

The Minnesota State High School League provides educational opportunities for students through interscholastic athletic and fine arts programs and provides leadership and support for member schools.



Member of the National Federation of State High School Associations

TO: Athletic Directors
Coaches
Contest Officials

FROM: MSHSL Office

DATE: June 27, 2011

RE: NFHS Playing Rules and MN State Statute Related to Concussions and Concussed Athletes

In its various sports playing rules, the National Federation of State High School Associations (NFHS) has implemented a standard rule change in all sports dealing with concussions in student-athletes. The basic rule in all sports (which may be worded differently in each rule book) states:

"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as the loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional (experienced in evaluating and managing concussions)."

Additionally, the Minnesota Legislature passed and the Governor signed legislation that requires each coach and official (licensed, registered, or volunteer) working at the MSHSL varsity, junior varsity or b-squad/sophomore level to receive initial online training and online training at least once every three calendar years thereafter. *This legislation also applies to coaches and officials in youth sports programs when a municipality, business, or nonprofit organization organizes a youth athletic activity for which an activity fee is charged.*

The MSHSL office has sent a letter directly to each school superintendent in Minnesota, and a copy of that letter and the concussion legislation is posted on the Coach's Clipboard and Officials' Corner. These areas can be found on the front page of the League website.

It is the responsibility of MSHSL member school Athletic/Activity Directors and school administrators to ensure that every school coach follows the statute requirements and that every contest official, assigned by the school, has received the required training.

The League office will respond to questions and provide assistance for member schools and registered coaches and officials.



Minnesota State High School League

IMPLEMENTATION OF NFHS PLAYING RULES RELATED TO CONCUSSION AND CONCUSSED ATHLETES

In its various sports playing rules, the National Federation of State High School Associations (NFHS) has implemented a standard rule in all sports dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly different in each rule book) states that:

"Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."

The MSHSL Sports Medicine Advisory Committee highly recommends that every student-athlete and parent/guardian should successfully complete the online course *Concussion in Sports—What You Need to Know*. The Course can be accessed at: www.mshsl.org

Minnesota State Statutes now require all High School Coaches and Contest Officials to successfully complete the online course *Concussion in Sports—What You Need to Know*. This course can be accessed by coaches through their "Coach's Clipboard" page and by officials through "Officials' Corner" on the League website.

The role of contest officials in administering the rule

- Officials are to review and know the signs and symptoms of a concussion and immediately remove any athlete who displays the following signs or symptoms from the contest.
 - Headache
 - Fogginess
 - Difficulty concentrating
 - Easily confused
 - Slowed thought processes
 - Difficulty with memory
 - Nausea
 - Lack of energy, tiredness
 - Dizziness, poor balance
 - Blurred vision
 - Sensitive to light and sounds
 - Mood changes – irritable, anxious or tearful

Only an Appropriate Health Care Professional can decide if an athlete has been concussed (has had a concussion)

- An Appropriate Health Care Professional is empowered to make on site determination that an athlete has received concussion. An Appropriate Health Care Professional (AHCP) is defined as a medical professional functioning within the levels of their medical education, medical training, and medical licensure, and who is trained in and experienced with evaluating and managing concussions.
- If the Appropriate Health Care Professional has determined that an athlete has been concussed, that decision is final and the athlete must be removed from all competition for the remainder of that day.
- If the event continues over multiple days, the designated event AHCP has ultimate authority regarding any return to play decision during the event.

Procedure to follow if an official has removed an athlete and the AHCP has determined the athlete does not have a concussion

- If it is confirmed by the school's designated AHCP that the athlete was removed from competition but did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play, and the athlete may reenter competition pursuant to the contest rules.
- The AHCP must be trained in and experienced with the evaluation and management of concussions.

Procedure regarding an authorization to return to practice/competition in the sport

- Once a concussion has been diagnosed by an AHCP, only an AHCP can authorize a subsequent return to play.
 - a) The clearance must be in writing;
 - b) The clearance may not be on the same date on which the athlete was removed from play; and
 - c) The form must be kept on file in the school's athletic office.
 - d) A parent cannot authorize the return to play for his or her child, even if the parent is also an AHCP.
- The AHCP must be trained in and experienced with the evaluation and management of concussions.
- The school administration shall notify the coach regarding the concussed athlete's permission to return to play.

Fundamental reminder about this rule

- It has always been the ultimate responsibility of the coaching staff, in all sports, to ensure that players are allowed to compete in practice or contests only if they are physically capable of doing so.

WHEN IN DOUBT...SIT THEM OUT

MSHSL Tournament Series

- In cases where an assigned MSHSL tournament physician is present, his or her decision regarding an athlete's ability to return to competition shall not be overruled by any other AHCP.

NFHS suggested Concussion Management Guidelines for Health Care Professionals if the athlete has been concussed on the day of competition

1. No athlete should Return to Play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an AHCP that day.
3. The AHCP must be trained in and experienced with the evaluation and management of concussions.
4. Any athlete with a concussion should be medically cleared by an AHCP prior to resuming participation in any practice or competition.
5. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon the return of any signs or symptoms.

A. Return to play protocol

As described above, most injuries will be simple concussions, and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy.

During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after 24 hours.

In cases of complex concussion, the rehabilitation will be more prolonged, and return to play advice will be more circumspect. It is envisaged that complex cases should be managed by doctors with a specific expertise in the management of such injuries.

An additional consideration in return to play is that concussed athletes should not only be symptom-free but also should not be taking any pharmacological agents/drugs that may affect or modify the symptoms of concussion. If antidepressant treatment is started during the management of a complex concussion, the decision to return to play while still receiving such medication must be considered carefully by the clinician concerned (see below).

When there are team physicians experienced in concussion management with access to immediate—that is, sideline—neurocognitive assessment, return to play management is often more rapid, but it must still follow the same basic principles, namely full clinical and cognitive recovery before consideration of return to play.

Neurocognitive testing, utilizing computerized program like CogSport (Concussion Sentinel), Impact, and Headminers, can be a useful adjunct to the management of concussion in high school athletes and are best applied to the management of concussion when there is a baseline test to use for comparison after concussion. Baseline testing should be considered for athletes competing in contact sports, especially football, ice hockey, soccer, wrestling and basketball. Testing is most cost effectively applied after symptoms have resolved.

B. Guidelines for returning to an activity after a concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

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