Sports Concussion Algorithm Athlete presents with signs, symptoms (Health Care Provider Information) or behaviors of a concussion. Perform Concussion Evaluation (Include assessment for Red Flags) • Headaches that worsen • Increasing confusion · Seizures or irritability · Looks very drowsy or • Weakness or numbness can't be awakened in arms or legs • Repeated vomiting • Unusual behavioral change • Slurred speech · Loss of consciousness · Can't recognize > 30 seconds 1. Recommend modifications people or places in both school and personal activities Physical Rest (running, Monitor and/or treat as biking, lifting, etc.) Νo clinically indicated • Cognitive Rest (school work, video games, etc.) 2. Hand out patient Based on clinical Νo information form and Does the athlete exhibit judgment, has the continue to monitor any "Red Flags? athlete sustained symptoms a concussion? Follow-up Evaluation Yes Νo 1. Progression back to daily Continue to Monitor life and school activities Failure to resolve after Consideration as symptoms improve 3-4 weeks should warrant should be made for EMS, ED or consideration for referral to 2. Monitor symptoms as Did Imaging or a Specialty Care Center activities increase Advanced Imaging. Emergency Department find evidence of an Intracranial Bleed? Nο Is the athlete free of all Signs and Symptoms Neurosurgery Referral at Rest? (Also free of neurocognitive, balance & neurological changes?) Concussion Modifiers · Duration of symptoms Begin Graduated "Return to Play" Protocol • Number of symptoms (There should be a minimum of 24 hours between stages; however the speed of • Severity of symptoms progression should be based on clinical • Prolonged LOC (>30 seconds) Νo judgment with consideration of the presence • Presence of amnesia of any of the Concussion Modifiers) • History of concussive convulsion If return of signs or symptoms during the • Number of concussions protocol, then re-evaluation is warranted and athlete must wait 24 hours and be free • Other recent concussion of "Signs and Symptoms at Rest" before • History of two concussions in returning to Stage 1 of protocol. a short period of time Stage 1-Light Aerobic Exercise (Exertion Level: HR range 100-140 / · Concussion caused by a lower threshold force RPE range 3-4) • Age (younger athlete takes longer to recover) Stage 2-Sport-Specific Exercise (Exertion Has the athlete · History of migraine (personal or family) Level: HR range 120-160 / RPE successfully completed · History of depression or other range 4-6) all stages of the "Return mental health disorder to Play" Protocol Stage 3-Non-Contact Training Drills • History of ADD/ADHD (Exertion Level: HR range 140-180 / symptoms? · History of a learning disability RPE range 6-8) · History of a sleep disorder Stage 4-Full Contact Practice • Psychoactive medication Yes · Dangerous style of play · High risk activity