**Roles and Responsibilities**

The team physician, or certified/licensed athletic trainer in the absence of the team physician, shall have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate and in accordance with the standards established for their professional practice. No coach may serve as the primary supervisor for any medical provider, or have hiring, retention or dismissal authority of that provider.

The team physician or sports medicine fellow will have the ultimate responsibility for the diagnosis of a concussion, as well as the design of a treatment plan for return to activity both athletically and academically. It is the athletic trainer’s role to evaluate any student-athlete suspected of a suffering a concussion, implement the initial steps of the Concussion Management Policy, and to follow the guidelines as set forth by the team physician and/or sports medicine fellow. The physicians and athletic trainers will document each step of the process into the student-athlete’s medical chart, including full return to both athletic and academic activity.
Pre-Participation Assessment

Prior to initial athletic participation at East Carolina University, student-athletes from all sports will complete a thorough medical history, including prior concussion(s) if applicable. Additionally, student-athletes in all sports will receive baseline computer-based neurocognitive testing (ImPact) and a Biosway balance assessment prior to their first practice. The medical history, neurocognitive testing, and balance results will be attached to their pre-participation physical exam for review by the team physician. The team physician will determine pre-participation clearance and/or the need for additional consultation or testing based on those findings.

For assessing those student-athletes suspected of having sustained a concussion, the SCAT5 is used on the initial evaluation.

Procedure for Management of a Suspected Concussion

To help in the identification of potential concussion injuries, a medical staff member with training in the diagnosis, treatment, and initial management of acute concussion is present at all NCAA varsity competitions for contact/collision sports. For practice sessions of contact/collision sports, a medical staff member with training in the diagnosis, treatment, and initial management of acute concussion will be present whenever possible, but will at minimum be available by phone, text, or email.

If a play is witnessed which commonly causes a concussion, or when a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the student-athlete shall be removed from practice or competition and evaluated by an athletics health care provider with experience in the evaluation and management of concussion. The initial sideline assessment is for rapid screening of a suspected sports related concussion, rather than making a definitive diagnosis. Players manifesting clear on-field signs of sports related concussion should immediately be removed from sporting participation. Those players with a suspected sports related concussion following significant trauma or with relevant symptoms can proceed to a sideline screening using appropriate assessment tools such as the immediate/on-field assessment section of the SCAT5 which incorporates batteries that assess for red flags, observable signs, memory function, level of alertness and potential cervical spine injury.

If necessary based on the initial screening, student-athletes can then proceed to a more thorough diagnostic evaluation which should be performed in a distraction free environment (i.e.: locker room/medical room) rather than on the sideline. Based on that clinical assessment, any student-athlete with a suspected concussion shall then be withheld from the practice or competition, monitored serially and not return to activity for the remainder of that day. In those cases where the athletics health care provider may have been concerned about a possible concussion, but after the sideline assessment a concussion is no longer suspected, then that provider has the authority to determine the disposition and timing of return to play for that student athlete.
The venue specific Emergency Action Plan, including transportation for further medical care, will be activated for any of the following:

- Prolonged loss of consciousness
- Focal neurological deficit suggesting intracranial trauma
- Repetitive emesis
- Persistently diminishing/worsening mental status and or other neurological signs/symptoms
- Spine injury

Both the off-field/office assessment of the SCAT5 and Biosway assessment will be performed at the earliest possible time on the day of injury. If a Biosway assessment cannot be obtained on the day of the suspected concussion, it may be performed on Day 1 post-injury or at the earliest possible time thereafter.

Athletes suffering a concussion or a suspected concussion will be given a written Concussion Instruction Take Home sheet including instructions for both physical and cognitive rest. An additional copy will be given to a responsible adult, such as a roommate or parent. The student-athlete will be withheld from classroom activity on the same day as the concussion. The ECU Team Physician and Student Development coordinator for their sport will be notified by the athletic training staff of the suspected concussion. This will allow the Student Development office to notify professors, tutors, and study hall assistants of the student-athlete’s absence.

On post injury day 1, the student-athlete will undergo a repeat computer-based neurocognitive test and a repeat Biosway assessment (if unable to be performed on the day of the injury) prior to having a follow-up appointment scheduled with the team physician or sports medicine fellow. For teams that are traveling at the time of injury, the repeat computer-based neurocognitive test and Biosway assessment should be completed as soon as reasonably possible upon their return to campus. It is recommended that the student-athlete have appropriate rest prior to repeat testing. A clinical diagnosis will be ascertained based on the available information gathered, symptoms and clinical exam including neurologic assessment (mental status, cognition, oculomotor function, gross sensorimotor, coordination, gait, vestibular function and balance).

