Sports-Related Concussion Questionnaire
December, 2013

1. Do we rely on the *NCAA Sports Medicine Handbook* as the best practice guide for managing sports-related concussion?

University of Hawaii at Manoa’s policies, as described in section 13.5 of the athletics department manual, meet the criteria laid out in the NCAA Sports Medicine Handbook: “Best Practices for a Concussion Management Plan”, and “NCAA Concussion Policy and Legislation”. We are recommending that the team physician give an in-service every year to the coaches about the EAP plan and concussion management.

c. Do we have a formal baseline assessment pre-season?

Yes, we do. Students are evaluated regarding concussion risk modifiers (e.g. prior concussion history, learning disabilities, stimulant medication requirements, migraines, seizure history). Baseline neurocognitive testing is performed ImPACT for students participating in at risk sports. If a specific student is known to have a significant history of prior concussions or concussion risk modifiers, the team physician may request further consultation and testing. After a concussion, as part of the final follow-up following symptom resolution, repeat neuropsychological testing is performed to create a new baseline.

2. Is the designated Team Physician(s) responsible for formulating program-wide policy on sports related concussion?

Yes

3. Do we follow the *NCAA Sports Medicine Handbook*’s “Best Practices for a Concussion Management Plan” with regard to coaches?

Yes

a. What education and training about sports-related concussion is required for coaches?

Still researching who provides the annual training.

b. Who ensures that coaches receive this education?

Still researching

c. Do we educate all coaches, or only coaches involved in contact-collision sports?

We educate all coaches.

4. What type of education is provided to student-athletes pre-season?
Student athletes are educated regarding concussion, including how to recognize the signs and symptoms of concussions, the importance of properly fitting equipment, and avoidance of high-risk sport activities (e.g. leading with the head).

a. What is the communication protocol for student-athletes and parents post-concussion?

Students are followed up daily with the athletic trainer / team physician until being authorized to return to play. Written instructions are given to the patient for care and daily contact with the trainer is maintained until symptoms resolve. Parents are only contacted if the student-athlete is not able to make decisions, in compliance with HIPPA regulations.

5. Who evaluates student-athletes suspected of having a sports-related concussion, both during and after competitions?

When a student athlete exhibits signs / symptoms of a concussion, he / she is removed from play and not allowed to return to play until evaluated and cleared by a licensed health care provider. If the student athlete has minimal signs of a concussion, the athletic trainer / team physician is contacted to determine a plan for the evaluation of the student athlete. If the athletic medicine staff are unavailable, University of Hawaii at Manoa Health Services may be utilized. If the concussion occurs at an away contest, at which an athletic trainer / team physician is not present, the host institution’s medical staff is utilized. If the student athlete experiences worsening symptoms, the student is transported to a hospital emergency department using emergency services / ambulance. During the recovery process, rate of progression and final clearance is made by the team physician. Interpretation of post-injury neuropsychological testing may include a consultant neuropsychologist at the team physician’s discretion.

a. Do these individuals have documented sports-related concussion training?

All trainers and team physicians meet annually; we are recommending a special in-service every year on concussion.

6. Who is responsible for monitoring student-athletes who have suffered sports-related concussions?

Students are followed up daily with the athletic trainer / team physician until being authorized to return to play. During the recovery process, rate of progression and final clearance is made by the team physician. Interpretation of post-injury neuropsychological testing may include a consultant neuropsychologist at the team physician’s discretion.

7. Do we follow the return-to-play protocol in the NCAA Sports Medicine Handbook?

Yes, we do.

a. Do we have a return-to-classroom protocol for student-athletes who suffer sports-related concussion?
If modifications to the academic program are indicated, the team physician communicates in this regard with the dean.

8. Is our electronic medical record/database for sports-related concussion (and other injuries/illnesses) connected to Datalys?

No

a. If not, why not?
The electronic health record is limited to an electronic injury tracking system. Funds not available for more extensive system.

9. Do we utilize any helmet-sensor or skull-bases sensor devices for monitoring the quantity and quality of head hits in football practice and games?

a. Do we utilize sensors in any other contact/collision sports?

No

10. How do we monitor and assess our own performance in following program-wide policy?

a. Specifically, how do we monitor that we follow the NCAA Concussion Policy and Legislation?

Athletic trainers and team physicians maintain documentation of: baseline neurocognitive testing results, initial injury evaluations, daily symptom assessments, changes in status regarding activities, and final clearance for return to play. We additionally have a compliance officer, who is responsible for ensuring compliance with NCAA regulations. And we have both a faculty senate Committee on Athletics and an Athletic Advisory Board who oversee multiple aspects of athletics.

Kelley’s recommendation to the policy:
1. Because of the length and frequency of travel making athletic trainers less available locally (they travel with the team), many trainers end up working from 5am to 10pm in the training room. They cannot maintain maximal efficiency and productivity after 17 hours, so we recommend that 2 additional trainers would remedy this challenge.  
2. The team physicians and trainers review and discuss the concussion plan annually and make any necessary changes.  
3. The trainers and team physician provide an annual in-service to all the coaches on the EAP and concussion guidelines, and document when and who took part.  
4. There be face-to-face trainings with student athletes annually demonstrating the importance of preventing and treating concussions.  
5. Confirm communication regarding return to class and return to play (they should be around the same time period as nobody should go back to class before they can go back to play).