



Gfeller-Waller/NCHSAA Concussion Management Principles

Health and Safety Personnel

The NCHSAA **STRONGLY RECOMMENDS** that each individual listed below has both expertise and training in concussion management and that LATs, PAs, and NPs consult with their supervising physician before signing the Return To Play Form, as per their respective state statutes.

Licensed Physician**- An individual who has training in concussion management licensed to practice medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes.

Licensed Athletic Trainer (LAT)** - An individual who has is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.

Licensed Physician Assistant (PA)** – An individual who has is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as an assistant to a physician.

Licensed Nurse Practitioner (NP)** - Any nurse who has is licensed under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions.

Licensed Neuropsychologist**– An individual who has training in concussion management licensed under Article 18A of Chapter 90 of the General Statutes.

First Responder (FR) – An individual who has meets the requirements set forth by the North Carolina State Board of Education Policy ATHL-000.

**** Licensed Health Care Provider as defined by the Gfeller-Waller Concussion Awareness Act.**

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. It is not feasible for a Licensed Health Care Provider (LHCP) to both diagnose an acute concussion and provide clearance on the same day.
3. Athletes should never return to play or practice if they still have **ANY symptoms.**
4. 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 should not make clearance decisions at the time of first visit.
5. 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.
6. Both academic and cognitive considerations should be addressed when managing a student-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.
7. The NCHSAA **STRONGLY RECOMMENDS** that all member school student-athletes have a Licensed Physician’s (MD/DO) signature on the Return to Play Form and/or the Licensed Health Care Provider Concussion Evaluation Recommendations Form. Remember that the Licensed Physician (MD/DO) signing the RETURN TO PLAY FORM and/or the Licensed Health Care Provider Concussion Evaluation Medical Recommendation Form is required to be licensed under Article 1 of Chapter 90 of the General Statutes and have had training in concussion management.
8. The student-athlete must be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion before being cleared to resume full participation in athletics (The NCHSAA Concussion Return to Play Protocol has been designed with this in mind).
9. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to full participation in athletics.