

## **CMS Athletics Concussion Management Plan**

*The Claremont-Mudd-Scripps Colleges Athletics Dept. (CMS Athletics) is committed to the safety, welfare and academic success of all CMS student-athletes. In accordance with the NCAA Executive Committee, and NCAA Concussion Policy and Legislation, CMS Sports Medicine has adapted and implemented a concussion management plan to help prevent, identify, evaluate and manage concussions sustained by our student-athletes. This protocol is approved by the CMS Team Physician and it provides contemporaneously appropriate guidelines that should be followed in the event that a CMS student-athlete suffers a concussion, whether that injury is caused by an athletic or non-athletic related activity. This plan is specific to the CMS intercollegiate athletic population. This plan will be updated annually or as needed to the most current research and best practices.*

### **What is a Concussion?**

A concussion is:

- A change in brain function,
- following a force to the head, which
- may be accompanied by temporary loss of consciousness, but is
- identified in awake individuals, with
- measures of neurologic and cognitive dysfunction

A concussion is caused by an acceleration, deceleration, or torsional force to the brain that results from the transmitted force of a blow to the body. While the most common mechanism is from a direct blow to the head, a concussion can also occur from a blow to another part of the body. For example, athletes have been concussed from a body-to-body or body-to-ground collision. Because of the nature of this brain injury, it is important to understand that it can occur in any sport.

The signs and symptoms of neurologic and cognitive dysfunction include:

<i>Headache</i>	<i>Dizziness</i>	<i>Ringling in the ears</i>	<i>Fatigue/low energy</i>	<i>Feeling emotional</i>
<i>Pressure in head</i>	<i>Abnormal vision</i>	<i>Feeling slowed down</i>	<i>Confusion</i>	<i>Irritability</i>
<i>Neck pain</i>	<i>Balance problems</i>	<i>Feeling like "in a fog"</i>	<i>Drowsiness</i>	<i>Sadness/depression</i>
<i>Nausea</i>	<i>Sensitivity to light</i>	<i>Difficulty concentrating</i>	<i>Trouble falling asleep</i>	<i>Nervous/anxious</i>
<i>Vomiting</i>	<i>Sensitivity to noise</i>	<i>Difficulty remembering</i>	<i>Sleeping more than usual</i>	<i>"Don't feel right"</i>

While sports concussions most commonly result in rapid onset of signs and symptoms, in some circumstances they may appear hours, or rarely, even days after the injury. Furthermore, these signs and symptoms are not unique to concussions only. For example, the athlete with a common cold may present with many of the same symptoms listed above. This makes the management of the concussed athlete that much more challenging for the healthcare provider.

Co-morbidities must be considered when working with the concussed athlete. These include diagnosis such as learning disabilities, attention deficit hyperactivity disorder (ADHD), seizure disorders, migraine headaches, or psychiatric disorders. These modifying factors present yet another challenge in the diagnosis and management of concussions.

It is important to note that there is no singular test or measure that can accurately identify a concussion. Thus, the CMS Athletics Concussion Management Plan employs the use of a number of

assessments along with an in- depth clinical evaluation by a physician or other qualified medical practitioner to diagnose a concussion. The information gleaned from these efforts, and from the student-athlete's specific medical history, will be carefully considered in the design of each student-athlete's individualized plan for care.

The CMS Athletics Concussion Management Plan is comprised of six sections:

1. Education
2. Pre-Participation Assessment
3. Recognition, Evaluation, and Diagnosis of Concussion
4. Post-Concussion Management
5. Academic Accommodations and Return-to-Learn
6. Clearance and Return-to-Play Protocol

## **Education**

1. All CMS student-athletes are provided with a digital copy of the *NCAA Concussion Fact Sheet for Student-Athletes*, and are required to watch an online video provided by the NCAA on an annual basis. Student-athletes are given the opportunity to discuss and ask questions.
2. All CMS student-athletes are required to read and sign a *Student-Athlete Concussion Responsibility Statement* on an annual basis. In this statement, the student-athlete acknowledges that he/she has read and understands the concussion fact sheet, watched the video and has completed baseline testing.
3. All CMS coaches, administrators, and sports medicine staff are educated annually on the signs and symptoms of concussion using NCAA developed or approved educational materials and are given the opportunity to discuss and ask questions.
4. All CMS coaches, administrators and sports medicine staff are also required annually to read and sign a *Coach/Staff Concussion Acknowledgement Statement*, in which they acknowledge that they have read and understand the concussion fact sheet and CMS Concussion Management Plan and completed the online training.
5. Reducing head impact exposure in a manner consistent with Interassociation

Recommendations:

Examples:

- All practices and competitions adhere to existing ethical standards.
- Using playing or protective equipment (including the helmet) as a weapon is prohibited during all practices and competitions.
- In all practices and competitions, deliberately inflicting injury on another player is prohibited.
- All playing and protective equipment (including helmets), as applicable, meet relevant equipment safety standards and related certification requirements.
- All contact/collision, helmeted practices and competitions adhere to keeping the head out of blocking and tackling
- Emphasizing education of proper technique to reduce head impact exposure for all contact and collision sports, with special emphasis in the pre-season.

### **Pre-Participation Assessment**

1. All CMS student-athletes will complete a concussion history/symptom baseline questionnaire as a part of their annual medical clearance process.
2. All CMS student-athletes involved with high-risk sports will also establish baseline scores on the Standardized Assessment for Concussion (SAC), Biodex Bio Sway Balance System, and Eye Guide Vestibular tracking system or equivalent tests prior to the first sport in each season of participation for CMS. These sports include: football, soccer, basketball, water polo, lacrosse, baseball, softball, volleyball, diving, and pole vault.
3. Athletes ***may not participate*** in practice or team strength & conditioning until a concussion baseline has been established.

### **Recognition, Evaluation, and Diagnosis of Concussion**

1. All student-athletes who are experiencing signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion, must be removed from all athletic activity for at least the remainder of that day, and must be referred to a CMS athletic trainer or physician for evaluation.
2. Medical personnel with training in the diagnosis, treatment and management of concussion will be present at all games, and available on campus for all practices involving contact sports (football, soccer, basketball, water polo, lacrosse, baseball, softball, volleyball, diving, and pole vault). Medical personnel will be available on campus or via designated emergency phone for all other sports.
3. A CMS athletic trainer or physician will evaluate the student-athlete suspected of having a concussion. This initial evaluation will include any of the following as deemed appropriate:
  - a. neurological exam
  - b. symptom assessment
  - c. cognitive assessment
  - d. balance assessment
  - e. vestibular/ocular motor assessment
  - f. assessment for possible associated injuries such as neck and spine trauma, skull fracture, and intracranial bleeding, or other catastrophic injury.

### ***For Football Only:***

- a. If a player's helmet comes off during participation, the helmet will be inspected for proper fit by the football equipment staff or other qualified individual BEFORE the athlete is allowed to resume participation.

- b. If a player is evaluated for concussion, and it is determined that the player may return to participation, the helmet will be inspected for proper fit by the football equipment staff or other qualified individual.
- c. After treatment for concussion, and prior to return to play, the athlete's helmet will be inspected for proper fit by the football equipment staff or other qualified individual.

### **CMS Traumatic Incident Guidelines Activation**

Traumatic Incident Guidelines will be activated and the athlete transported to the nearest appropriate medical facility if any of the following signs and symptoms are present:

- a. GCS less than 13
- b. Any loss of consciousness
- c. Focal neurological deficit.
- d. Repetitive vomiting.
- e. Persistently diminished or worsening mental status or other neurological signs or symptoms.
- f. Potential spine injury

### **Off Campus Travel Management**

Athletes who sustain a concussion, or suspected concussion, while travelling to an away contest without a CMS Sports Medicine staff member, will be evaluated by the host medical staff and that institutions concussion management plan will be followed until care is available by the CMS staff. CMS coaches will follow all recommendations and restrictions by the host medical staff and notify the CMS medical staff via the injury management protocol as outlined.

### **Post-Concussion Management**

All concussed student-athletes will be evaluated by the CMS team physician. The sports medicine staff will prescribe an individualized management plan for the student-athlete that may include athletic restrictions and/or academic accommodations.

