The University of North Carolina at Chapel Hill
Sport Concussion Policy
Developed by the Matthew A. Gfeller Sport-Related Traumatic Brain Injury Research Center
and Campus Health Services Division of Sports Medicine

The University of North Carolina at Chapel Hill has been recognized as a leading institution for the evaluation and treatment of sport-related concussions. This is due in part to the long-standing collaborations between UNC Campus Health Services’ team physicians and certified athletic trainers, and clinical researchers at the Matthew A. Gfeller Sport-Related Traumatic Brain Injury Research Center (hereinafter referred to as “Gfeller Center”). Our concussion policy and concussion management protocol have been developed over the past several years, and are derived from the most recent literature on sport-related concussion.

Our clinical research conducted at UNC-Chapel Hill’s Gfeller Center, and corroborated by others, has shown that an athlete’s balance and/or cognitive functioning are often depressed following a concussion – even in the absence of self-reported symptoms. It has been demonstrated that it typically takes anywhere from 3 to 10 days for an athlete to return to their normal state following a concussion. However, in some cases athletes can experience post-concussion syndrome in which the symptoms last beyond 3 weeks.

The UNC Sports Medicine staff utilizes a three-fold approach when determining an athlete’s readiness to return to play following a concussion. In the event of a suspected concussion, the concussion management protocol requires the evaluation of the athlete’s symptoms, neurocognitive function, and balance, which provide the sports medicine staff with the objective information necessary to return the athlete to play safely. The findings of these post-injury assessments are then compared to pre-season baseline assessments, conducted on all student-athletes participating in UNC varsity sports during their first year. Any athlete sustaining a concussion during a season is also re-baseline tested prior to the start of the following season. All athletes on all UNC varsity teams are preseason baseline tested.

The following concussion policy and concussion management protocol have been adopted by UNC Sports Medicine and are to be followed by all teams for managing athletes suspected of sustaining a concussion. The clinical research team in the Matthew Gfeller Center will evaluate only athletes under the direct medical care of UNC team physicians.

Updated July 15, 2015
UNC Concussion Policy

1) All UNC student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:
   a. They have read and understand the NCAA Concussion Fact Sheet
   b. They accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

2) All UNC coaches (head coaches and assistant coaches) must read and sign the attached coaches statement acknowledging that they:
   a. Have read and understand the NCAA Concussion Fact Sheet
   b. Will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
   c. Have read and understand the UNC Concussion Management Protocol

3) All primary and secondary administrators must read and sign the attached administrator statement acknowledging that they:
   a. Have read and understand the NCAA Concussion Fact Sheet
   b. Will encourage their coaches and athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
   c. Have read and understand the UNC Concussion management Protocol

4) All UNC team physicians (primary care), athletic trainers, graduate assistant athletic trainers, and undergraduate athletic training students, must read and sign the attached medical provider statement acknowledging that they:
   a. Will provide athletes with the NCAA Concussion Fact Sheet and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
   b. Have read, understand, and will follow the UNC Concussion Management Protocol

5) The head athletic trainer for each team will coordinate the distribution, educational session, signing, and collection of the necessary documents. The head athletic trainer will turn the signed documents into Campus Health Services Sports Medicine where they will be kept in the student-athlete’s medical file. This session may be done in conjunction with the team’s annual compliance meetings.

6) The Athletic Director or his designee and the Director of Sports Medicine will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel, coaches, and administrators. The Department of Athletics and Division of Sports Medicine at Campus Health Services will keep the signed documents, along with the established UNC Concussion Policy, on file. A copy of the UNC Concussion Policy will also be distributed through
the Policies and Procedures manuals for each of the athletic training facilities and the Athletic Department staff manual.

7) The Director of Sports Medicine will coordinate an annual meeting each May to review and update the Concussion Policy with the medical staff as well as the Athletic Director or his designee. Any changes to the policy will be effective immediately, and posted to the UNC Campus Health Services network (“J”) drive.