For those diagnosed with concussion, initial physical and cognitive rest is recommended during the acute recovery period (normally the first 48 hours post-injury). After this acute recovery period, student-athletes may then be encouraged on a case-by-case basis to become gradually and progressively more active while staying below their cognitive and physical symptom exacerbation threshold while under the supervision of an athletic training staff member (Stage 1). Vigorous exertion should be avoided during this time.

Once concussion-related symptoms have resolved, the student-athlete may then continue to proceed to the next stage of the graduated return to sport (Table 1). Generally, each step should take approximately 24 hours; however, having a team physician experienced in concussion management and with sufficient resources as well as access to follow-up repeat neurocognitive assessments, return to play management may be more rapid, but must still follow the same basic management principles, namely full clinical and cognitive recovery before consideration of return to play. Nevertheless, if any post concussive symptoms occur while in the stepwise program, the student-athlete should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

Within 24 hours of anticipated return to full activity, a follow-up clinical assessment which may include a repeat computer-based neurocognitive exam and Biosway assessment are to be repeated if clinically needed. A range of modifying factors may also influence the investigation and management of concussion and in some
cases, may predict the potential for prolonged or persistent symptoms. These modifiers (Table 2) will be considered as part of the detailed concussion history. In this setting, there may be additional management considerations beyond simple return to play advice. These athletes will be managed in a multi-disciplinary manner as deemed necessary and coordinated by the sports medicine team who has expertise in the management of concussive injury.

**Return-to-Learn**

Once a concussion has been diagnosed, the Concussion Management Team will be notified of the diagnosis by the student-athlete’s athletic trainer. The Concussion Management Team consists of the ECU Team Physician, staff athletic trainer assigned to their sport, academic coordinator assigned to their sport, learning specialist, faculty athletic representative, Dean of Students office, and the Senior Associate Athletic Director for Student Services. This notification will allow all parties to be made aware of the student athlete’s injury should future adjustments be needed. The Concussion Management Team will be given the student-athlete’s name, sport, date of injury, and recommendations per the Team Physician.

At the time of the initial student-athlete evaluation following a concussion, the team physician may recommend academic adjustments based on the entire clinical scenario. The student-athlete will receive a printed copy of such recommendations (a sample of the Academic Adjustments Form is attached at the back of this document). If academic adjustments are recommended, the student athlete will be scheduled an appointment with the learning specialist in the Student Development office. It will be the responsibility of the student-athlete to provide a copy of the recommendations to their academic coordinator and to each professor. The student-athlete’s academic coordinator will provide a copy of the recommendations to the faculty athletic representative. The student-athlete’s head coach and the Sr. Associate Athletics Director for Student Services will also be notified of the academic adjustment recommendations by either the team physician or a member of the athletic training staff.

Initial academic adjustment recommendations will be made for no longer than ten days. If the student-athlete continues to be symptomatic after the 10-day period, he/she will follow-up with the team physician to evaluate the current academic recommendations. At that time, the team physician may elect to refer the student-athlete to the ECU Speech-Language and Hearing Clinic for a full neurocognitive evaluation by a speech-language pathologist. The evaluation will provide the team physician with objective/standardized information regarding persistent cognitive impairments and will assist in making recommendations regarding further academic adjustments, treatment/rehabilitation of the impairments, and will aid the student-athlete with implementation of strategies to assist with maintaining their academic standing. Regular review of recommendations will be made as symptoms dictate. In situations where the instructors are unwilling to grant the suggested academic adjustments, the faculty athletic representative and the Dean of Students Office will be contacted by either the Assistant Athletics Director for Student Development or the Sr. Associate Athletics Director for Student Services for guidance.

The athletic training staff will regularly monitor the concussion symptoms of the student-athlete. If symptoms include psychological components such as depression, anxiety, etc., the student-athlete will be referred to the ECU Center for Counseling and Student Development (CCSD) for assessment and treatment. This referral may be done during the counseling center Athletic Clinic hours or at the CCSD building on campus.

For symptoms lasting for an extended time (typically longer than 2-4 weeks) or for those student-athletes with comorbid factors such as ADHD, the team physician may refer the student-athlete to a neuropsychologist with ECU Psychiatry for further evaluation. The team physician will communicate with the neuropsychologist and
follow up with the student-athlete regarding any additional recommendations, and will update the Academic Adjustments Form for distribution as before.