1. All student-athletes suspected of sustaining a concussion will be removed from all athletic activity at least for the remainder of that day, and will be evaluated as described above. The student-athlete must refrain from all athletic activity and exercise until cleared by the CMS team physician.
2. Once it is determined that the student-athlete can be released from the supervision of the CMS athletic trainer, a *Concussion Home Care Instructions* sheet will be provided and explained to both the concussed student-athlete and a responsible adult (e.g., student affairs personnel, parent or roommate) who will continue to monitor the student-athlete.
3. The Sports Medicine staff will report the injury to the Disability Services Office, Dean of Student's Office and the Student Health Center. Cognitive rest is instrumental during the initial recovery phase, so appropriate academic accommodations may be recommended. See Academic Accommodations and Return-to-Learn below.
4. Serial evaluation by a CMS athletic trainer will take place on a daily basis, unless otherwise directed by the team physician, in order to assess any deterioration of signs, symptoms, or

cognitive function. These evaluations will include at least a symptom assessment, and may include SAC and BESS scores. These scores will be compared to established baseline scores.

5. CMS Athletics is committed to the overall health and well-being of our student-athletes. Thus, in addition to medical treatment, concussed student-athletes *may* also be referred to the Monsour Counseling & Psychological Services to meet with a counselor. The purpose of this session is to evaluate and address the psychological effects that the injury may have had on the student-athlete. After this initial referral, both the counselor and the student-athlete can decide upon the necessity for subsequent sessions.
6. In some cases, the CMS sports medicine staff may approve a return to light, aerobic, non-contact activity (e.g., stationary bike, elliptical) before full recovery to baseline levels has been attained.

### **Academic Accommodations and Return-to-Learn**

1. The Disability Services Office, in conjunction with the team physician and Sports Medicine staff, will make appropriate recommendations for provisional academic accommodations to the student-athlete's professors.
2. For the student-athlete who reports moderate to severe symptoms, academic accommodations may begin with a cognitive rest and recovery period post-injury. During this time, the student-athlete may be temporarily excused from classes, assignments, and exams, provided that the injury has been documented with the Sports Medicine staff and Disability Services Office.
3. The student-athlete with only mild symptoms may be allowed to continue academic participation; however, academic accommodations may be recommended depending on the types of symptoms present. See *Concussion Academic Accommodations*. This Return-to-Learn clearance is contingent on the student-athlete's symptom status being documented with the Sports Medicine staff, who will in turn notify the Disability Services Office.
4. Once the athlete has reached symptom-limited activities of daily living, if the student-athlete experiences a recurrence of concussion symptoms, the team Physician will be notified and the reinstatement of academic accommodations will be considered.
5. For those student-athletes who present with prolonged symptom and cognitive impairment, the team physician may prescribe a neuropsychological evaluation in order to (a) determine the nature and severity of cognitive impairment, and (b) identify the extent to which psychological issues may be present and may be interacting with the cognitive processes.
6. The Sports Medicine Staff will communicate as needed with SHS and Disability Services Office to assist in ensuring that the most current and appropriate accommodations are in place for the student-athlete. This updating process will continue until the student-athlete has made a complete return to unrestricted athletic and academic participation. The Graduated Return-To-Learn Guidance Form will be followed by the athlete verifying that they have returned to full academic standing prior to being cleared for full participation in sport.

## Clearance and Return-to-Play Protocol

Stepwise Return-to-Play Protocol	
1.	Light aerobic exercise ( <i>e.g., walking, swimming, or stationary cycling; no resistance training</i> )
2.	Mode, duration, and intensity-dependent exercise based upon sport
3.	Sport-specific activity with no head contact exposure
4.	Non-contact sport drills and resumption of progressive resistance training
5.	Full-contact practice
6.	Return to play

1. Once the student-athlete has returned to baseline levels or symptom-limited activities of daily living, and has returned to qualified academic function, he/she will be cleared to begin a Return-to-Play Protocol. This protocol is a stepwise progression of exercise, athletic activity, and contact risk that is supervised by the sports medicine staff with each step expected to be a minimum of 24 hours.
2. Each student-athlete's Return-to-Play Protocol will be individualized within the general outline indicated above. Special consideration will be given to the athlete's sport, level and duration of concussive symptomology, and any present modifiers (e.g., previous concussion, history of migraine headaches, ADHD, learning disabilities) when customizing the protocol.
3. It is important that the student-athlete remains symptom-stable throughout the execution of the Return-To-Play Protocol. Thus, the student-athlete will report changes in symptoms after each step and prior to the next.
4. If at any point, the student-athlete becomes symptomatic, or scores on clinical/cognitive measures decline, the student-athlete will be returned to the previous step of activity until symptoms resolve.
5. Once the Return-To-Play Protocol has been completed, and the athlete has verified that they have returned to FULL academic function, or have a written plan with their faculty, Return- To- Play testing will be conducted including at least SCAT (current version), balance assessment and vestibular/ocular assessment testing.
6. Final medical clearance for unrestricted return to play will be given by the Team Physician.
7. Athletes may be required to complete a daily symptom diary for up to 7 days following clearance.
8. All documentation will be submitted to Student Health Services, and office of Student Affairs for record keeping.

## Concussion Academic Accommodations

### Concussion Symptom List and Categories

<b>PHYSICAL</b>	Headache
	"Pressure in head"
	Neck Pain
	Nausea
	Vomiting
	Dizziness
	Blurred/Abnormal Vision
	Balance Problems
	Sensitivity to Light
	Sensitivity to Noise/Sound
	Tinnitus/"ringing in the ears"
<b>COGNITIVE</b>	Feeling slowed down
	Feeling like "in a fog"
	"Don't feel right"
	Difficulty concentrating
	Difficulty remembering
	Confusion
<b>SLEEP / ENERGY</b>	Fatigue or low energy
	Drowsiness
	Trouble falling asleep
	Sleeping more than usual
<b>EMOTIONAL</b>	Feeling more emotional
	Irritability
	Sadness or depression
	Nervous or anxious

## **Suggested Accommodations**

### ***Physical Symptoms***

- Remove from physical activity without penalty.
- Sit out of music and computer classes if symptoms are provoked.
- Allow rest breaks during class.
- Allow wearing of sunglasses, both outdoors and indoors.

### ***Emotional Symptoms***

- Allow student to remove him/herself from class to de-escalate. Student can establish a “signal” letting the professor know that he/she is leaving the room because of escalating symptoms.
- Understand that mental fatigue can manifest in “emotional meltdowns.”
- Watch for secondary symptoms of depression and anxiety usually due to social isolation and concern over “make-up” work and slipping grades.

### ***Sleep/Energy Symptoms***

- Allow rest breaks during class.
- Alternate “mental challenge” with “mental rest.”
- Allow student to leave class early.

### ***Cognitive Symptoms***

1. Feeling slowed down. (*Area of Concern: Slowed processing speed*)
  - Provide extra time for tests and assignments.
  - Adjust (postpone) due dates/test dates, especially during the first-week critical recovery period.
  - Provide a peer note-taker or additional notes, if possible.
  - Reduce the cognitive load and apply flexibility with assignments (smaller amounts of learning will need to take place during recovery).
2. Difficulty concentrating, feeling like in a “fog,” “don’t feel right.” (*Area of Concern: Difficulty concentrating*)
  - Reduce the cognitive load and apply flexibility with assignments (smaller amounts of learning will need to take place during recovery).
  - Consider: what is the most important concept for the student to learn during this recovery?
  - Be careful not to tax the student cognitively by expecting that all learning continue at the rate prior to the concussion.

3. Difficulty remembering. (*Area of Concern: Difficulty with working memory*)

- Work toward comprehension of smaller amounts of material versus rote memorization.
- Remove “busy” work that is not essential for comprehension. Making the student accountable for all work missed during the recovery period places undue cognitive and emotional strain on him/her and may hamper recovery.
- Consider: what is the most important concept for the student to learn during this recovery?

4. Confusion. (*Area of Concern: Emotional*)

- Be mindful of emotional symptoms throughout. Students are often scared, overloaded, frustrated, irritable, angry and depressed as a result of concussion. They respond well to support and assurance that what they are feeling is often the typical course of recovery.
- Watch for secondary symptoms of depression-usually from social isolation.
- Watch for secondary symptoms of anxiety-usually from concerns over make-up work or slipping grades.