8) While exposure to head trauma is inherent with many sports, the UNC-Chapel Hill Department of Athletics and its coaches are committed to reducing unnecessary exposure to head trauma. Coaches will conform to current best practices and recommendations for their sport in regards to reducing exposures to head trauma.

   a. This may include, but not be limited to:
      1. Adherence to the Inter-Association Consensus: Year---Round Football Practice Contact Guidelines
      2. Adherence to Inter-Association Consensus: Independent Medical Care Guidelines
      3. Always taking a “safety first” approach to the sport
      4. Taking the head out of contact
      5. Utilizing proper coaching techniques and student-athlete education regarding safe play.
      6. Tracking of injury data in regards to injury rates in different activities and equipment types with recommendations for change annually to reduce injury risk as indicated.

   b. This is reinforced with coaches and athletes through the following actions:
      1. Coaching and student-athlete education regarding safe play and proper technique
      2. Beginning of the season education sessions
      3. Reminders at coaches meetings
      4. Poster and video reminders
      5. Coaching improved and appropriate technique
      6. Review of film
      7. Reducing practice and gratuitous contact sessions
UNC Concussion Management Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for UNC student-athletes suspected of sustaining a concussion.

A concussion occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

1) Concussion management begins with pre-season baselinetesting. Every new (first-year or transfer) varsity student-athlete will undergo a preparticipation examination by the team physician including a brain injury and concussion history. All UNC varsity athletes must receive a pre-season baseline assessment for concussion. This may include a graded symptom checklist (GSC), Standard Assessment of Concussion (SAC), Balance Error Scoring System (BESS), computerized neuropsychological test (CNS Vital Signs) and computerized posturography/balance test (NeuroCom SOT). These data will be kept on file at the Gfeller Sport-Related TBI Research Center (located in the Stallings-Evans Sports Medicine Center), unless otherwise specified below.

   a. The respective team’s athletic trainers will conduct the GSC, SAC, and BESS assessments for all new athletes.
   b. The Gfeller Center staff will conduct an additional Graded Symptom Checklist, CNS Vital Signs (neurocognitive testing), and NeuroCom SOT (balance). In the event of a suspected concussion, the student-athlete will be re-assessed and compared to pre-season baseline measures according to the outlined protocol below.
   c. The respective team’s athletic trainers will keep a copy of baseline GSC, SAC, and BESS scores on file so they can have easy access for away contests and tournaments. The Gfeller center staff will retain all GSC, CNS Vital Signs, and NeuroCom SOT data within their facility.

Clearance for the athlete to participate in sport is determined by the team physician.

2) An athlete suspected of having a concussion will be evaluated by the team physician and/or athletic trainer on site and more serious injuries such as cervical spine injury, skull fracture and/or intracranial bleed will be ruled out. The initial evaluation will include a symptom assessment and physical exam with an emphasis on neurological exam.

During the initial on-field assessment, the presence of any of the following, alone or in combination, requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurologic findings or complaints, significant midline spine pain with or without palpation, and obvious spinal column deformity.
The proper preparedness for on-field/sideline medical management of a serious head injury or cervical spine injury is paramount when dealing with a quickly deteriorating condition. In cases where the athlete presents with a Glasgow Coma Score less than 13, prolonged unconsciousness, focal neurologic deficit, repetitive emesis, persistent worsening/diminishing mental status, spine injury or other indications of more involved brain or brain stem impairment are developing (e.g. posturing, altered breathing patterns, etc.), the athletic trainer and/or physician will immediately activate the emergency action plan for transport to the emergency department, while monitoring and preparing to perform manual ventilations through bag-valve-mouth resuscitation as needed. These procedures will be initiated if the athlete is not oxygenating well (becoming dusky or blue; ventilations are not full and slower than normal 12-15/minute), as per the NATA’s Position Statement: Preventing Sudden Death in Sport and Physical Activity. Activation of Emergency Action plans will follow the Emergency Action Plans for each individual sport and/or facility on file with the procedures and policies of UNC Sports Medicine.

