



Concussion Procedure and Protocol For US Youth Soccer Events

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases.

CONCUSSION SIGNS, SYMPTOMS, AND MANAGEMENT AT TRAINING AND COMPETITIONS

Step 1:

Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
- (4) Short attention span. Can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions.
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2:

Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury or pain.
- (2) Behavior patterns change, unable to recognize people/places, less responsive than usual.
- (3) Loss of consciousness.
- (4) Headaches that worsen
- (5) Seizures
- (6) Very drowsy, can't be awakened
- (7) Repeated vomiting
- (8) Increasing confusion or irritability
- (9) Weakness, numbness in arms and legs

Step 3:

If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities:

- (1) Balance, movement.
- (2) Speech.
- (3) Memory, instructions, and responses.
- (4) Attention on topics, details, confusion, ability to concentrate.
- (5) State of consciousness
- (6) Mood, behavior, and personality
- (7) Headache or “pressure” in head
- (8) Nausea or vomiting
- (9) Sensitivity to light and noise

Step 4:

A player diagnosed with a possible concussion may return to US Youth Soccer play only after release from a medical doctor or doctor of osteopathy specializing in concussion treatment and management.

Step 5:

If there is a possibility of a concussion, do the following:

- (1) The attached Concussion Notification Form is to be filled out in duplicate and signed by a team official of the player’s team.
- (2) If the player is able to do so, have the player sign and date the Form. If the player is not able to sign, note on the player’s signature line “unavailable”.
- (3) If a parent/legal guardian of the player is present, have the parent/legal guardian sign and date the Form, and give the parent/legal guardian one of the copies of the completed Form. If the parent/legal guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Concussion Notification Form whether in writing or electronically.
- (4) The team official must also get the player’s pass from the referee, and attach it to the copy of the Form retained by the team.

References:

Kissick MD, James and Karen M. Johnston MD, PhD. “Return to Play After Concussion.” Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf. April 22, 2011.

National Federation of State High School Associations. “Suggested Guidelines for Management of Concussion in Sports”. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. <http://www.nfhs.org>. April 21, 2011.