# Examples and Resources

- *Athlete Education & Verification of Understanding*
- *Coach/Staff/Administration Education & Verification of Understanding*
- *Athlete Baseline Questionnaire*
- *Athlete/Faculty Education Resource Post-Injury*
- *Sample Concussion Evaluation with Notes and Testing*
- *Vestibular/Ocular Exercises*

# CONCUSSION

A FACT SHEET FOR COACHES

## THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in *any* sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

## WHAT IS A CONCUSSION?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

## RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head;
- AND-
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

## SIGNS AND SYMPTOMS

### Signs Observed By Coaching Staff

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can't recall events before hit or fall.
- Can't recall events after hit or fall.

### Symptoms Reported By Student-Athlete

- 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.
- Does not "feel right."



## PREVENTION AND PREPARATION

As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
  - Review and practice your emergency action plan for your facility.
  - Know when you will have sideline medical care and when you will not, both at home and away.
  - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
  - Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
  - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
  - Encourage student-athletes to practice good sportsmanship at all times.
  - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

### IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:

Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.



### IF A CONCUSSION IS SUSPECTED:

1. Remove the student-athlete from play. Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just "shake it off." Each individual athlete will respond to concussions differently.

2. Ensure that the student-athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the student athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.

3. Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.

4. Develop a game plan. Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

**IT'S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, SIT THEM OUT.**

For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety) and [www.CDC.gov/Concussion](http://www.CDC.gov/Concussion).



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## BROWSE RESOURCES

Administration

Crisis Management

Employment

Facilities &amp; Public Safety

Student Affairs

Home

Training Tools

Concussion Awareness Learning Program

## Concussion Awareness Learning Program



30 minutes



Students, Coaches, Athletics Staff



Desktop, Tablet, Mobile



508/WCAG Compliant

### Description | Objective | Audience

Responding appropriately to concussions has become a critical component of keeping athletes safe. EduRisk tackles this important topic through online courses and tip sheets for students and coaches. This learning program is designed to educate coaches, staff, and students on recognizing and responding to the symptoms of concussions.

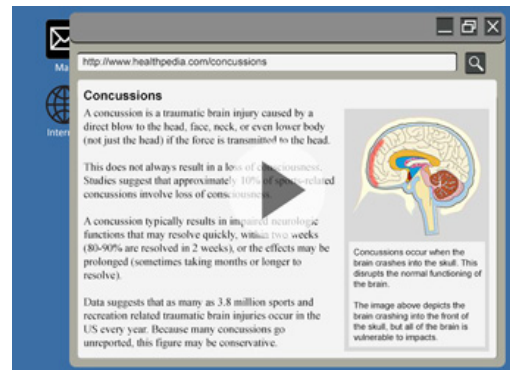
### Online Courses

Concussion Awareness: Coaches and Athletic Staff (30 minutes)

Concussion Awareness: Athletes (30 minutes)

### Preview the Course

Login or register as a new user.



## Get Started

### Preview



Preview the courses.  
Login or register as a  
new user.

### Customize



Customize your learning  
experience EduRisk  
Custom Services.

### Implement



Implement this course  
with Learning Launch!

## Resources

### Find the information you need

Best Practices Checkup

Concussion Management Resources



## Concussion Education Verification for Coaches, Administrators & Staff

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- following a force to the head, which
- may be accompanied by temporary loss of consciousness, but is
- identified in awake individuals, with
- measures of neurologic and cognitive dysfunction.

A concussion is caused by an acceleration, deceleration, or torsional force to the brain that results from the transmitted force of a blow to the body. While the most common mechanism is from a direct blow to the head, a concussion can also occur from a blow to another part of the body. For example, athletes have been concussed from a body-to-body or body-to-ground collision. Because of the nature of this brain injury, it is important to understand that it can occur in any sport.

The signs and symptoms of neurologic and cognitive dysfunction include:

<i>Headache</i>	<i>Dizziness</i>	<i> ringing in the ears</i>	<i>Fatigue/low energy</i>	<i>Feeling emotional</i>
<i>Pressure in head</i>	<i>Abnormal vision</i>	<i>Feeling slowed down</i>	<i>Confusion</i>	<i>Irritability</i>
<i>Neck pain</i>	<i>Balance problems</i>	<i>Feeling like "in a fog"</i>	<i>Drowsiness</i>	<i>Sadness/depression</i>
<i>Nausea</i>	<i>Sensitivity to light</i>	<i>Difficulty concentrating</i>	<i>Trouble falling asleep</i>	<i>Nervous/anxious</i>
<i>Vomiting</i>	<i>Sensitivity to noise</i>	<i>Difficulty remembering</i>	<i>Sleeping more than usual</i>	<i>"Don't feel right"</i>

- I verify that I have undergone educational programming provided by CMS Athletics and was allowed the opportunity for further questions or clarifications of concussion recognition and management.
- If at any time I have an athlete report ANY of the signs or symptoms of a concussion listed above, I understand that it is my responsibility to report them to the Sports Medicine Staff and will follow the NCAA and CMS Sports Medicine's concussion policy regarding removal from play and return to play criteria.
- I have received education on the seriousness of concussions, including the CMS Sports Medicine Concussion Management Plan and will reinforce all protocols set forth in the plan.
- I will educate the athletes and reinforce rules specific to my sport designed to prevent head and all injuries.
- I understand the risks associated with not reporting the signs and symptoms of a concussion to the Sports Medicine Staff. I also understand that these guidelines and precautions are in place for the best CMS student-athlete's health and the well-being.
- I understand that it is imperative that the athlete completes the full return to play protocol and has returned to full academic function prior to returning to participation in their sport.

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Coach/Admin/Staff Signature

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Date

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Coach/Admin/Staff Print Name

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Sport/Job



# CMS Sports Medicine

Concussion Baseline Questionnaire Form  
For: **Athlete, Sample** Created: **02/05/2020 12:00 am**

Team(s) Men Football

## Concussion History

Have you had a concussion in the past? If NO, skip to next section

Number of previous concussions

Date of most recent concussion

# of concussions diagnosed by a physician

# of concussions resulting in loss of consciousness

# of concussions resulting in loss of memory for events prior to concussion

# of concussions resulting in loss of memory for events after concussion

# of concussions resulting in confusion

# of concussions resulting in seizures

What was the longest your symptoms lasted after any previous concussion (# days, weeks, months or years)

If you have had multiple concussions in the past, did less force cause a re-injury?

## Other History

Do you have a history of headaches? If NO skip to next section

What kind of treatment have you had for these headaches?

Do you have a history of migraine headaches?

Does anyone in your family have a history of migraine headaches?

## Please tell us if you have any of the following:

Learning disability

Attention-Deficit/Hyperactivity Disorder

Anxiety

Sleep Disorder

Drug or Alcohol Abuse

Depression

Other Psychiatric Disorder

What current stressors do you have in your life?

Do you have any other medical problems (such as thyroid, seizures, etc)?

**Symptoms**

Please complete the symptom scale as it pertains to you **RIGHT NOW**. This would be your normal baseline without concussion.

Please choose a Severity Rating below: ( 0 being the least severe and 6 being the most severe)

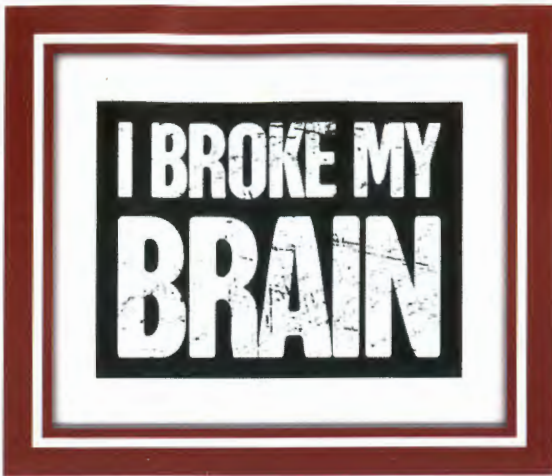
Headache	0	to	6	0
Nausea	0	to	6	0
Vomiting	0	to	6	0
Balance problems	0	to	6	0
Dizziness (spinning or movement sensation)	0	to	6	0
Lightheadedness	0	to	6	0
Fatigue	0	to	6	0
Trouble falling asleep	0	to	6	0
Sleeping more than usual	0	to	6	0
Sleeping less than usual	0	to	6	0
Drowsiness	0	to	6	0
Sensitivity to light	0	to	6	0
Sensitivity to noise	0	to	6	0
Irritability	0	to	6	0
Sadness	0	to	6	0
Nervous/Anxious	0	to	6	0
Feeling more emotional	0	to	6	0
Numbness or tingling	0	to	6	0
Feeling slowed down	0	to	6	0
Feeling like "in a fog"	0	to	6	0

Team(s) Men Football

**Concussion Baseline Questionnaire Form for: Athlete, Sample Created: 02/05/2020**

Difficulty concentrating	0	to	6	0
Difficulty remembering	0	to	6	0
Visual problems	0	to	6	0
Pressure in your head	0	to	6	0
Symptom score total				

**Signed:**



### Cognitive Symptoms

- Allow yourself and schedule in extra time for tests and assignments.
- Adjust (postpone) due dates/test dates, especially during the first-week critical recovery period.
- Ask for a peer note-taker or additional notes, if possible.
- Reduce the cognitive load, break assignments down into smaller pieces (smaller amounts of learning will need to take place during recovery).
- Work toward comprehension of smaller amounts of material vs. rote memorization.
- Be mindful of emotional symptoms! It is okay to be scared, feel overloaded, frustrated, irritable, angry, and depressed as a result of your concussion. This is a normal response, typical of recovery for a concussion. This too shall pass!