The team physician or team’s athletic trainer will evaluate cognition and balance using the Standardized Assessment of Concussion (SAC), Balance Error Scoring System (BESS), and Graded Symptom Checklist (GSC). Should the team physician not be present, the athletic trainer will notify the team physician as soon as possible to develop an evaluation and treatment plan. Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post-injury, 24 hours, 48 hours, etc). The presence or absence of symptoms will dictate the inclusion of additional neurocognitive and balance testing. The evaluation, plan and discussion of the plan with the athlete and another adult who will be with the athlete should be well documented in the medical record.

A concussion instruction form will be given to the athlete and a responsible adult who will have direct contact with the athlete for the initial 24 hours following the injury. This form will help them know what signs and symptoms to watch for, as well as to provide useful recommendations on follow up care. When at all possible, these instructions are given to the athlete as well as those who will be with them or nearby, i.e., roommates, teammates, coaches, or parents, depending on the situation. The home care instruction form abstracted from the NATA’s Position Statement: Proper Management of Concussion in Sport is used for UNC athletes with a suspected concussion.

3) Any student-athlete with a suspected concussion or diagnosed concussion shall not return to activity for the remainder of that day. The team physician, or combination of team physician and athletic trainers, involved with the athlete’s concussion management will determine medical clearance.

4) The team athletic trainer will notify the Gfeller Center of any concussion sustained within 24 hours of the injury. The athletic trainer, following consultation with the team physician, will contact the Gfeller Center (concussion@listserv.unc.edu) to schedule an appointment after the athlete is symptom free, as determined by the GSC. Call the primary contacts first, followed by secondary contacts. Testing usually takes about an hour to complete, and athletes should expect to be there the entire time.
5) If requested by the team physician or athletic trainer (typically for the purpose of evaluating whether an athlete should return to class, reschedule exams, etc), testing may be conducted while the athlete is still symptomatic. Performing this testing while the athlete is symptomatic may worsen and protract the athlete’s symptoms.

6) If the athlete has not returned to normal functioning compared to baseline scores upon laboratory testing, another appointment will be scheduled at a time deemed appropriate by the team physician, athletic trainer, and Gfeller Center staff. In the rare event that an athlete does not have baseline scores, age- and sport-matched normative percentile scores will be used for comparison to post-injury scores.

7) If the student-athlete is not recovering the team physician will evaluate further and manage the following potential conditions (but not limited to): ocular dysfunction, vestibular dysfunction, depression, anxiety, and/or sleep dysfunction

8) The management of all concussions will include a plan to return to classroom activities as well as a return to sport activities.
   a. Once a student-athlete is diagnosed with a concussion, the physician or ATC will notify the Academic counselor responsible for that student-athlete and their sport
   c. If merited, the physician will also contact the Dean of Students office providing them information that the student should be excused from academic activities until symptoms have improved and re-evaluated by a physician.
   d. Return to learn will be initiated with cognitive rest. This will include avoiding stressors such as going to class, reading, studying, looking at a computer, playing video games, and texting.
   e. The student should then begin an individualized return to academic activities based on symptoms. Their return should include:
      1. Compliance with ADAAA.
      2. No classroom activity on same day as concussion.
      3. Individualized initial plan that includes:
      4. Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.
      5. Gradual return to classroom/studying as tolerated.
   f. Re-evaluation by team physician will occur if concussion symptoms worsen with academic challenges
      1. If the student remains symptomatic, a multi-disciplinary team will meet and assess conditions requiring more prolonged care. This team may include but not be limited to:
         Team physician
         Athletic trainer
         Psychologist/counselor
         Neuropsychologist
         Faculty athletics representative
Academic counselor
Course instructor(s)
College administrators
Office of Accessibility Resources and Service representatives
Coaches

g. The return to learn process may require specific adjustments to be made within the student’s academic schedule.

h. If symptoms are prolonged and last over two weeks, academic modifications may be initiated to accommodate a student’s testing schedule, written compositions or papers, class projects, and/or presentations.

i. In certain situations when symptoms are prolonged, it may be necessary to contact one of several campus resources available for students requiring more specialized services. Such campus resources must be consistent with ADAAA, and include at least one of the following:
   1. Learning specialists.
   2. Office of Accessibility Resources and Service.