For those with prolonged (typically longer than 6-12 months) or more severe concussion symptoms, the student-athlete may register with the Department of Disability Support Services on campus and request accommodations. The DSS website is located at http://www.ecu.edu/cs-admin/accessibility/index.cfm. The team physician, athletic training staff and Student Development staff will assist in providing any necessary documentation to assist the student-athlete in the application process. DSS will notify the student-athlete if they are granted the requested accommodations, and the student-athlete will disseminate that information to their athletic trainer, academic coordinator, and class instructors. The athletic training staff will notify the head coach and Sr. Associate Athletics Director for Student Services of any accommodations, and the Office of Student Development will notify the faculty athletics representative. Other members of the athletic administration may be notified as warranted.

Reducing Exposure to Head Trauma

The American Athletic Conference has adopted the NCAA Inter-Association Consensus: Year-Round Football Practice Contact Guidelines. Additionally, East Carolina University follows the Inter-Association Consensus: Independent Medical Care Guidelines. Concussion injury rates for each sport are reviewed by the athletic training staff, and recommendations are discussed with the coaching staffs.

Enclosed Documentation:

1. Sport Concussion Assessment Tool (SCAT5)
2. East Carolina University Request for Concussion Management Services
3. NCAA Concussion: A Fact Sheet for Student-Athletes
4. NCAA Concussion: A Fact Sheet for Coaches
5. East Carolina University Student-Athlete Sports Participation and Acknowledgement of Risk Form
6. East Carolina University Medical Staff Acknowledgement Form – Concussion Management Policy
7. East Carolina University Coach’s Acknowledgement Form – Concussion and Sickle Cell Trait
8. East Carolina University Concussion Take Home Sheet
**Table 1**  Gradual return to sport (RTS) strategy

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

**Table 2** Concussion modifiers

<table>
<thead>
<tr>
<th>Factors</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Number, Duration (&gt;10 days), Severity</td>
</tr>
<tr>
<td>Signs</td>
<td>Prolonged loss of consciousness (&gt;1 min), amnesia</td>
</tr>
<tr>
<td>Sequelea</td>
<td>Concussive convulsions</td>
</tr>
<tr>
<td>Temporal</td>
<td>Frequency—repeated concussions over time</td>
</tr>
<tr>
<td></td>
<td>Timing—injuries close together in time</td>
</tr>
<tr>
<td></td>
<td>“Recency”—recent concussion or traumatic brain injury</td>
</tr>
<tr>
<td>Threshold</td>
<td>Repeated concussions occurring with progressively less impact force or slower recovery after each successive concussion</td>
</tr>
<tr>
<td>Age</td>
<td>Child and adolescent (&lt;18 years old)</td>
</tr>
<tr>
<td>Co- and pre-morbidities</td>
<td>Migraine, depression or other mental health disorders, attention deficit hyperactivity disorder, learning disabilities, sleep disorders</td>
</tr>
<tr>
<td>Medication</td>
<td>Psychoactive drugs, anticoagulants</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Dangerous style of play</td>
</tr>
<tr>
<td>Sport</td>
<td>High risk activity, contact and collision sport, high sporting level</td>
</tr>
</tbody>
</table>
WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the test is a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious or potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned 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 to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.
<table>
<thead>
<tr>
<th>Available Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sunglasses in class</td>
</tr>
<tr>
<td>☐ Taking tests in quiet room</td>
</tr>
<tr>
<td>☐ Consideration for absences</td>
</tr>
<tr>
<td>☐ Note-taking</td>
</tr>
<tr>
<td>☐ Extra time for tests</td>
</tr>
<tr>
<td>☐ Use of a tape recorder</td>
</tr>
<tr>
<td>☐ Adapted technology</td>
</tr>
<tr>
<td>☐ Preferred seating</td>
</tr>
<tr>
<td>☐ Abbreviated daily class schedule</td>
</tr>
<tr>
<td>☐ Verbal instructions for assignments</td>
</tr>
<tr>
<td>☐ Excused absence for physical activity classes</td>
</tr>
</tbody>
</table>

It is my recommendation that the above requested accommodations last no more than ________ days, at which time the student will be re-evaluated. An extension of current accommodations or additional accommodations may be requested at that time.
### What is a concussion?
A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

### 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. If left unmanaged, there may be serious consequences.
   - 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 symptoms.**
   - 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
     - 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 him or her know you and the team support playing it safe and following medical advice during recovery.
   - Doing unable to practice or join team activities can be isolating. Make sure your teammates know they’re not alone.

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No two concussions are the same. New symptoms can appear hours or days after the initial impact.
If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.
What is a concussion?
A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I tell if an athlete has a concussion?
You may notice the athlete ...
- 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
- 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

Note that no two concussions are the same. All possible concussions must be evaluated by an athletic trainer or team physician.

What can I do to keep student-athletes safe?