**If you are experiencing symptoms from the first page, see below on how to improve your symptoms.**

### Physical Symptoms

- Remove yourself from physical activity or situations that escalate symptoms (e.g., remove yourself from large groups, go inside, sit in a dark/quiet room).
- Take a break from or sit out of music- and computer-intensive classes if symptoms escalate.
- Allow yourself rest breaks during class (e.g., put your head down and rest, walk outside for a few minutes to clear your head).
- Wear sunglasses, both outdoors and indoors.

### Emotional Symptoms

- Allow yourself rest breaks during class. Establish a “signal” letting the professor know that you are leaving the room because of escalating symptoms.
- Understand that mental fatigue can manifest in “emotional meltdowns” (e.g., crying without cause, easily annoyed, unmotivated to do work or get out of bed).
- Watch for secondary symptoms of depression and anxiety (e.g., anxiety, anger/hostility, acting out, delinquent or antisocial behavior, and suicidal thoughts).

### Sleep/Energy Symptoms

- Take rest breaks during class and studying.
- Alternate “mental challenge” with “mental rest.”
- Plan out activities and allow yourself more time to complete them.



<b>CONCUSSION SUGGESTED ACCOMMODATIONS</b>	
<b>PHYSICAL</b>	Headache
	“Pressure in head”
	Neck Pain
	Nausea
	Vomiting
	Dizziness
	Blurred/Abnormal Vision
	Balance Problems
	Sensitivity to Light
	Sensitivity to Noise/Sound
Tinnitus/“ringing in the ears”	
<b>COGNITIVE</b>	Feeling slowed down
	Feeling like “in a fog”
	“Don’t feel right”
	Difficulty concentrating
	Difficulty remembering
Confusion	
<b>SLEEP / ENERGY</b>	Fatigue or low energy
	Drowsiness
	Trouble falling asleep
	Sleeping more than usual
<b>EMOTIONAL</b>	Feeling more emotional
	Irritability
	Sadness or depression
	Nervous or anxious

Student Info – Professor Info



## **If your student is experiencing concussion symptoms, see below for recommendations on how to help them.**

### **Physical Symptoms**

- Remove them from physical activity without penalty.
- Have them sit out of music and computer classes if symptoms are provoked.
- Allow rest breaks during class.
- Allow wearing of sunglasses, both outdoors and indoors.

### **Cognitive Symptoms**

1. Feeling slowed down.  
*(Area of Concern: Slowed processing speed)*
  - Provide extra time for tests and assignments.
  - Adjust or postpone due dates/test dates, especially during the first-week critical recovery period.
  - Provide a peer note-taker or additional notes, if possible.
  - Reduce the cognitive load and apply flexibility with assignments (smaller amounts of learning will need to take place during recovery).

2. Difficulty concentrating, feeling like in a “fog,” “don’t feel right.”  
*(Area of Concern: Difficulty concentrating)*
  - Reduce the cognitive load and apply flexibility with assignments (smaller amounts of learning will need to take place during recovery).
  - Consider: What is the most important concept for the student to learn during this recovery?
  - Be careful not to tax the student cognitively by expecting that ALL learning continue at the rate prior to the concussion.
3. Difficulty remembering.  
*(Area of Concern: Difficulty with working memory)*
  - Work toward comprehension of smaller amounts of material versus rote memorization.
  - Remove “busy” work that is not essential for comprehension. Making the student accountable for all work missed during the recovery period places undue cognitive and emotional strain on him/her and may hamper recovery.
  - Consider: What is the most important concept for the student to learn during this recovery?
4. Confusion.  
*(Area of Concern: Emotional)*
  - Be mindful of emotional symptoms throughout! Students are often scared, overloaded, frustrated, irritable, angry, and depressed as a result of concussion. They respond well to support and reassurance that what they are feeling is often the typical course of recovery.
  - Watch for secondary symptoms of depression and anxiety (e.g., somatization, anxiety, anger/hostility, acting out, delinquent or antisocial behavior, and suicidal behavior) usually from social isolation and concerns over make-up work or slipping grades.

### **Sleep/Energy Symptoms**

- Allow rest breaks during class. Alternate “mental challenge” with “mental rest.”
- Allow student to leave class early.

### **Emotional Symptoms**

- Allow student to remove him/herself from class to deescalate. Student can establish a “signal” letting the professor know that he/she is leaving the room because of escalating symptoms.
- Understand that mental fatigue can manifest in “emotional meltdowns.”
- Watch for secondary symptoms of depression and anxiety usually due to social isolation and concern over “make-up” work and slipping grades.

## **RESOURCES**

- **The Student Disability Resource Center (All 7 Colleges)**  
(909) 607-7419  
[sdrc@cuc.claremont.edu](mailto:sdrc@cuc.claremont.edu)
- **Disability Support Services (CMC)**  
[disabilityservices@cmc.edu](mailto:disabilityservices@cmc.edu)
- **Academic Resources and Services (Scripps)**  
(909) 621-8277  
[ars@scrippscollege.edu](mailto:ars@scrippscollege.edu)
- **Office of Disability Resources (HMC)**  
(909) 607-3148  
[ability@hmc.edu](mailto:ability@hmc.edu)
- **Monsour Counseling and Psychological Services (MCAPS)**  
(909) 621-8202

For additional assistance:  
[sportsmedicine@cms.claremont.edu](mailto:sportsmedicine@cms.claremont.edu)

**All Injury Information for: test, test**  
**10/21/2019 Concussion - N/A - Head/Face**

02/19/2020 10:33 am

<b>Athletic Trainer</b> Nicholas Taylor_MSAT_APU	<b>Athlete DOB:</b> 06/25/1963	<b>AMA signed?</b> No
<b>Team:</b> Coed Other Student		<b>AMA paper copy?</b> No
<b>Injury/Illness:</b> Concussion	<b>Injured:</b> 10/21/2019	<b>Reinjury?:</b> No
:	<b>Reported:</b> 10/21/2019	<b>EMS Required:</b> No
:	<b>Rtn to Play:</b>	<b>Season Ending:</b> No
<b>Body Part:</b> Head/Face	<b>Resolved:</b>	
<b>Side:</b> N/A	<b>Resolution:</b>	
<b>MOI:</b>	<b>Happened during:</b>	<b>Insurance Status:</b>
	<b>Playing surface:</b>	
<b>SMOI:</b>	<b>Event Type/Name:</b>	
<b>Severity:</b>	<b>Surgery Required:</b> No	
<b>General Description:</b> Default Concussion Injury		

**Injuries**

Injury Date	Reported	Injured	Injury Type
10/21/2019	10/21/2019	N/A Head/Face	Concussion

## **Injury Notes**

**02/19/2020**                    **Concussion Awareness Letter**

**Note by:** Steve Graves

Concussion Awareness Letter

The CMS sports medicine staff would like to inform you that test, test sustained a concussion during a game/practice on 10/21/2019 2:44:00 PM

test  
was evaluated by Steve Graves Athletic Trainer in consult with our team physician.

test  
will undergo additional concussion testing regularly as needed.

A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor — they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this athlete may experience one or more of these signs and symptoms.

