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|  | **Barry University Concussion Management Plan** |

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| **Approval by ECA** | **August 16, 2010** |
| **Policy Effective Date:** | **August 16, 2010 [updated 2/28/2014]** |
| **Related Policies:** |  |
| **Additional References:** | National Collegiate Athletic Association, National Athletic Trainers Association |

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Article I: Purpose

Barry University Department of Athletic Training along with the Department of Intercollegiate Athletics recognizes that concussions are a significant risk to those participating in athletics and is committed to the prevention, identification, evaluation and management of concussions.  The Concussion Management Plan (CMP) will help educate and identify student-athletes who exhibit signs, symptoms or behaviors consistent with a concussion.

**Article II: Definitions**

1. Concussion: A complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.

* Concussion may be caused by either a direct blow to the head, face, neck, or elsewhere on the body with an “impulsive” force transmitted to the head.
* Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
* Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
* Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in a small percentage of cases, post-concussive symptoms may be prolonged.
* No abnormality on standard structural neuroimaging studies is seen in concussion.

### 2. Post-Concussion Syndrome: chronic cognitive and neurobehavioral difficulties related to recurrent injury. In some cases, such difficulties can be permanent and disabling. Symptoms may include:

###  Chronic headaches

### Sleep difficulties

### Fatigue

### Personality changes (e.g. increased irritability, emotionality) sensitivity to light or noise

* Dizziness when standing quickly
* Deficits in short-term memory, problem solving and general academic functioning

3. Second-Impact Syndrome (SIS): An extremely rare condition in which the brain swells rapidly and catastrophically after a person suffers a second concussion before symptoms from an earlier one have subsided. This deadly second blow may occur days or weeks after an initial concussion, and even the mildest grade of concussion can lead to SIS. The condition is often fatal, and survivors are left severely disabled. The cause of SIS is uncertain, but it is thought that the brain's arterioles lose their ability to regulate their diameter, and therefore lose control over cerebral blood flow, causing massive cerebral edema.

**Article III: Education**

All student athletes will be given an educational fact sheet and watch a NCAA video on concussions. The fact sheet will include information regarding mechanism of injury, signs and symptoms, preventive measures, recognition and what to do if a concussion is suspected. Barry University Department of Athletic Training requires student athletes to sign a statement in which the student-athletes accept the responsibility for reporting their injuries and illnesses to the athletic training staff including signs and symptoms of concussions.

**Article IV: Baseline Testing**

Barry University Department of Athletic Training will record a baseline assessment for each student athlete of selected sports prior to the first practice. The *ImPACT* (Immediate Post-Concussion Assessment and Cognitive Testing) assessment tool for concussions and the Balance Error Scoring system [BESS] will be used for baseline testing. The same baseline assessment tools will be used post-injury at appropriate time intervals.  Baseline test results will be used for comparison with post-concussion testing; however, they will not be the sole determining factor in return-to-play considerations. The following sports will have a baseline evaluation: Men’s and Women’s Soccer, Volleyball, Men’s and Women’s Basketball, Baseball, and Softball.

**Article V: Management of Suspected and Diagnosed Concussions**

1. Signs and Symptoms. The following is a list of the signs and symptoms of concussions and should be recognized as the need for further evaluation:

Headache Difficulty Remembering Irritability

Nausea/Vomiting Loss of Consciousness Confusion

Blurred Vision Dizziness Sadness

Feeling in a fog Nervousness Anxiety

Balance Problems Difficulty Concentrating

Sensitivity to Light/Sound Difficulty sleeping

2. On-field Evaluation

1. Student athletes suspected of having a head injury or concussion will be removed from competition for a thorough evaluation by the team physician or physician’s designee. These healthcare professionals shall have sole and unchallenged authority in determining return to play and management of the student athlete.
2. If an athletic trainer is not present, the coach will withhold the student athlete from participation and contact the athletic trainer for evaluation.
3. A member of the athletic training staff will perform the evaluation using the Sport Concussion Assessment Tool 2 (SCAT 2), balance testing (modified BESS), and cranial nerve examination for initial evaluation purposes as available and practical.

If the student athlete is believed to have a concussion, they are to discontinue any further participation for the remainder of that day.

3. Off-field Concussion Management

The student athlete should receive serial monitoring for deterioration. Athletes will be provided with written instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.

a) The student athlete will be referred to a hospital, team physician, or team physician designee if they experience any of the following:

