

## **PSAL Concussion Management Steps**

### **Before the start of the school year all schools must:**

1. Each athletic program participating in the PSAL must identify a point-person to handle all concussion cases.
2. The point-person should have good organizational skills. It is suggested that the point person be the Athletic Director.
3. Training will be offered on a seasonal schedule and all Athletic Directors, Point Persons and coaches will require training every 24 months. The training will be performed by physicians working in conjunction with Partners for Youth / Bellevue Hospital and the Department of Health.
4. All PSAL coaches will be educated to administer the SAC (Standardized Assessment of Concussion) to an athlete suspected of having a concussion.
5. The NY State Mandated Training has been modified to include concussions.
6. The Athletic Director or the point-person at each school must maintain an active record of all head injuries and concussions sustained by their athletes. A preliminary form is attached below on pages 3-8. This form additionally must be copied and delivered to the medical office to keep on file with the student's medical records.

### **If a Student-Athlete has a suspected head injury/concussion, follow these steps**

1. The coach will identify the student-athlete suspected of sustaining a concussion and escort that student off the field.
2. The student will **NOT BE ALLOWED** to return to athletic activity for not less than 24 hours and until written medical clearance is received from a licensed physician.
3. The SAC must be completed immediately after the injury to help assess the severity of the head injury. Note that even if a student-athlete gets a perfect score (30) on the SAC, he/she is still not allowed to return to athletic activity for not less than 24 hours and until written medical clearance is received from a licensed physician.
4. The AD/point-person will fill out the NYCDOE PSAL Concussion Assessment Form.
5. The AD/point-person will attach the SAC to the NYCDOE PSAL Concussion Assessment Form.
6. The AD/point-person must record the incident in their active records for students. A copy of the SAC and the NYCDOE PSAL Concussion Assessment Form must be maintained in the school in the student's file.
7. The SAC and NYCDOE PSAL Concussion Assessment Form are given to the athlete or family member so that it may be completed by a licensed physician.
8. If the point-person is **NOT** the Athletic Director then the Athletic Director must be notified of the incident.
9. Any athlete with a suspected concussion will **NOT BE ALLOWED** to return to athletic activity for not less than 24 hours and until written medical clearance is received from a

licensed physician. Athletic activities include but are not limited to practices, games, film sessions, “walk-throughs”, team meetings, and any other team related activities.

10. In order for an athlete to return to athletic activity he or she must obtain medical clearance from a licensed physician as documented on the NYCDOE PSAL Concussion Assessment Form.

**NYCDOE PSAL CONCUSSION ASSESSMENT FORM**

Section I (To be completed at time of injury)

STUDENT \_\_\_\_\_  
OSIS NUMBER \_\_\_\_\_  
DATE of BIRTH \_\_\_\_\_  
SCHOOL \_\_\_\_\_  
SPORT \_\_\_\_\_  
DATE of INCIDENT \_\_\_\_\_  
DESCRIPTION of INJURY \_\_\_\_\_

LOSS of CONSCIOUSNESS	yes	_____	(duration	_____)	no	_____
AMNESIA	yes	_____			no	_____
HEADACHE	yes	_____			no	_____
DIZZINESS	yes	_____			no	_____
DROWSINESS	yes	_____			no	_____
NAUSEA	yes	_____			no	_____
OTHER _____	yes	_____			no	_____

SAC ADMINISTERED within 5 minutes of incident \_\_\_\_\_ after 5 minutes \_\_\_\_\_

SAC SCORE \_\_\_\_\_

**FIGURE 1**

# Standard Assessment of Concussion-SAC

# FORM A

Name: \_\_\_\_\_  
 Team: \_\_\_\_\_ Examiner: \_\_\_\_\_  
 Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_  
 Exam (Circle One): BLine Injury Post-Px/Game  
 Day 1 Day 2 Day 3 Day 5 Day 7 Day 90

**Introduction:**  
 I am going to ask you some questions. Please listen carefully and give your best effort.

**Orientation:**

What Month is it? _____	0	1
What's the Date Today? _____	0	1
What's the Day of the Week? _____	0	1
What Year is it? _____	0	1
What Time is it right now? (within 1 hr.) _____	0	1

Award 1 point for each correct answer.

**ORIENTATION TOTAL SCORE**

**Immediate Memory:**  
 I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

LIST	TRIAL 1	TRIAL 2	TRIAL 3
Elbow	0 1	0 1	0 1
Apple	0 1	0 1	0 1
Carpet	0 1	0 1	0 1
Saddle	0 1	0 1	0 1
Bubble	0 1	0 1	0 1

**TOTAL**

**Trials 2 & 3:** I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if I said the word before.  
 Complete all 3 trials regardless of score on trial 1 & 2. Score 1 pt. for each correct response. Total score equals sum across all 3 trials.  
 Do not inform the subject that delayed recall will be tested.

