



Lombard Falcons Concussion Protocol

The Concussion Protocol is intended to provide a framework to follow during the course of a game/practice when an athlete (football or cheer) is believed to have sustained an apparent concussion. It is not intended to supplant or constitute proper medical care or treatment by an appropriate medical/health care professional (i.e., a physician licensed to practice medicine in Illinois or a certified athletic trainer or other authorized health care professional).

Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, disorientation, and/or balance problems) must be immediately removed from the game/practice and cannot return to play until cleared by an appropriate medical/health care professional. The foregoing does not mean or require non-medical/health care professionals to perform a medical diagnosis, or impose any responsibility or liability therefor or otherwise for the exercise of this protocol, rather that such persons simply be cognizant of behaviors, signs, or symptoms of a concussion to facilitate the removal from play/competition of an athlete if a concussion is suspected.

This Concussion Protocol does not address other measures or steps that can be taken (or which parents are encouraged to take) that help mitigate the risk of concussions or assist in the assessment/treatment process, such as helmet technology/fitting, baseline testing/alignment, tackling/contact fundamentals, and ongoing education/training, which are also important elements in an overall concussion prevention, avoidance and awareness policy.

It is important to recognize that no protocol, equipment or preventative measure can completely prevent concussions. Moreover, the “science” of concussions is constantly evolving and current best practices/recommendations may change.

Recognition/Assessment:

An assessment of concussion like symptoms should be made whenever any of the behaviors, signs, or symptoms of a concussion are present and, in general, an assessment should be made promptly upon observing (1) direct and significant head-to-head or head-to-ground contact, or (2) direct head trauma following a significant collision/“hard hit”. An athlete does not have to lose consciousness (i.e., be “knocked out”) to have suffered a concussion.

Behavior/signs observed indicative of a possible concussion:	Symptoms reported by athlete indicative of a possible concussion:
<ul style="list-style-type: none"> • Loss of consciousness • Appears confused, dazed or stunned • Difficulty remembering simple words • Forgets plays or previous coach discussions • Unsure of situation, game, score, opponent • Is lethargic/drowsy or moves clumsily • Answers questions slowly or fails to answer • Shows mood, behavior or personality changes • Cant recall events prior to or after incident • Confused about position or assignment • One pupil larger than the other • Slurred speech 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double, blurred or fuzzy vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy or groggy • Extreme fatigue • Concentration or memory problems • Confusion • Does not “feel right” or is “feeling down” • Weakness or numbness • Convulsions or seizures

Persons who should be generally alert for such signs, symptoms, or behaviors indicative of a possible concussion include on-site certified trainers or medical personnel, coaches, referees/officials, Falcons Board members, parents, teammates, and, if conscious, the athlete him/herself.



Removal from Play:

A coach, referee/official or athletic trainer may pull ANY athlete from a game/ practice/ competition if a concussion is suspected. If any concussion-like behaviors, signs or symptoms are determined to be present such that a concussion is suspected the athlete WILL be pulled from the game/ practice/ competition and WILL NOT be allowed to return to that game/competition (same day). As described below, once removed from play, the athlete must thereafter be cleared ONLY by an appropriate medical/health care professional prior to being allowed to return to play. If warranted under the circumstances, including where abnormal responses or severe symptom are present, an ambulance/emergency services (i.e., 911) should be called to the site.

Monitoring/Follow-Up:

An athlete's parent or guardian (if one can be identified/located) will be notified as soon as practicable on a removal from play determination.

For athletes not delivered into emergency care, concussion symptoms will continue to be managed and monitored by the on-site athletic trainer following the incident until the athlete is released to a parent or guardian during or upon the completion of the game/ practice/ competition. Parents and athletes are advised to watch for worsening symptoms and, if symptoms worsen, parents are encouraged to call upon emergency services or a physician.

All concussions should be referred to an appropriate medical/health care professional for diagnosis, treatment plan, ongoing monitoring/follow-up, and adherence to (and clearance for) return to play guidelines described below.

The athletic trainer or the parents/athlete should attempt to initiate contact the next day in order to follow-up/check-in with the athlete's progress following the incident.

Return to Play:

An athlete's return should be a gradual, staged-in, step-wise process that is carefully managed and monitored by the athlete's parents and an appropriate medical/health care professional. Since the return to play decision is a medical decision, it is best practice for parents/guardians to involve a medical/health care professional in the return to play decision promptly following a suspected concussion. Ultimately, written clearance from an appropriate medical/health care professional is required to return to play.

Below are five gradual stages/steps that are intended as guidelines to help safely return an athlete to play following a suspected concussion. Before commencing the process, an athlete should first be symptom-free at rest (and without pain medication) for at least 24-hours and should be cleared by an appropriate medical/health care professional to begin the gradual progression back to athletic participation. In any case, the return to play guidelines and protocol established by the medical/health care professional overseeing the athlete's care will always take precedence.

Stage/Step	Functional exercise	Goal (without symptoms)
Light aerobic exercise	<ul style="list-style-type: none"> Stationary cycling for 5-10 minutes Walk or light jog for 5-10 minutes No weightlifting 	Increase heart rate
Increased aerobic exercise	<ul style="list-style-type: none"> Moderate jog or brief run Moderate-intensity stationary cycling Low weight/brief weightlifting 	Further increase heart rate with body/ head movement
Heavy non-contact physical activity	<ul style="list-style-type: none"> Sprint or run High-intensity stationary cycling Regular weightlifting routine Non-contact sport-specific functional/ agility drills 	Add advanced movement/activity to increase exercise, coordination, and cognitive load
Full contact practice	<ul style="list-style-type: none"> Normal practice/training activities 	Restore confidence/assess functional skills
Return to play	<ul style="list-style-type: none"> Normal game play 	Full return to game play



There is no set time frame for each stage/step. The return to play progression is not intended to be complete in one day. Each athlete's return to play progression will be different. The key is to watch for renewed or recurring concussion symptoms during any stage/step in the process. An athlete should only move to the next stage/step if no symptoms are exhibited at the current stage/step and the athlete remains symptom-free for the next 24 hours. If symptoms recur at any stage/step, the athlete should cease activities at that stage/step and the athlete's medical/health care professional should be contacted. After clearance from the athlete's medical/health care professional, the athlete should re-start the process from the previous stage/step.

It should be noted that even with a note/clearance from an appropriate medical/health care professional, a coach or an on-site athletic trainer who does not feel an athlete is safe to return has the discretion to withhold that athlete from game/competition.