ECU CRW CONCUSSION FACTSHEET

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

**WHAT TO LOOK OUT FOR:**

**SYMPTOMS**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

**SIGNS**
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

**RED FLAGS- SEEK URGENT MEDICAL EVALUATION:**
1. Neck pain or tenderness
2. Double vision
3. Weakness/tingling/burning in arms or legs
4. Severe or increasing headache
5. Seizure or convulsions
6. Deteriorating conscious state
7. Vomiting
8. Increasingly restless, agitated or combative

**TAKE THE FOLLOWING STEPS IF THE ATHLETE PRESENTS WITH NO RED FLAGS:**

**HEADS UP ACTION PLAN:**
1. Remove the athlete from play.
2. Keep the athlete out of play the day of the injury.
3. Allow athlete to get a full night of uninterrupted sleep.
4. Encourage athlete to eat a balance diet.
5. Decrease screen use and strenuous brain activity.
6. Schedule an evaluation with an appropriate health care provider for further evaluation, management and activity recommendations.

**IMPORTANT PHONE NUMBERS:**

**ECU Campus Rec & Wellness**

**HEAD Athletic Trainer**

NAME: Jennifer “JP” Pidgeon
PHONE: O: (252) 328-2815 Work Cell (252) 414-2462
EMAIL: pidgeonj19@ecu.edu

**ECU Campus Rec & Wellness**

**GA Athletic Trainers**

NAME: Christi Ferrell, Christina Turner & Tony Nguyen
PHONE: O: (252) 737-2604
EMAIL: crwathletictraining@ecu.edu

TO LEARN MORE, GO TO >> WWW.CDC.GOV/CONCUSSION

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www.facebook.com/CDCHeadsUp
ECU CRW Post Concussion Treatment Plan

Referral

Participants suspected of having a Sport Related Concussion (SRC) or other Traumatic Brain Injury (TBI) will be referred for evaluation by a medical professional with concussion experience. They will be suspended from IM Leagues, facility access and will not be allowed to start the return to play progression until they provide the ECU CRW Athletic Trainers (ATs) with documentation of clearance to start the return to play process (not clearance to begin full practice/play) from a physician. The injured participant needs to follow up with the AT regularly to monitor symptoms. If the participant does not follow treatment plan accordingly, they put their club at risk for a 1-year suspension. See Club Sports Handbook for more details.

Return to Play (RTP) Progression

After sustaining a concussion, club sport participants will be required to go through the RTP (return to play) while supervised by an ECU CRW AT.

After an appropriate initial evaluation and a brief period of rest during the acute phase (24–48 hours), club participants can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., activity level should not bring on or worsen their symptoms) under the supervision of their AT. It is reasonable for participants to avoid vigorous exertion while they are recovering. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the participant should go back to the previous step. Closely monitored active rehabilitation programs involving controlled sub-symptom-threshold, submaximal exercise has been shown to be safe and may be of benefit in facilitating recovery. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). Refer to Figure 1 for more information.

<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</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</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</td>
<td>Running or skating drills. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4</td>
<td>Non-contact training</td>
<td>Harder training drills, eg, 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>

Reinstatement

After the RTP has been completed, the AT deems the participant safe to return to activity, and the physician has not requested a follow up before their return, the AT will unsuspend the participant from IM Leagues and the membership portal. This will allow them to participate in intramural sports and regain access to the facilities. Only the ATs can give them this access again when the suspensions are due to injuries.
Instructions: The club sports participant or coach must initial beside each statement acknowledging that they have read, understand, and agree with the corresponding statement. The club sports participant or coach should initial in the left column. This form must be completed for each club sports participant and coach.

Club Sports Participant or Coach Name: ____________________________

Club Sport: ____________________________

<table>
<thead>
<tr>
<th>Initials</th>
<th>Concussion Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I acknowledge that a concussion is a serious brain injury, which should be reported to a CRW Athletic Trainer in a timely fashion.</td>
</tr>
<tr>
<td></td>
<td>I acknowledge that a concussion cannot be “seen.” Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.</td>
</tr>
<tr>
<td></td>
<td>I will tell my coach, safety officer, and/or a CRW Athletic Trainer about my injuries and illnesses.</td>
</tr>
<tr>
<td></td>
<td>As a club sports participant, I understand that I have a duty to report my own injuries to the CRW Athletic Trainers. OR As a club sports safety officer or coach, I understand that I have a duty to report injuries and illnesses of my teammates/other participants to the CRW Athletic Trainers for appropriate medical care or referral.</td>
</tr>
<tr>
<td></td>
<td>If I think a teammate has a concussion, I will tell a CRW Athletic Trainer, Safety Officer, or Coach.</td>
</tr>
<tr>
<td></td>
<td>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</td>
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<tr>
<td></td>
<td>I understand that I will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion. I will see a physician for a concussion diagnosis and work with the CRW Athletic Trainers to complete the concussion management plan.</td>
</tr>
<tr>
<td></td>
<td>I will follow the appropriate steps in the concussion management plan and will not return to play/practice until the return to play process is completed and I am cleared for a full return to play by a physician and/or a CRW Athletic Trainer.</td>
</tr>
<tr>
<td></td>
<td>I realize that resolution from a concussion is a process that may require more than one medical visit. Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away.</td>
</tr>
<tr>
<td></td>
<td>I realize that ER/Urgent Care physicians will not provide immediate clearance to return to play or practice, if seen immediately or shortly after the injury.</td>
</tr>
<tr>
<td></td>
<td>I understand that I am much more likely to have another concussion or more serious brain injury (including death) if return to play or practice occurs before concussion symptoms go away.</td>
</tr>
<tr>
<td></td>
<td>I understand that sometimes, repeat concussions can cause serious and long-lasting problems.</td>
</tr>
<tr>
<td></td>
<td>I have been educated on concussions including how they occur, the signs and symptoms, and when/who to report a suspected concussion to. I have read the entirety of the ECU CRW Concussion Fact Sheet.</td>
</tr>
<tr>
<td></td>
<td>I have asked a CRW Athletic Trainer to explain any information contained in the concussion education and/or this ECU Club Sports Concussion Education and Reporting Procedure Form/Waiver that I do not understand.</td>
</tr>
</tbody>
</table>

By signing below, I agree that I have read and understand the information contained in the ECU Club Sports Concussion Education and Reporting Procedure Form/Waiver and have initialed appropriately beside each statement.

__ ________________________________
Signature of Club Sports Participant or Coach

Date