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

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.
As a student-athlete at East Carolina University, I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. I know that contact sports involve an even a greater risk of injury than other sports. I understand that the dangers and risks of playing sports include, but are not limited to:

a. Serious head, neck and spinal injuries which may result in complete or partial paralysis or brain damage
b. Serious injury to virtually all bones, joints, ligaments, muscles, tendons and all other aspects of the body
c. Serious injury, including death and impairment to other aspects of my body, general health and well being

Because of the dangers of participating in sports, I recognize the importance of following the instructions of coaches, athletic trainers and team physicians regarding playing techniques, training, health care, rules of the sport, other team rules, and I agree to follow these instructions. I understand that I have the obligation to notify a member of the ECU medical staff if I have an injury or illness, including signs and symptoms of concussion.

In consideration of East Carolina University Permitting me to practice, play, or try out for the University’s athletic teams and to engage in all activities related to the team including practice, playing, weight lifting and conditioning, travel, and use of the athletic training facilities, I voluntarily assume all risks associated with participation in athletics at East Carolina University. Furthermore, I hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify the State of North Carolina, the University and their respective governing boards, officers, agents, employees, volunteers, and any University students assisting with the Activity (collectively referred to as "Releasees"), from and against any and all liability for any harm, injury, damages, claims, demands, actions, causes of action, costs, and expenses of any nature, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me and any property belonging to me, as a result of, or in any way connected with, my participation in the Activity, and even to the extent that Releasees were negligent.

I have been presented with educational materials on concussion and sources for additional educational materials provided to me by the ECU Athletic Training Staff which outlines symptoms of concussion and discusses techniques to avoid injury while participating in physical activity. I have had an opportunity to ask questions. Any questions that I have asked have been answered to my complete satisfaction. I understand the risk of my participation in this program, knowingly and appreciate these risks. I voluntarily choose to participate assuming all risks for injuries or even death due to my participation.

This is the ___th day of ______________________, 20__

(Participant Name) PLEASE PRINT

_____________________________ ______________________
(Signature of Participant) (Date of Birth)

_____________________________
(Signature of Parent/Guardian if participant is a minor)
I have reviewed the East Carolina University Concussion Management Policy. I have had the opportunity to ask questions, and have had all questions answered.

__________________________________________  ____________________________
Athletic Trainer Signature                   Date
I have reviewed the forms “Concussion Fact Sheet - Coaches” and “Sickle Cell Trait - A Fact Sheet for Coaches” provided by the NCAA. I have had the opportunity to ask questions, and have had all questions answered. I understand that I have the responsibility to provide truthful information and to promptly report any student-athlete injury or illness to a member of the medical staff.

__________________________________________  ____________________________
Coach Signature                              Date

__________________________________________  ____________________________
Athletic Trainer Signature                   Date
East Carolina University Athletic Training
Concussion Take Home Sheet

Team Licensed Athletic Trainer: ____________________________ Phone: ____________________
Team Physicians:  Dr. Joseph Armen/Dr. Joel Moore

__________________________sustained a concussion on _____/____/____.
Please report to the Ward Athletic Training Room on _____/____/____ at ________ for follow-up testing.

**RED FLAGS**: Call your athletic trainer (above) or go the Emergency Department if you suddenly experience any of the following:

- Headache that significantly worsens
- Become very drowsy, can't be awakened
- Can't recognize people or places
- Increased confusion
- Increasing irritability
- Repeated vomiting
- Seizures
- Slurred speech
- Unusual behavior change
- Weakness in arms or legs

**It’s OKAY To:**

- Take Tylenol for pain relief/headaches
- Use ice packs on head and neck for comfort
- Go to sleep
- Rest (no strenuous activities or sports)
- Return to class and study hall, unless otherwise instructed by team physician

**There’s NO NEED To:**

- Check eye with flashlight
- Wake up every hour
- Check reflexes
- Stay in bed

**DO NOT:**

- Drive while you have symptoms
- Exercise or lift weights
- Drink alcohol
- Participate in high risk activities
- Take ibuprofen, Advil or aspirin unless otherwise instructed

Acute plan for concussion:
This personal plan is based on your symptoms and is designed to speed your recovery. Your careful attention to it can also prevent further injury

1. Be sure to get enough sleep at night – no late nights! Keep the same bedtime weekdays and weekends.
2. Take rest breaks when you feel tired or fatigued
3. Limit physical activity as well as unnecessary activities that require a lot of thinking or concentration (i.e. computer, texting, video games). These activities can make symptoms worse or prolong them.
4. Drink lots of fluids and continue your normal diet to maintain appropriate blood sugar levels