* Loss of consciousness > 1min
* Amnesia for more than 15 minutes
* Deterioration of neurologic function
* Decreasing level of consciousness
* Decrease or irregularity in respirations/pulse
* Any signs or symptoms of associated injuries , spine or skull fracture, or bleeding
* Mental status changes
* Seizure activity
1. All student athletes suspected of having a concussion will be formally re-evaluated following the practice or competition. This examination will consist of the *SCAT2* concussion assessment tool, the MBTI Progress Note and Graded Symptom Checklist ( AppendixA) .
	* The results will be recorded and kept in the student athlete’s medical chart. The student athlete will then be instructed on the seriousness of a concussion, what to watch for and follow-up instructions.
	* The student athlete will also be given the “Concussion Management: Take-Home Instructions” handout (see Appendix A).
	* The student athlete will be instructed to maintain cognitive and physical rest until symptoms have subsided.
2. Graded Symptom Checklist and progress notes for reported and observed symptoms will be repeated daily until resolution of symptoms. If symptoms are still present 24 hours following the injury, the student athlete and/or athletic trainer will follow-up with a team physician, or team physician designee.
	* While symptomatic, student athletes are encouraged to physically and cognitively rest refraining from activities that require exertion and concentration (i.e., video games, texting, etc.) They may be excused from academic assignments/classes by a physician or physician designee.
	* The physician may request additional evaluation and diagnostic testing to assist in the management plan.
3. Nueropsychological ReAssessment (IMPACT\_ and SCAT2 will be administered once symptoms have resolved for 24 hours and repeated every 24 hours until student athlete has returned to baseline normative values.
4. Return-to-play considerations will be evaluated on a case-by-case situation. Please remember there is no quantified time-table for healing of concussions. These decisions are based on individual factors including, but not limited to the following concussion modifiers.

Concussion Modifiers

|  |  |
| --- | --- |
| Symptoms | Number, Duration, Severity |
| Signs | Prolonged LOC (>1 min), amnesia |
| Sequelae | Concussive convulsions |
| Temporal | Frequency, Timing between concussions, Recent concussions |
| Threshold | Repeated concussions with less impact force necessary and slower recovery time after each successive concussion |
| Age | Child and adolescent (< 18 yrs old) |
| Co- and Pre- Morbidities | Migraine, Mental Health disorders, ADHD, LD sleep disorders |
| Medication | Psychoactive drugs, anticoagulants |
| Behavior | Dangerous style of play |
| Sport | High-risk activity, contact/collision sport, high sporting level |

**Article VI: Return to Play Guidelines**

It is imperative that an athlete diagnosed with a concussion avoid cognitive and physical activities until symptoms resolve. Concussion modifiers are also taken into consideration when determining return to play guidelines.

Once referred to the physician, final authority for return to play shall reside with the team physician, or the team physician’s designee. The student athlete must be symptom-free before return-to-play guidelines are considered. Once cleared, the student athlete may then begin a graded program of exertion. If post-concussion symptoms return at any point during the progression, all activity is stopped until the student athlete is symptom free but no sooner than 24 hours later. The student athlete may begin the progression again and should return to the last completed stage in which no symptoms were present.

Graduated Return to Play Protocol

|  |  |
| --- | --- |
| Rehabilitation Stage | Functional Exercise Examples |
| No activity | Complete physical and cognitive rest |
| Light aerobic exercise | Low intensity walking, swimming, or stationary cyclingno resistance training |
| Sport-specific exercise | No contact or head impact. Moderate intensity. Jogging drills, Dribbling soccer balls, shooting baskets, serving/passing volleyball, playing catch |
| Non-contact training drills | No contact or head impact. Drills at 100%. Resistance Training. |
| Full-contact practice | Following medical clearance, participate in normal training activities |
| Return to play | Normal game play |

*Disqualification*

As a result of the potential catastrophic and long-term cognitive and physical risks of concussions, there are cases in which student athletes may be disqualified for the remainder of a season or permanently due to the risk of permanent damage to the brain. Examples of such cases may include sustaining three (3) or more concussions, post-concussion symptoms lasting longer than three (3) months, or evidence of a head or neck lesion that may put that the student athlete at risk for future concussions. This decision is a difficult one and should involve a collaboration among the student athlete, family, athletic trainer, team physician, neurophysiologist and/or neurologist.

**Article VII: Return to Cognitive Activity Guidelines**

 Following a concussion, cognitive rest is a vital part of the recovery process. Many times, the referring physician will recommend the athlete be given special accommodations for class, homework, and tests to allow symptoms to resolve as quickly as possible. Accommodations will be given at the recommendation of the team physician, or the team physician’s designee. A letter will be sent to the Office of Disability Services with the physician’s recommendations. The Office of Disability Services will contact the athlete’s professors to inform them of any necessary accommodations and an estimated timeframe of how long the athlete will need the accommodations. The Office of Disability Services will contact the professors again if there are any adjustments to the athlete’s status.

Accommodations available to the student athlete

* Excused absence from class
* Untimed or open book tests
* Preprinted class notes (from teacher or classmate)
* Tutoring
* Reduced workload when possible
* Frequent breaks from class when experiencing symptoms
* Extended time on homework, projects, etc.

**Barry University Post Concussion Information - Take Home Instructions**

You are receiving these instructions because you have sustained a head injury. Head injuries need to be monitored for worsening symptoms 24-48 hours post-injury. Have someone stay with you for the first 24 hours after the concussion.