Headache	Nausea
Balance Problems	Dizziness
Diplopia-Double Vision	Confusion
Photophobia – Light Sensitivity	Difficulty Sleeping
Misophonia – Noise Sensitivity	Blurred Vision
Feeling Sluggish or Groggy	Memory Problems
Difficulty Concentrating	

As a department, we wanted to make you aware of this injury and the related symptoms that the student athlete may experience. Although the student may be attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact us.  
Thank You,

Steve Graves, ATC Head Athletic Trainer  
909-607-3248  
Steve.Graves@cms.claremont.edu

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**02/19/2020**                    **Concussion Home Instruction Sheet**

**Note by:** Steve Graves

Name test, test Date 2/19/2020 12:00:00 AM

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours

It is OK to:

Use Tylenol (acetaminophen)

Use an ice pack to head/neck for comfort

Eat a light meal

Go to sleep

There is no need to:

Check eyes with a light

Wake up every hour

Stay in bed

DO NOT:

Drink Alcohol

Eat spicy foods

Drive a car

Use aspirin, Aleve, Advil or other similar products

Special Recommendations:

**WATCH FOR ANY OF THE FOLLOWING PROBLEMS**

Worsening headache

Stumbling/loss of balance

Vomiting

Weakness in one arm/leg

Decreased level of Consciousness

Blurred Vision

Dilated Pupils

Increased Irritability

Increased Confusion

If any of these problems develop call your athletic trainer or campus safety at 909-607-2000 immediately.

Athletic Trainer Steve Graves Phone 909-607-0043

You need to be seen for a follow-up examination in the athletic training room or at Student Health on:

You are also required to login to the ATS database [cm2.atsusers.com](http://cm2.atsusers.com) to complete a daily symptoms diary. Your athlete ID is test .

Once signed in click on the Athlete Information button, then on the forms tab.

Select a new form.

Select Concussion Symptom Diary

Once completed click save

You will need to complete a new form each day up to and including the day you are asymptomatic

Once asymptomatic for 24 hours report to the Sports Medicine staff for return to learn and play protocol

**IT IS YOUR RESPONSIBILITY TO COMMUNICATE WITH YOUR PROFESSORS AND THE DEAN OF STUDENTS TO ARRANGE FOR ANY ACADEMIC CONSIDERATIONS NEEDED**

Recommendations provided to: test, test

Recommendation provided by Steve Graves

02/19/2020            Concussion Note Return to Learn  
Note by: Steve Graves

test, test suffered a concussion on 10/21/2019 2:44:00 PM while participating in athletics. test has been under the care of CMS Sports Medicine for this injury.

A concussion is a brain injury best defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. While the majority (80–90%) of concussions resolve in a short (7–10 day) period, some patients require more time to return to their pre-injury level of function. CMS Athletics has developed the following Return to Learn process for use by institutional and medical personnel to address the tension between returning to full academic engagement and the prescription of cognitive rest that is essential for the best short-term and long-term prognosis. All student-athletes with a suspected or diagnosed concussion receive a comprehensive medical evaluation from a provider who is trained in concussion management recognizing that:

1. The most current medical evidence recommends an individualized approach involving a gradual return to academic activities in a manner that does not prolong or exacerbate symptoms.
2. Students should return to full academic function and be asymptomatic before returning to unrestricted physical activity.
3. The stress and anxiety that students experience around missed classes and assignments can be mitigated with appropriate short-term academic adjustments and support from professors and deans.
4. Ongoing medical supervision with coordinated care between the health center, counseling, deans, and sports medicine is essential.
5. For students with symptoms lasting longer than 3 weeks, further medical management considerations and accommodations, rather than academic adjustments, may be needed.

The Graduated Return to Academics Guidance below is designed to guide concussion recovery in conjunction with ongoing, individualized medical care.

Rehabilitation Stage 1: No cognitive activity. Complete cognitive rest- No class/lab, no homework, no reading, no texting, no video games, no computer work. Notify deans and professors as appropriate. OBJECTIVE- Recovery

Rehabilitation Stage 2; Class Attendance. Attend/observe classroom activities. Minimal to no participation. No note taking. Gradually increase amount of time in class and number of classes per day as symptoms allow. OBJECTIVE- Gradual controlled increase in sub-symptom threshold cognitive activities. Adjustments on an individualized basis.

Rehabilitation Stage 3: Class Participation. Attend and participate in class. Begin note taking activities. Gradually increase amount of participation and number of classes per day as symptoms allow. OBJECTIVE- Gradual controlled increase in sub-symptom threshold cognitive activities. Adjustments on an individual basis.

Rehabilitation Stage 4: Homework. Introduce reading and homework starting at 20-30 minute intervals before taking a moderate break. If symptoms occur, note the time interval, rest until symptoms improve, and then resume homework for a shorter interval. Gradually increase study intervals as symptoms permit, OBJECTIVE- Gradual controlled increase in sub-symptom threshold cognitive activities. Adjustments on an individual basis.

Rehabilitation Stage 5: Return to full academic work. Introduce testing, catch up with essential work. OBJECTIVE- Able to participate in class and perform work at pre-injury levels without symptoms.

Unlike a strict stepwise progression, this guidance allows the student to re-introduce cognitive activities based on their symptoms. Progression back to full academic work is individualized and based on performing activities at a level and time interval below which post-concussion symptoms do not occur (the sub-symptom threshold). Academic adjustments such as class-excuses, providing class notes, extended deadlines and make-up tests are essential in reducing the stress associated with concussion recovery and should be provided as needed on an individualized basis. For students with prolonged symptoms, more formal academic accommodations may be required.

This letter is intended to provide guidance to the athlete and institutional administration and faculty. IT IS THE RESPONSIBILITY OF THE STUDENT-ATHLETE TO FULLY AND REGULARLY COMMUNICATE WITH THE DEAN STUDENTS OFFICE AND FACULTY REGARDING ACADEMIC ACCOMODATIONS

---

**02/19/2020 Concussion Clearance-athlete**  
**Note by:** Steve Graves

test, test you have been cleared to resume full participation in Other Student following your concussion on 10/21/2019 2:44:00 PM . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

---

**02/19/2020 Concussion Clearance-other**  
**Note by:** Steve Graves

To Whom it May Concern:

test, test has been cleared for full resumption of athletic participation following their concussion on 10/21/2019 2:44:00 PM. / this time, the athlete has reported being symptom free for the appropriate amount of time and has completed the concussion return-to-play and return-to-learn progressions. They have completed a concussion evaluation including SCAT 5, VOMS and Biosway Balance testing and scores have been compared to a baseline exam when available.

Once an athlete has been cleared to fully resume athletic participation, it is reasonably assumed that they are no longer in need of academic concessions and are held responsible for all academic work. Occasionally some deadlines may have been changed to accommodate the athletes needs while symptomatic, however no new accommodations should need to be made.

The athlete understands the risks of returning to participation and will report any new symptoms immediately at which time they will be re-evaluated and new guidelines/restrictions placed.

Complete medical documentation of this injury will be forwarded to the Student Health Center and Dean of Students Office.

---

**02/19/2020 Physician Clearance to Play**  
**Note by:** Steve Graves

test, test is cleared to return to full participation from Concussion. I have examined the athlete and/or reviewed the medical records on file and have determined it to be safe for the athlete to return. The athlete understands the importance of reporting any return/increase in symptoms to the Sports Medicine Staff if they occur.

---





# CMS Sports Medicine

## Concussion Graduated Return To Play - Staff Form

For: test, test Created: 01/18/2019 6:39 pm

---

### No Activity

(RECOVERY)

Complete physical and cognitive rest until medical clearance

---

Symptom free or symptoms stabilized for 24 hours?

Yes: Begin Step 2

Yes

No: Continue Resting

---

Date Attained

01/16/2019

---

### Light Aerobic Exercise

(INCREASE HEART RATE)

Walking, Swimming, Stationary Cycling

Heart Rate <70%-15 min.

---

No increase in symptoms in next 24 hours?

Yes: Begin Step 3

Yes

No: Continue Resting

---

Date Attained

---

### Sport Specific Exercise

(ADD MOVEMENT)

Skating Drills, Running Drills

NO Head Impact Activities

Heart Rate <80%-45 min

---

No increase in symptoms in next 24 hours?

Yes: Begin Step 4

No: Continue Resting

---

Date Attained

---

### Non-Contact Training Drills

(INCREASED EXERCISE, COORDINATION & ATTENTION)  
Progress to complex training drills (e.g. passing drills, etc.)  
May start resistance training  
Heart Rate <90%-60 min.