**IMMEDIATE MEMORY TOTAL SCORE**

**Exertional Maneuvers:**  
 If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms are likely to be elicited and detected. **These measures need not be conducted if a subject is already displaying or reporting any symptoms.** If not conducted allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

Exertional Maneuvers	
5 Jumping Jacks	5 Push-Ups
5 Sit ups	5 Knee Bends

**Neurologic Screening:**

Loss of Consciousness/ Witnessed Unresponsiveness	No Length:	Yes
Post-Traumatic Amnesia? Poor recall of events after injury	No Length:	Yes
Retrograde Amnesia? Poor recall of events before injury	No Length:	Yes
<b>Strength</b>	Normal	Abnormal
Right Upper Extremity		
Left Upper Extremity		
Right Lower Extremity		
Left Lower Extremity		
<b>Sensation - examples:</b>		
Finger-to-Nose/Romberg		
<b>Coordination - examples:</b>		
Tandem Walk/Finger-Nose-Finger		

**Concentration:**

**Digits Backward:** I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.  
 If correct, go to next string length. If incorrect, read trial 2. Score 1 pt. for each string length. Stop after incorrect on both trials.

4-9-3	6-2-9	0	1
3-8-1-4	3-2-7-9	0	1
6-2-9-7-1	1-5-2-8-6	0	1
7-1-8-4-6-2	5-3-9-1-4-8	0	1

**Months in Reverse Order:** Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead.  
 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

**CONCENTRATION TOTAL SCORE**

**Delayed Recall:**

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

Elbow Apple Carpet Saddle Bubble

**DELAYED RECALL TOTAL SCORE**

**SAC Scoring Summary:**

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

Orientation	/5
Immediate Memory	/15
Concentration	/5
Delayed Recall	/5
<b>SAC Total Score</b>	<b>/30</b>

REPORTER NAME \_\_\_\_\_ TITLE \_\_\_\_\_

\*Please note that the reporter must keep a copy of this form to be given to the school's athletic director for school records.

**SECTION II (To be completed by examining physician)**

Dear Doctor,

The above student sustained symptoms of a concussion during a PSAL practice or game. **The student may not return to sports until examined by a physician and found to be free of post-concussive symptoms.** Please complete and sign the form below.

A. Concussion history (**2 or more concussions in the past year or 3 or more concussions over an athlete’s lifetime requires clearance by a concussion specialist**)

- 1. Previous concussion    yes\_\_ no\_\_
- 2. Previous number of concussions 0\_\_ 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ 6\_\_ >6\_\_

B. Since the injury has the athlete experienced any of the following symptoms:

- 1. Headache                                    yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 2. Nausea                                        yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 3. Vomiting                                      yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 4. Balance problems                          yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 5. Dizziness                                    yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 6. Visual problems                            yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 7. Difficulty concentrating                  yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 8. Difficulty remembering                  yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 9. Increased irritability                      yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 10. Sadness                                     yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 11. Sleeping more than usual                yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_
- 12. Sleeping less than usual                 yes\_\_ no\_\_ symptom resolved\_\_ still present\_\_

- 13. Do any of the above symptoms worsen with exertion? yes\_\_ no\_\_
- 14. Do any of the above symptoms worsen with cognitive activity (i.e. homework)? yes\_\_ no\_\_

C. Physical examination:

Following is the SCAT 2 (Sport Concussion Assessment Tool 2). This is a standardized method of evaluating an athlete who has sustained a concussion. It is included to assist in your clinical evaluation and decision-making.

Please complete sections 5 through 8.

**(Insert SCAT 2)- See SCAT 2 at end of document**

D. Plan:

Note that an athlete should NEVER return to play or practice if still having ANY SYMPTOMS.

- No follow-up needed and athlete is cleared for all sports and activities
- Athlete is cleared to begin a step-wise return to play protocol and will follow-up in my office as needed.\*
- Athlete is NOT cleared for sports and will follow-up in my office in 1 week
- Athlete is NOT cleared for sports and will consult with a concussion specialist

\*Step-wise return to play protocol.

- Day 1: light aerobic exercise (walking, swimming, or stationary cycling) keeping exercise heart rate less than 70% of maximum predicted heart rate. No resistance training
- Day 2: sport-specific exercise, any activities that incorporate sport-specific skills. No head impact activities.
- Day 3: non-contact training drills
- Day 4: full contact practice, participate in normal practice activities
- Day 5: return to competition

If any concussion symptoms return during any of the above activities, the athlete should return to the previous level, after resting for 24 hours.

For more information on the evaluation and treatment of concussion please go to [www.](http://www.)

Physician name \_\_\_\_\_  
Office address \_\_\_\_\_  
Date of examination \_\_\_\_\_

Physician signature \_\_\_\_\_  
Office phone number \_\_\_\_\_

