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To: Clinicians, school staff and readers of the *Head Strong Booklet: Guidance for Implementing the Massachusetts Regulations on Head Injuries and Concussions in School Athletics*

From: Leonard M. Lee, Division Director of Violence and Injury Prevention

RE: IMPORTANT UPDATES

Head Strong Booklet: Guidance for Implementing the Massachusetts Regulations on Head Injuries and Concussions in School Athletics

The amendments to the regulations, *105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletics* are effective August 1, 2014. As a result of these important amendments some of the text of **Section 9: Medical Clearance** of the *Head Strong Booklet* has changed. The attached document should be inserted into **Section 9** of your copy of *Head Strong Booklet* for future reference.

For your reference the entire amended regulations can be found at www.mass.gov/dph/sportsconcussion under the heading "Recent Regulations on Head Injuries and Concussions in Extracurricular Athletic Activities." In addition all MDPH documents related to sports-related head injuries and concussions can be found at www.mass.gov/dph/sportsconcussion. If you have further questions feel free to contact Linda Brown at 617-624-5432 or linda.brown@state.ma.us.

Thank you for your work in continuing to maintain the health and safety of students in school sports.



UPDATE: PLEASE READ

Revisions to *Head Strong Booklet: Guidance for Implementing the Massachusetts Regulations on Head Injuries and Concussion in School Athletics*

(January 2012)

The amendments to the regulations, *105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletics* are effective August 1, 2014. For your reference the entire amended regulations can be found at www.mass.gov/dph/sportsconcussion under the heading "Recent Regulations on Head Injuries and Concussions in Extracurricular Athletic Activities."

AS A RESULT OF THESE AMENDMENTS WHAT FOLLOWS ARE REVISIONS TO THE TEXT OF *THE HEAD STRONG BOOKLET: GUIDANCE FOR IMPLEMENTING THE MASSACHUSETTS REGULATIONS ON HEAD INJURIES AND CONCUSSIONS IN SCHOOL ATHLETICS* EFFECTIVE AUGUST 1, 2014.

ALL REVISIONS ARE ALL IN **SECTION 9: MEDICAL CLEARANCE FOR RETURN TO PLAY OF THE HEAD STRONG BOOKLET**, ARE HIGHLIGHTED AND IN A LARGE FONT AND **REPLACE PAGES 24-29 OF THE PRINT VERSION AND PAGES 33-38 OF THE PDF ON-LINE VERSION.**

It should be noted that this text includes revisions to the Medical Clearance section of the regulations [105 CMR 201.011(B)] and the Medical Clearance and Authorization form as of September 2013 whereby physicians, nurse practitioners, licensed athletic trainers, neuropsychologists and physician assistants providing medical clearance for return to play shall verify they have received DPH-approved training in post-traumatic head injury and assessment and management or have received equivalent training.

Finally, as a result of the amendments of *105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletics* effective August 1, 2014 the nomenclature of "licensed athletic trainer" was used to replace "certified athletic trainer".

Section 9: Medical Clearance for Return to Play (Revised August 2014)

Regulation 105 CMR 201.006(A)(9):

The protocol for medical clearance for return to play after a concussion that at a minimum complies with 105 CMR 201.011.

105 CMR 201.011:

Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, unless another person is specified in school policy or procedure, a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (Medical Clearance and Authorization Form), or school-based equivalent, prior to resuming the extracurricular athletic activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011(A). The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

105 CMR 201.011(A):

Only the following individuals may authorize a student to return to play:

- (1) A duly licensed physician;*
- (2) A duly licensed athletic trainer in consultation with a licensed physician;*
- (3) A duly licensed nurse practitioner in consultation with a licensed physician; or*
- (4) A duly licensed neuropsychologist in coordination with the physician managing the student's recovery; or*
- (5) A duly licensed physician assistant under the supervision of a licensed physician.***

Overview:

If an athlete is removed from play for a suspected concussion, he or she must be medically cleared and evaluated before returning to play/practice. If the student was diagnosed with a concussion, the medical clearance can only be provided **after** he or she has completed a graduated return to

play plan indicating they are ready to resume physical activity. To provide this clearance, MDPH has developed a **Post Sports Related Head Injury Medical Clearance and Authorization Form** whose link may be found in the **Additional Resources** section or at www.mass.gov/dph/sportsconcussion. Schools may use this form or a school-based equivalent including the same information. The form may include additional information the school wishes to collect. The following elements should be included on the school-based equivalent:

- Student's name, sex, date of birth, grade
- Date of Injury
- Symptoms and their duration
- Diagnosis
- If a concussion was diagnosed, date of completion of graduated RTP plan
- Past history of previous concussions
- Health provider's name, address, phone #
- Health provider's designation as physician, CAT, NP, neuropsychologist **or physician assistant**
- If not physician, name of physician providing consultation or coordination
- Signature and date of health provider providing clearance

• **Attestation stating "I attest that I have received clinical training in post-traumatic head injury assessment and management approved by the Department of Public Health or have received equivalent training as part of my licensure or continuing education."**

Practitioner's initials: _____

Type of Training: CDC on-line clinician training Other MDPH approved Clinical Training Other
(Describe) _____

* MDPH approved Clinical Training options can be found at:
www.mass.gov/dph/sports concussion

This form is not complete without the practitioner's verification of such training

In order to comply with the regulations, this section of the school's policies must include: confirmation that students may not return to play/practice until medical clearance is obtained, what form will be used, who reviews the medical clearance, where forms will be kept, and what procedures will be followed if symptoms are observed after a student resumes physical activity. For more information about graduated return to play plans, see Section 10 of this document. Of note, the athlete must be completely symptom-free at rest before beginning a graduated return to play process **to extracurricular athletic activities. Also, the student must be symptom free at rest, during exertion, and with cognitive activity in order to complete the graduated re-entry plan and be medically cleared to play.**

There is substantial flexibility to develop policies and protocols that meet the needs and resources of a particular school or school district. This is reflected in the sample policies below.