---

**No increase in symptoms in next 24 hours?**

Yes: Begin Step 5  
No: Continue Resting

---

**Date Attained**

---

### Full Contact Practice

(RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS)  
If symptom free, return to normal training activities

---

**Symptom Free for Next 24 Hours?**

Yes: Assess for Final Clearance  
No: Continue Resting

---

**Date Attained**

---

By: Steve Graves

**Concussion Graduated Return To Play**

StaffFormTemplate.rpt  
02/19/2020

02/19/2020  
10:33:43AM

All\_Injury\_Info.rpt  
02/19/2020

02/19/2020

## Graduated Return to Academics Guidance

The following graduated return to academics guidance is designed to guide concussion recovery in conjunction with ongoing individualized medical care. Unlike a strict stepwise progression, this guidance allows the student-athlete to re-introduce cognitive activities based on their symptoms. Progression back to full academic work is individualized and based on performing activities at a level and time interval below which post-concussion symptoms do not occur (the sub-symptom threshold). Academic adjustments such as class-excuses, providing class notes, extended deadlines and make-up tests are essential in reducing the stress associated with concussion recovery and should be provided as needed on an individual basis. For students with prolonged symptoms, more formal academic accommodations may be required.

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE} . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### No Cognitive Activity

OBJECTIVE: RECOVERY

PLAN: Complete cognitive rest- no class/lab, no homework, no reading, no texting, no video games, no computer work. Notify professors and deans as appropriate.

---

**Symptom free or symptoms stabilized for 24 hours?**

Yes: Begin Step 2

Yes

No: Continue Resting

---

**Date Attained**

12/03/2019

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE} . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Class Attendance

OBJECTIVE: GRADUAL CONTROLLED INCREASE IN SUB-SYMPTOM THRESHOLD COGNITIVE ACTIVITIES. ADJUSTMENTS ON AN INDIVIDUAL BASIS

PLAN: Attend/observe classroom activities. Minimal to no participation. No note taking. Gradually increase amount of time in class and number of classes per day as symptoms allow.

---

**No increase in symptoms in next 24 hours?**

Yes: Begin Step 3

Yes

No: Rest further until symptom free

---

Date Attained

12/05/2019

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE} . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Class Participation

OBJECTIVE:GRADUAL CONTROLLED INCREASE IN SUB-SYMPTOM THRESHOLD COGNITIVE ACTIVITIES. ADJUSTMENTS ON AN INDIVIDUAL BASIS

PLAN:Attend and participate in class. Begin note taking activities. Gradually increase amount of participation and number of classes per day as symptoms allow.

---

**No increase in symptoms in next 24 hours?**

Yes: Begin Step 4-MAY BEGIN ATTENDING PRACTICE WITH NO PHYSICAL ACTIVITY

Yes

No: Return to Step 2 until symptom free or stabilized

---

Date Attained

12/06/2019

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE} . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Homework

OBJECTIVE:GRADUAL CONTROLLED INCREASE IN SUB-SYMPTOM THRESHOLD COGNITIVE ACTIVITIES. ADJUSTMENTS ON AN INDIVIDUAL BASIS

PLAN:Introduce reading and homework starting at 20-30 minute intervals before taking a moderate break. If symptoms occur, note the time interval, rest until symptoms improve, and then resume homework for a shorter interval. Gradually increase study intervals as symptoms permit.

---

**No increase in symptoms in next 24 hours?**

Yes: Begin Step 5-MAY BEGIN PHYSICAL RETURN TO PLAY PROGRESSION

Yes

No: Return to Step 3 until symptoms stabilize

---

Date Attained

12/07/2019

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE}. All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Return to Full Academic Work

OBJECTIVE: ABLE TO PARTICIPATE IN CLASS AND PERFORM WORK AT PRE-INJURY LEVELS WITHOUT SYMPTOMS

PLAN: Introduce testing, catch up with essential work. Athlete has communicated with institutional disability services staff regarding academic plan.

---

#### Symptom Free for Next 24 Hours?

Yes: Continue Sport Return to Play progression

Yes

No: Return to Step 4

---

#### Date Attained

12/09/2019

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE}. All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Athlete Verification

I verify that I have returned to full academic function, am current in coursework and testing (or have a written plan for outstanding assignments approved by the faculty member) and have returned to pre-injury status. I am aware of my responsibility to continue to work closely with my faculty members and to seek a withdrawal if determined to be appropriate.

---

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE}. All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.


While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

### Institutional Verification

I verify that the student-athlete has communicated that they have returned to full academic function, is current in coursework and testing, (or has a written plan for outstanding assignments approved by the faculty member), and has returned to pre-injury status. The student is aware of their responsibility to continue to work closely with their faculty members and to seek a withdrawal if determined to be appropriate.

test, test you have been cleared to resume full participation in {TEAM} following your concussion on {IDATE} . All medical documentation for this injury has been forwarded to the Student Health Center and the Dean's of Students including the office of disabilities. At this time, there should be full resumption of all academic responsibilities.

While all precautions have been taken, and return to play testing and protocol has been followed, it is always possible for symptoms to return. Please be aware of your condition and should any symptoms return discontinue activity immediately and report symptoms to the Sports Medicine Staff in person or via email or text message.

By:  Steve Graves

StaffFormTemplate.rpt  
02/19/2020

**Concussion Return to Learn**

02/19/2020  
10:33:43AM

## No Activity

(RECOVERY)

Complete physical and cognitive rest until medical clearance

---

Symptom free or symptoms stabilized for 24 hours?

Yes: Begin Step 2

Yes

No: Continue Resting

---

Date Attained

02/06/2020

## Light Aerobic Exercise

(INCREASE HEART RATE)

Walking, Swimming, Stationary Cycling

Heart Rate <70%-15 min.

---

No increase in symptoms in next 24 hours?

Yes: Begin Step 3

Yes

No: Continue Resting

---

Date Attained

02/07/2020

## Sport Specific Exercise

(ADD MOVEMENT)

Skating Drills, Running Drills

NO Head Impact Activities

Heart Rate <80%-45 min

---

No increase in symptoms in next 24 hours?

Yes: Begin Step 4

Yes

No: Continue Resting

---

Date Attained

02/08/2020

## Non-Contact Training Drills

(INCREASED EXERCISE, COORDINATION & ATTENTION)

Progress to complex training drills (e.g. passing drills, etc.)

May start resistance training

Heart Rate <90%-60 min.

---

No increase in symptoms in next 24 hours?

Yes: Begin Step 5

Yes

No: Continue Resting

---

Date Attained

02/09/2020

---

## Full Contact Practice

(RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS)

If symptom free, return to normal training activities

---

**Symptom Free for Next 24 Hours?**

Yes: Assess for Final Clearance

Yes

No: Continue Resting

---

**Date Attained**

02/10/2020

---

By: Steve Graves

**Concussion Graduated Return To Play**

StaffFormTemplate.rpt  
02/19/2020


02/19/2020  
10:33:43AM

## Symptoms

Please choose a Severity Rating below: ( 0 being the least severe and 6 being the most severe)

Headache	0 to 6	1
Nausea	0 to 6	1
Vomiting	0 to 6	1
Balance problems	0 to 6	1
Dizziness (spinning or movement sensation)	0 to 6	1
Lightheadedness	0 to 6	1
Fatigue	0 to 6	1
Trouble falling asleep	0 to 6	1
Sleeping more than usual	0 to 6	1
Sleeping less than usual	0 to 6	1
Drowsiness	0 to 6	1
Sensitivity to light	0 to 6	1
Sensitivity to noise	0 to 6	1
Irritability	0 to 6	1
Sadness	0 to 6	1
Nervous/Anxious	0 to 6	1

Feeling more emotional	0 to 6	1
Numbness or tingling	0 to 6	1
Feeling slowed down	0 to 6	1
Feeling like "in a fog"	0 to 6	1
Difficulty concentrating	0 to 6	1
Difficulty remembering	0 to 6	1
Visual problems	0 to 6	1
Pressure in your head	0 to 6	1

