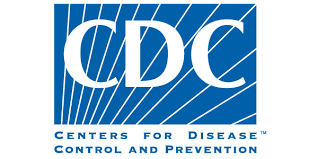
Touch Em All Triad, Inc.

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Touch Em All

Concussion Management Protocol

[](https://www.google.com/imgres?imgurl=https%3A%2F%2Fwww.cdc.gov%2Fabout%2Fimages%2Fleadership%2Fcdc-socialmedia-600x300px.jpg&imgrefurl=https%3A%2F%2Fwww.cdc.gov%2Fabout%2Fleadership.htm&docid=G0NszQ9INh9P2M&tbnid=uGWfW0rUEm1-hM%3A&vet=10ahUKEwjIrKTx6_TmAhWNdd8KHaYOCaIQMwhPKAMwAw..i&w=600&h=300&safe=strict&bih=638&biw=1280&q=cdc&ved=0ahUKEwjIrKTx6_TmAhWNdd8KHaYOCaIQMwhPKAMwAw&iact=mrc&uact=8)****

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**GFELLER-WALLER/TOUCH EM ALL STUDENT-ATHLETE CONCUSSION MANAGEMENT PACKET**

Page 2. **Gfeller-Waller/TEA Student-Athlete Concussion Evaluation**

** Athlete’s Information**

** Injury History**

** Tenets of Concussion Management**

** TEA specific requirements regarding Gfeller-Waller Law**

Page 3. **Medical Provider Recommendations**

Page 4. **Concussion Gradual Return-to-Play Protocol FAQs Sheet**

Page 5. **TEA Concussion Return to Play Protocol Form**

Page 6. **CDC Heads Up to Youth Sports Online Training**

**Gfeller-Waller/Touch Em All (TEA) Concussion Evaluation**

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select.

*(Adapted from the Acute Concussion Evaluation (ACE) care plan (*[*http://www.cdc.gov/concussion/index.html*](http://www.cdc.gov/concussion/index.html)*) and the TEA concussion Return to Play Protocol Form.)*

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY HISTORY** *Person Completing Injury History Section (circle one):* Athletic Trainer | First Responder | TEA Rep | Parent

Date of Injury \_\_\_\_\_\_\_\_\_\_Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Please see attached information

|  |  |  |  |
| --- | --- | --- | --- |
| Following the injury, did the athlete experience: | Circle One | Duration (write number/circle appropriate) | Comments |
| Loss of Consciousness or unresponsiveness? | YES | NO | \_\_\_minutes/hours |  |
| Seizure or convulsive activity? | YES | NO | \_\_\_minutes/hours |
| Balance problems/unsteadiness? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Dizziness? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Headache? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Nausea? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Emotional Instability (abnormal laughing, crying, anger?) | YES | NO | \_\_\_hrs/days/weeks/continues |
| Confusion? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Difficulty concentrating? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Vision problems? | YES | NO | \_\_\_hrs/days/weeks/continues |
| Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_hrs/days/weeks/continues |

Describe the injury, or give additional details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Tenets of Concussion management:**

1. No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.

2. Athletes should never return to play or practice if they still have ANY symptoms.

3. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.

4. Providers should address academic and cognitive considerations when managing an athlete with a concussion. The NC Dept. of Public Instruction now requires a “Return to Learn” plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition and hydration.

5. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.

6. In order to clear an athlete to return to sport without restriction, an athlete should be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion (i.e. has completed return to play protocol).

7. It is typically not feasible for a provider to diagnosis an acute concussion and provide clearance on the same day.

Touch Em All specific requirements regarding Gfeller-Waller law.

1. Touch Em All requires all its participants to have an MD/DO signature on the form to return to play.

2. The physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

3. A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

**Medical Provider Recommendations**

(to be completed by a medical provider)

**Name of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

These recommendations are based on today’s evaluation.

An example of Return-to-Play exertional progression is found on page 5. A stepwise progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely to sport.

RETURN TO SPORTS:

Please Note

SPORTS: □ Not cleared for sports practice or competition at this time.

(Check all that apply) □ May start return to play progression under the supervision of the health care provider. □ May be advanced back to competition after phone conversation with attending physician. □ Must return to medical provider for final clearance/repeat evaluation and recommendations in \_\_\_\_\_ days.

□ Has completed a gradual RTP progression w/o any recurrence of symptoms & is cleared for full participation.

Additional comments/instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Physician Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD or DO  Signature (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  All TEA participants must have an MD/DO signature to return to play. More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.  Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management. | A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.    Medical Provider Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NP, PA-C, LAT, Neuropsychologist (please circle one)  Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name and contact information of supervising/collaborating physician**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Last Updated January 2020

**Concussion Gradual Return-to-Play Protocol FAQs**

**Once a athlete is completely symptom-free at rest and has no symptoms with cognitive stimulation (e.g. reading, computer work, and schoolwork), a gradual Return-to-Play (RTP) progression can be initiated.**

Who can supervise the RTP?

An approved athletic trainer, first responder can supervise the RTP.

Who must go through the RTP?

All athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a stepwise fashion with gradual, progressive stages.

What activities are included in the RTP stages?

The RTP begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. An athlete should only be progressed to the next stage if they do not experience any signs/symptoms.

What should be done if the athlete is unable to complete a stage successfully after two attempts?

If a athlete is unable to complete a stage twice without return of signs/symptoms consultation with the healthcare provider is advised.

How does the athlete know if he/she is ready to advance to the next stage?