9) The team physician and/or team certified athletic trainer will be notified as soon as possible of the test results. The Gfeller Center staff will verbally communicate all results to the team physician and certified athletic trainer within a reasonable time frame, and aim to submit a written report of our evaluation within 24---48 hours for patient files.

10) The following assessment and return to play plan will be used for all concussions:

**Concussion Assessment:**

**NO ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY, AND NO ATHLETE IS PERMITTED TO RETURN TO PLAY WHILE SYMPTOMATIC FOLLOWING A CONCUSSION.**

--- **Baseline testing:** conducted on each athlete upon entering as a first-year student, transfer, or for those athletes sustaining a concussion the previous season (re-baseline);
--- **Time of Injury:** clinical evaluation & symptom checklist;
--- 1-3 hrs. post-injury: symptom checklist; referral if necessary;
--- **Next Day:** follow-up clinical evaluation & symptom checklist;
--- **Follow-up evaluations daily to track symptom recovery;**
--- **Once athlete becomes asymptomatic for 24 hours:**

1. Determine where athlete is relative to baseline on the following measures which may include:
   a. Symptom Assessment (Graded Symptom Checklist)
   b. Mental Status Assessment (Standardized Assessment of Concussion)
   c. Neuropsychological Assessment (CNS Vital Signs)
   d. Balance Assessment (Balance Error Scoring System & NeuroCom SOT)
2. If the measures (a–d) listed above are at least 95% of baseline scores and the athlete remains asymptomatic for 1 additional day following these tests, the physician can instruct the athletic trainer to begin a 5-step graduated exertional return to play (RTP) protocol (see below) with the athlete and to assess for increasing signs and symptoms. Symptoms will be reassessed immediately following all exertional activities. 

*Note: We recognize there are* situations where altering this timeline may be warranted. 

For instance, if an athlete has already been asymptomatic for 24 hours and remains asymptomatic during this period even after a full return to classroom activities, the team physician may begin the graduated exertional return to play on the same day the athlete achieves 95% of their baseline scores.

3. If the athlete remains asymptomatic on the day following the first step(s) of the graduated exertional RTP protocol, the athlete will be reassessed using the measures above (#1), and continue with the next step(s) on the graduated exertional RTP protocol.

4. All scores on the aforementioned assessments or exertional activities below will be recorded in the athlete’s medical record by the team’s athletic trainer.

**IF AT ANY POINT DURING THIS PROCESS THE ATHLETE BECOMES SYMPTOMATIC, THE ATHLETE WILL BE RE-ASSESSED DAILY UNTIL ASYMPTOMATIC. ONCE ASYMPTOMATIC, THE ATHLETE WILL THEN FOLLOW STEPS 1-4 ABOVE.**

### 5-Step Graduated Exertional Return to Play Protocol

This exertional protocol allows a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs/symptoms during and after each exertional activity. The following steps are not ALL to be performed on the same day. In some cases, steps 1, 2, or 3 (or even 4) may be completed on the same day, but typically will occur over multiple days. Steps 4 and 5 will each be performed on separate and subsequent days:

**Exertion Step 1:** 20 minute stationary bike ride (10-14 MPH)

**Exertion Step 2:** Interval bike ride: 30 sec sprint (18-20 MPH/10-14 MPH)/30 sec recovery x 10; and bodyweight circuit: Squats/Push Ups/Sit-ups x 20 sec x 3