By:  Steve Graves

StaffFormTemplate.rpt  
02/19/2020

**Concussion Symptom Diary**

02/19/2020  
10:33:43AM

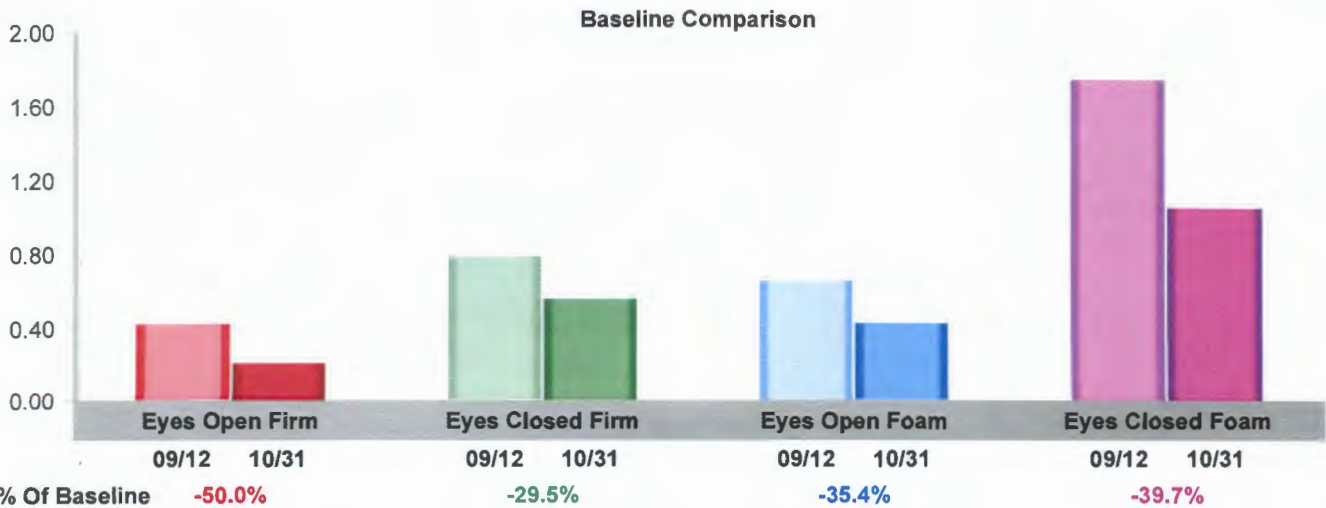
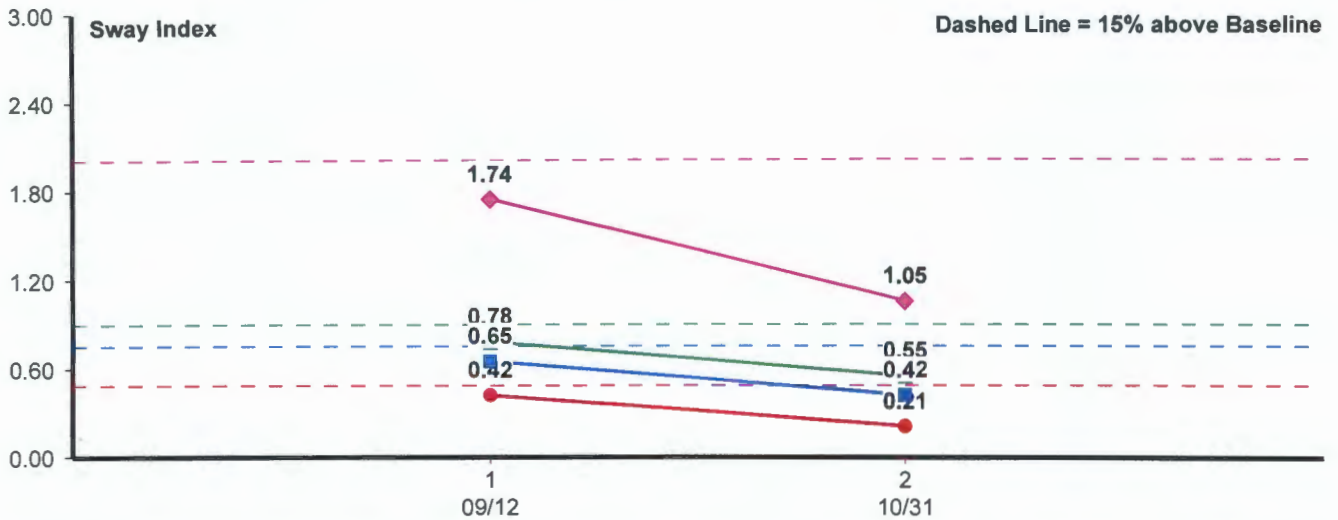
# CTSIB Progress Report

Date 10/31/2019 1:12 PM  
 Name [REDACTED]  
 Height 74+"  
 Age 20

Date Range 09/12/2019 To 10/31/2019

Session CTSIB

		Device	BioSway
<b>Legend</b>	<b>Conditions</b>	<b>09/12</b>	<b>10/31</b>
●	Eyes Open Firm	0.42	0.21
▲	Eyes Closed Firm	0.78	0.55
■	Eyes Open Foam	0.65	0.42
◆	Eyes Closed Foam	1.74	1.05



Comments

Clinician

**BIODEX**



Name:

**Welliang Zhang**

Provided By:

**Claremont**

Date & Time Downloaded:

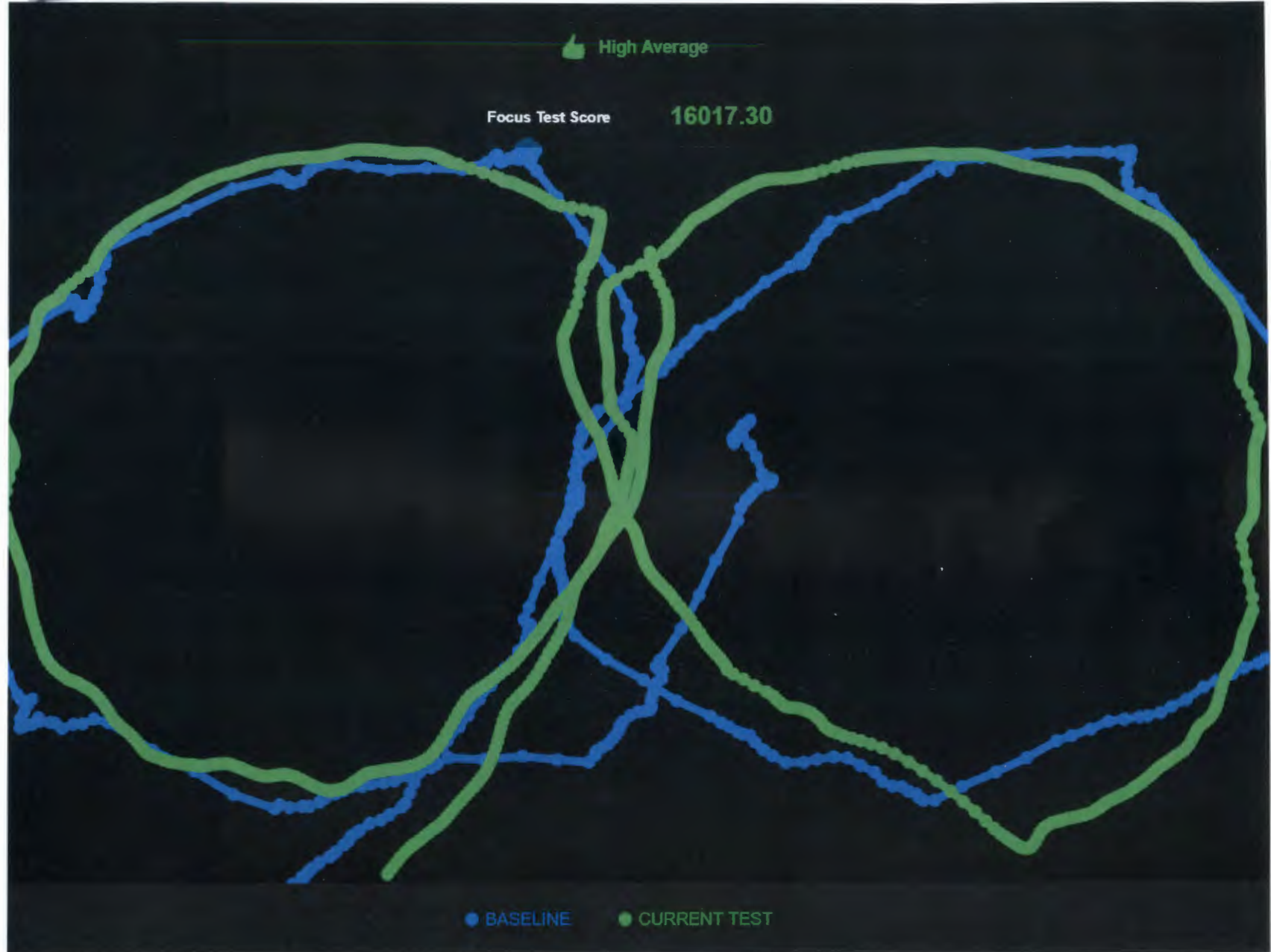
**01 November 2019 @ 3:29:12 PM**

Name:

Weiliang Zhang

Focus Test Date & Time:

26 October 2019 @ 9:19:04 AM



Medical Disclaimer : The FDA has not reviewed or evaluated any statements or information provided in conjunction with EyeGuide. EyeGuide Focus is not a medical device. EyeGuide Focus is not intended to diagnose, treat, cure, or prevent any health condition, disease, illness, concussion or traumatic brain injury. If you experience any discomfort while utilizing EyeGuide Focus, discontinue use of EyeGuide Focus and consult your physician immediately. EyeGuide Focus is not a substitute for and should never be used in lieu of medical treatment and evaluation by a licensed physician.