After supervised completion of each stage without provocation/recurrence of signs/symptoms, an athlete is allowed to advance to the next stage of activity.

What should the athlete do if signs/symptoms return?

If signs/symptoms occur with exercise, the athlete should stop and rest. Once free of sign/symptom for 24 hours, the athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the health care provider overseeing the RTP Protocol.

Last Updated January 2020

Touch Em All Concussion Return to Play Protocol Form

Name of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Symptom Free: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAGE** | **EXERCISE** | **GOAL** | **DATE STAGE SUCCESSFULLY COMPLETED** | **COMMENTS** | **SUPERVISED BY** |
| 1 | 20-30 min of cardio activity: walking, stationary bike. | Perceived intensity/exertion: Light Activity |  |  |  |
| 2 | 30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each. | Perceived intensity/exertion: Moderate Activity |  |  |  |
| 3 | 30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement. | Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement |  |  |  |
| 4 | Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, non-contact, sport-specific agility drills x 30-60 minutes. **Consult with physician regarding the athlete’s progress prior to initiating contact during Stage 5.** | Perceived intensity/exertion: High/Maximum Effort Activity |  |  |  |
| 5 | Participate in full practice. If in a contact sport, controlled contact practice allowed. |  |  |  |  |
| 6 | Resume full participation in competition. |  |  |  |  |

**\*\*Only a physician can provide final clearance to return to sport without restriction. Prior to being cleared, the athlete must be completely symptom-free both at rest AND with full cognitive stress AND with full physical exertional stress (i.e. completed the Return- to- Play Protocol).\*\***

**By signing below, I attest that the above-named athlete has completed, without return of symptoms, the Gradual Return-to-Play Protocol.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athletic Trainer/First Responder (Please Circle) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name

By signing below, I am aware that my child has completed, without return of symptoms, the Gradual Return-to-Play Protocol.

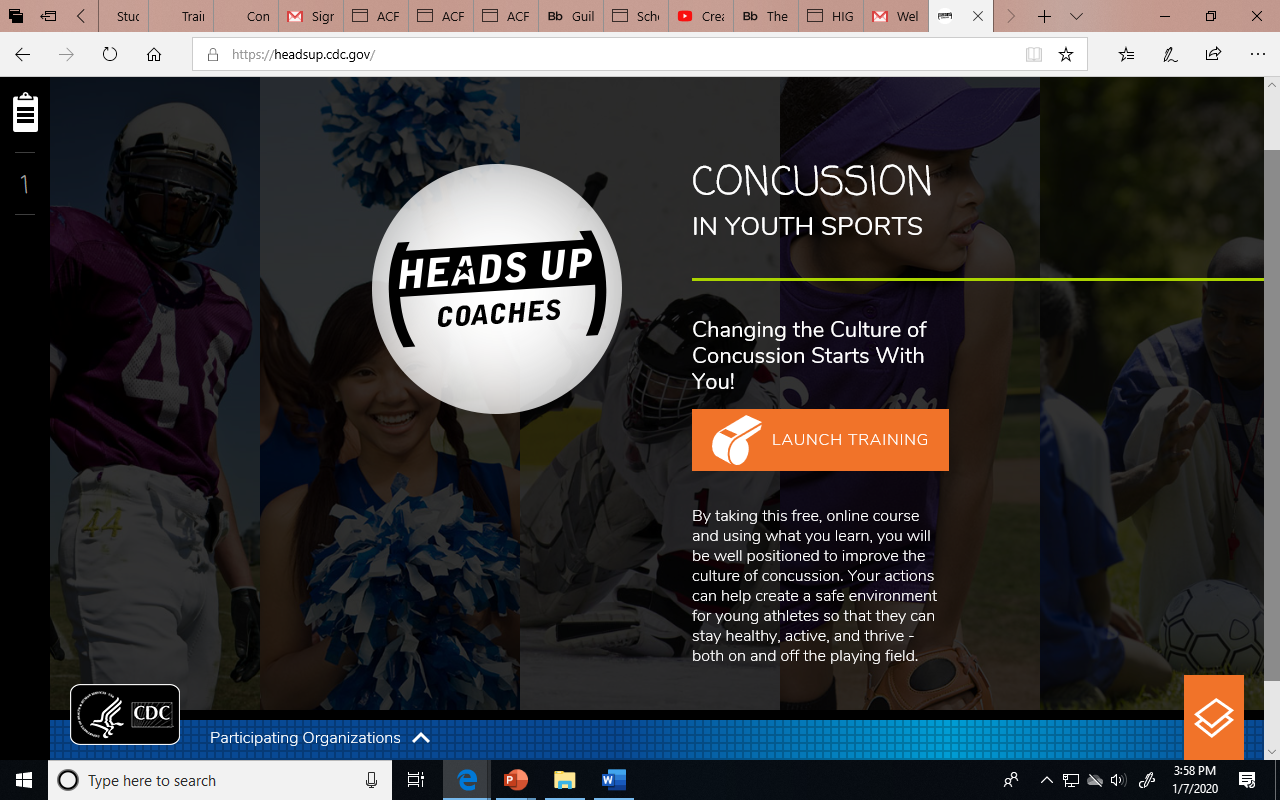
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Custodian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name

Last Updated JANUARY 2020



**All coaches, camp instructors and other volunteers who have not already received concussion training shall complete the free online course provided by the CDC.**

[*https://headsup.cdc.gov*](https://headsup.cdc.gov)

**Register**

**I Want to Create an Account**

**Validate Email**

**Clink Link Within Email**

**Launch Training**

**Print Certificate**