**Exertion Step 3:** 60 yard shuttle run x 10 (40 sec rest); and plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3; and non-contact, sports-specific drills for approximately 15 minutes

**Exertion Step 4:** Limited, controlled return to non-contact practice and monitoring for symptoms

**Exertion Step 5:** Full sport participation in a practice

No athlete can return to full activity or competitions until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by the team physician.
### What is a concussion?
A concussion is a brain injury that:

- Is caused by a blow to the head or body.
- From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

### How can I prevent a concussion?
Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

### What are the symptoms of a concussion?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

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Don’t hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

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it’s better to miss one game than the Whole season. When in doubt, get checked out.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
University of North Carolina at Chapel Hill
Administrator Concussion Statement

☐ I have read and understand the *UNC Concussion Management Protocol.*
☐ I have read and understand the *NCAA Concussion Fact Sheet.*

After reading the NCAA Concussion fact sheet and reviewing the UNC Concussion Management Protocol, I am aware of the following information:

______ A concussion is a brain injury, which athletes should report to the medical staff.
Initial

______ A concussion can affect an athlete’s ability to perform everyday activities, reaction time, balance, sleep, and classroom performance. You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

______ I will enforce with the coaching staff to not knowingly allow an athlete to return to play in a game or practice if they have received a blow to the head or body that results in concussion related symptoms.
Initial

______ Players shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
Initial

______ I will enforce with coaches that if they suspect one of their athletes has a concussion, it is their responsibility to have that athlete see the medical staff.
Initial

______ I understand that although *certified* helmets meeting a standard for helping to prevent catastrophic injuries may be used in my sport, they do not prevent cerebral concussions. Players should wear helmets at all times during participation.
Initial

______ I will encourage coaches to have their athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.
Initial

______ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion, if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage and even death.
Initial

______ I am aware that every first-year student-athlete participating on specified UNC teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.
Initial

______ I am aware that athletes diagnosed with a concussion will be assessed at the Matthew Gfeller Center once symptoms have resolved. Athletes will begin a graduated return to play following full recovery of neurocognition and balance.
Initial

______________________________  __________________________
Signature of Administrator         Date

______________________________
Printed name of Administrator
University of North Carolina at Chapel Hill
Coaches Concussion Statement

☐ I have read and understand the UNC Concussion Management Protocol.
☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet and reviewing the UNC Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the medical staff.

_____ A concussion can affect the athlete’s ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.

_____ Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

_____ If I suspect one of my athletes has a concussion, it is my responsibility to have that athlete see the medical staff.

_____ I will encourage my athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

_____ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that every first-year student-athlete participating on specified UNC teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.

_____ I am aware that athletes diagnosed with a concussion will be assessed at the Gfeller Center once symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

________________________________________  ______________________
Signature of Coach                        Date

________________________________________
Printed name of Coach
University of North Carolina at Chapel Hill
Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.

________________________________________  _______________________
Signature of Student-Athlete                          Date

________________________________________
Printed name of Student-Athlete
University of North Carolina at Chapel Hill
Medical Provider Concussion Statement

☐ I have read and understand the *UNC Concussion Management Protocol.*
☐ I have read and understand the *NCAA Concussion Fact Sheet.*

After reading the NCAA Concussion Fact Sheet and reviewing the UNC Concussion Management Protocol, I am aware of the following information:

_______ A concussion is a brain injury which athletes should report to the medical staff.
Initial

_______ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
Initial

_______ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_______ I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
Initial

_______ If I suspect the athlete has a concussion, it is my responsibility to refer that athlete to the appropriate medical staff.
Initial

_______ I will encourage the athlete to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.
Initial

_______ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

_______ I am aware that every first-year student-athlete participating on specified UNC teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.
Initial

_______ I am aware that athletes diagnosed with a concussion will be assessed at the Gfeller Center once symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
Initial

_________________________________________  ________________________________
Signature of Medical Provider                  Date

_________________________________________
Printed name of Medical Provider