# POST CONCUSSION VISUAL EXERCISES

## SMOOTH PURSUITS




Hold an object in front of your face.

Keeping your head stationary, move the object & follow it w/ your eyes:

- Side-to-Side
- Up-to-Down
- Diagonally

## SACCADES



Keeping your head stationary, move your eyes between two targets:

- Side-to-Side
- Up-to-Down
- Diagonally

## THE CLOCK



Keeping your head stationary, move your eyes randomly from the center of the clock to different numbers, then back to center

## CORRECTIVE SACCADES



Start by holding 2 objects on either side of face. Move head & eyes towards target on the right.



Move ONLY eyes to object on your left




Then move head to look where eyes are looking at the target on the left. Repeat

## SEEING DOUBLE



Hold an object at nose level. Bring it towards your nose until 2 objects appear. Then slowly reverse the object until there's only 1. Repeat

## VOR X 1




Head turns left  
Eyes stay center

Head turns right  
Eyes stay center

Hold an object in front of your face. Move head Side-to-Side (or Up-to-Down) while keeping eyes stationary on the object. Use metronome to keep a steady beat of 180bpm

## THROWING BALL EYE TRACKING



Start with feet shoulder width apart. Throw a small ball from hand to hand, tracking the ball with your eyes and head. Repeat with feet together.

## VOR X 2



Hold an object in front of your face. Turn your head to face the left while you move the object to the right and follow it with your just your eyes. Repeat on opposite side

## TURNING IN PLACE



Standing in one spot, make a 1/4 turn. Keeping making 1/4 turns until you complete a circle, then go the other direction. Advance to making half turns and full turns, start slowly and increase speed as it gets easier

The purpose of these exercises is to normalize your eye movements and resolve your balance problems. With practice, your post concussive symptoms should decrease and go away.

- Exercise Safely- these should NOT make your symptoms worse
- Start slowly- exercise at times of the day when you feel best
- If you wear glasses/contacts please wear them while you do these exercises
- Avoid distractions- turn off your phone, computer, TV, etc.

# POST CONCUSSION BALANCE EXERCISES

## BALANCE



Stand with your feet together, arms crossed and look straight ahead at a stationary object. Hold this position for 30 seconds.

\*Solemn, angry look not required

## HEEL-TOE WALKING



Cross arms over chest. Place one foot in front of the other and walk heel-to-toe across the room. Keep eyes focused on a spot across the room.

## SINGLE LEG BALANCE



Hold onto something for support, if needed. Balance on one leg for 30 seconds



Walk a straight line with head and eyes turned to the right, return to starting spot with head facing front. Then walk with head facing left. Return back to starting spot

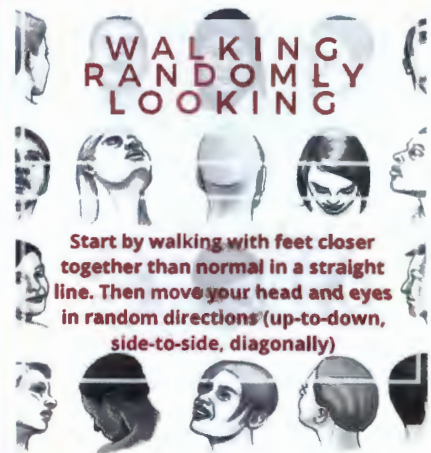


## WALKING HEAD UP-TO-DOWN



Walk a straight line with head and eyes looking up towards the sky. Return to the starting spot with head and eyes in neutral. Then walk with head and eyes facing down towards the ground

## WALKING RANDOMLY LOOKING



Start by walking with feet closer together than normal in a straight line. Then move your head and eyes in random directions (up-to-down, side-to-side, diagonally)

The purpose of these exercises is to normalize your eye movements and resolve your balance problems. With practice, your post concussive symptoms should decrease and go away.

- Exercise Safely- these should NOT make your symptoms worse
- Start slowly- exercise at times of the day when you feel best
- If you wear glasses/contacts please wear them while you do these exercises
- Avoid distractions- turn off your phone, computer, TV, etc.

**Compliance Certification\***  
**Academic Year 2020-21**

**Claremont-Mudd-Scripps Athletics**  
**Concussion Management Plan**

On behalf of the institution identified above, for the 2020-21 academic year, the attached CMS Athletics Concussion Safety Protocol has been reviewed by the following and is consistent with the NCAA Concussion Safety Protocol Checklist and otherwise fulfills the requirements of all applicable NCAA Concussion Management Plan legislation (Arrington Agreement). This plan will be reviewed and updated at least annually and will remain compliant with all NCAA recommendations and agreements as well as consistent with contemporaneous research based recommendations by qualified and appropriate medical professionals and organizations.

Reviewers:

Steve Graves ATC-Assistant Athletic Director for Sports Medicine, Performance & Health/AHCA/Head Athletic Trainer (author)

Robert Sallis MD-Team Physician/Head Physician Kaiser Permanente Fontana Sports Medicine Fellowship Program

Erica Perkins Jasper-Athletic Director

Marcie Gardner- Deputy General Counsel Claremont McKenna College

Nikki Ayers-Assistant Athletic Director for Compliance

CMS Sports Medicine Staff

## NCAA CONCUSSION SETTLEMENT CERTIFICATION OF COMPLIANCE – RETURN TO PLAY GUIDELINES

**MEMBER INSTITUTION:** Claremont-Mudd-Scripps

**AUTHORIZED SIGNATORY:** Erica Perkins Jasper

**TITLE OF AUTHORIZED SIGNATORY:** Director of Athletics, Physical Education, & Recreation

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I hereby certify, on behalf of the above-named member institution, that such member institution has put in place a concussion management plan that includes the following return-to-play guidelines which are described in Section IX(A) of that certain Second Amended Class Action Settlement Agreement and Release (“**Agreement**”) entered into effective as of November 18, 2019 by and between the National Collegiate Athletic Association on the one hand and the various named Class Representatives, on behalf of themselves and as representatives of the Settlement Class (in each case as such terms are defined in the Agreement), on the other hand, for the purpose of effecting a full and final settlement and dismissal with prejudice of all medical monitoring claims against the NCAA as alleged in the cases consolidated in *In re National Collegiate Athletic Association Student-Athlete Concussion Injury Litigation*, MDL No. 2492, Master Docket No. 1:13-cv-09116 (N.D. Ill.):

1. Every NCAA student-athlete at the above-named member institution will undergo pre-season baseline testing for each sport in which they participate prior to participating in practice or competition.
2. Any NCAA student-athlete at the above-named member institution who has been diagnosed with a concussion will be prohibited from returning to play or participating in any practice or game on the same day on which he or she sustained such concussion.
3. Any NCAA student-athlete at the above-named member institution diagnosed with a concussion by medical personnel must be cleared by a physician before being permitted to return to play in practice or competition.
4. The above-named member institution shall ensure that medical personnel with training in the diagnosis, treatment, and management of concussion are present at all games for its men’s or women’s teams competing in the following NCAA sports: football, lacrosse, wrestling, ice hockey, field hockey, soccer, and basketball.
5. The above-named member institution shall ensure that medical personnel with training in the diagnosis, treatment, and management of concussion are available at all practices for its men’s or women’s teams competing in the following NCAA sports: football, lacrosse, wrestling, ice hockey, field hockey, soccer, and basketball.

**SIGNATURE:**

DocuSigned by:  
*Erica Perkins Jasper*  
E1F9A426DC624FB...

**DATE:** 5/11/2020

**PRINTED NAME** Erica Perkins Jasper