Return to Play Sample Policy 1:

The _____ school physician, if available, should also be involved. **Medical clearance is meant to be provided AFTER a student has completed his or her graduated return to play plan.**

The medical provider giving medical clearance for returning to play must use the MDPH Medical Clearance Form, “**Post Sports-Related Head Injury Medical Clearance and Authorization Form,**” available on the MDPH website (www.mass.gov/dph/sportsconcussion), or a school-based equivalent that includes the same information. The Medical Clearance Form contains more detailed information than a simple statement that the student is ready to return to athletics. This additional information is necessary as school staff monitors the student returning from a concussion. Athletic staff may consider providing this form to the athlete to share with the physician. The completed forms should be kept in the student’s medical record in the school health office as well as athletic department office.

Return to Play Sample Policy 2 (Adapted from a number of sources, including Marshfield High School):

All students at _____ School must be cleared to return to play/practice by a licensed medical professional (physician, NP in consultation with a physician, CAT in consultation with a physician, neuropsychologist in coordination with the physician managing the student’s recovery **or physician assistant under the supervision of a licensed**

physician) after the graduated return to play has been completed. (See details about graduated return to play practices below under Section 10). It is recommended that this medical professional have familiarity with concussion diagnosis and management in order to determine how serious the concussion is and when it is safe for the student to return to normal activities including physical activity and school (concentration and learning activities). Sports activities include physical education class as well as sports practices and games:

- The student should be completely symptom free at rest and with physical (sprints, non-contact aerobic activity) and cognitive exertion (school work).
- Return to play should occur gradually (see below).
- Students should be monitored for symptoms and cognitive function during each stage of exertion.
- Students should only progress to the next level of exertion if they are asymptomatic at the current level.

Medical clearance will be provided using the form whose link can be found in the **Additional Resources** section of these policies and also available on the _____ School website. It is recommended that the student take this form to the medical professional at the time of exam as other forms will not be accepted. These forms must be provided to the coach or athletic trainer and will be shared with the school nurse for review with a copy kept in the student's medical record.

In a situation in which a student has been medically cleared but school staff have observed continuing symptoms, the school will make the final decision regarding a student's to return to play. If this situation arises, the _____ School staff should communicate to the physician or health care provider who provided the clearance regarding the symptoms which school staff have observed, to allow for reevaluation by the health care provider. It is possible that the health care provider was not aware of the student's symptoms when the provider gave the clearance. If the athlete still has symptoms, the athlete should NOT return to play.

Return to Play Sample Policy 3 (When schools use ImPACT or other testing not required by regulations)[Adapted from Ludlow High School]:

Following a diagnosed concussion made by a healthcare provider, the student athlete will take a post-injury test within 24 to 48 hours following the head injury. STUDENT ATHLETES WILL NOT BE ALLOWED TO MOVE ONTO FUNCTIONAL/PHYSICAL TESTING UNTIL THEIR IMPACT TEST IS BACK TO THE BASELINE SCORE AND THEY ARE ASYMPTOMATIC. After a student athlete takes their first post-injury test, they will not be re-tested again for 5 days.

If after the first post-injury ImPACT test the athlete is not back to his/her baseline, the parent(s) or legal guardian(s) will be notified, and the student athlete will be referred back to their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, licensed neuropsychologist, nurse practitioner, certified athletic trainer or **physician assistant** stating when the athlete is allowed to return play.

Following a post-injury test, the certified athletic trainer will take the Concussion Information and Gradual Return to Play form signed by the parent(s) or legal guardian(s) and fill in the date of all post-injury tests taken by each student athlete.

The certified athletic trainer will also document the date on which the athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.

Once the athlete completes the exertional post concussions tests, the parent(s) or legal guardian will be notified and the athlete will be sent home with all signed documents relating to head injury. At this time the parent(s) or legal guardian must bring the student athlete to a licensed physician, licensed neuropsychologist, nurse practitioner, or certified athletic trainer to be medically cleared for participation in extracurricular athletic activities.

Once a student athlete's post-injury test is back at the student athlete's baseline score they will go through 5 days of Exertional Post Concussion Tests. The student athlete must be asymptomatic for all functional and physical tests to return to play (RTP). All tests will be administered by a certified athletic trainer.

Return to Play Sample Policy 4 (Adapted from the Dexter and Southfield Schools):

If it is determined that an athlete has a concussion or suspected concussion, he/she will be out of competition until he/she can be cleared for participation by a physician. No player shall go from being sidelined with a concussion to full play until he/she has followed the recommended stepwise process from the treating physician regarding return to activity. Each athlete will likely have his/her own course of recovery, which may depend upon prior medical history of concussion. Each student who is removed from practice or competition shall have a written graduated reentry plan for return to full academic and extracurricular athletic activities. The plan shall be developed by the student's teachers, the student's guidance counselor, school nurse, certified athletic trainer if on staff, neuropsychologist if available or involved, parent, members of the building-based student support and assistance team or individualized education program team as appropriate and in consultation with the student's primary care provider or the treating physician. This written plan shall include instructions for

students, parent(s) and school personnel addressing physical and cognitive rest, graduated return to academics and athletics, estimated time intervals for resuming activities, assessment frequencies, as appropriate, by the school nurse, physician, team physician, athletic trainer if on staff, or neuropsychologist if available until full return to academics and athletics is authorized. A plan for communication and coordination shall also be put into place with the above individuals who are managing the student's recovery. The student must be completely symptom-free at rest in order to begin graduated re-entry (stepwise program) to activities. Final authority for return to play shall reside with the student's physician or the physician's designee.