**What is a concussion?**A mild brain injury or concussion is a jarring of the brain after a direct blow to the head or a sudden jerking of the head or neck in a whiplash type of injury. This causes the brain to move inside of the skull. It can cause certain symptoms that may last minutes, hours, days, or months. You can have a concussion even if you were not unconscious.

**Signs and Symptoms**The signs and the symptoms of a concussion can be hard to notice. Symptoms may start hours or, rarely, days later. A concussion can cause any one or more of the signs or symptoms below:

|  |  |  |
| --- | --- | --- |
| * headache
* nausea and/or vomiting
* dizziness
* seeing "stars"
* sensitivity to light
* ringing in ears
 | * tiredness/sleep problems
* feeling "slowed down"
* confusion
* poor balance or coordination
* poor concentration
* "blank stare"
 | * slow to answer questions
* irritability
* personality changes
* emotional changes
* change in the way a child plays
* inappropriate behavior
 |

Please review the marked symptoms below.  **If these symptoms worsen, or if any of the additional symptoms appear, then call your Athletic Trainer.** If he/she is not available, immediately take them to the Emergency Room or call 911.

 **It is OK to:**

* Use an ice pack [no longer than 15 minutes at a time] for neck and head comfort
* To walk to and attend class
* Go to sleep at a decent hour. As a precautionary measure, someone may wake you to check for deteriorating signs and symptoms, such as decreased level of consciousness
* Rest

**DO NOT:**

* Take aspirin/Ibuprofen (Advil/Motrin)/anti-inflammatory medication for headaches.
* Do any physical/strenuous activity
* Drive a vehicle
* Drink Alcohol/caffeinated beverages/ eat spicy foods
* Stay up late
* Watch TV, play video games, sit at a computer, or listen to loud music for long periods of time.

**When to go to the Hospital?**

|  |  |
| --- | --- |
| * Sudden increase in confusion
* Trouble being woken up
* Uncontrollable or forceful vomiting within 2 days after the concussion
* Increased drowsiness even with resting and sleeping
* Sudden weakness on one side of the body
 | * Sudden inability to walk or speak
* Sudden vision changes
* Seizures
* Blood or fluid coming from nose or ears
* Slow or slurred speech
 |

**Emergency Room**

**North Shore Hospital (nearest to Barry University)**

1100 NW 95th Street Phone: (305)835-6000

Take North Miami Ave. (which is right in front of the Landon Student Union) South to 95th Street, and make a right. Go under I-95 overpass. There will be a Walgreens on the left side. Continue on 95th Street past 7th Ave. Hospital will be on the left hand side.

**Important Phone Numbers**

**Athletic Training Room:………………………………………….…….….[305] 899-3555/3572**

 **Fax….…[305] 899-3648**

**Scott Freer…………………………………………………………………..….…[305] 439-4792**

*Head Athletic Trainer*

**Rebekah Schmidt ……………………………………………………………….…………[860]303-8666**

*Assistant Athletic Trainer*

**Campus Security……………………………………………………….……...…[305] 899-3333**

**Emergency Medical Services………………………………………………………………...911**

**Please remember to report back to the Athletic Training Room tomorrow morning at \_\_\_\_\_\_\_\_\_\_a.m. for a follow up evaluation.**

**Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of Athletic Trainer) if you have any questions or concerns at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number)**

**Barry University**

**Injury and Illness Reporting**

**Acknowledgement Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the Barry University Athletic Training staff or Team Physician, including the signs and symptoms of a concussion. I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the athletic training staff.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to the athletic training staff.

By signing below, I acknowledge that Barry University has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the above and agree that the statement is accurate.

 **Student-Athlete’s Name**

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

 **Signature of Student-Athlete**  **Date**

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

 **Sport**

# Barry University Athletic Training

## Graded Symptom Checklist

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Symptom | **Time of Injury** | **2-3 hrs.** | **24 hrs.** | **48 hrs.** | **72 hrs.** |  |  |
|  | **\_\_:\_\_\_\_**  | **\_\_:\_\_\_\_** | **\_\_/\_\_/\_\_\_** | **\_\_/\_\_/\_\_\_\_** | **\_\_/\_\_/\_\_\_\_** | **\_\_/\_\_/\_\_\_\_** | **\_\_/\_\_/\_\_\_\_** |
| Blurred Vision |  |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |  |
| Drowsiness |  |  |  |  |  |  |  |
| Excess Sleep |  |  |  |  |  |  |  |
| Easily Distracted |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |
| Feel “in a fog” |  |  |  |  |  |  |  |
| Feel “slowed down” |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |
| Inappropriate emotions |  |  |  |  |  |  |  |
| Irritability |  |  |  |  |  |  |  |
| Loss of orientation |  |  |  |  |  |  |  |
| Memory difficulty |  |  |  |  |  |  |  |
| Nausea |  |  |  |  |  |  |  |
| Nervousness |  |  |  |  |  |  |  |
| Personality change |  |  |  |  |  |  |  |
| Poor balance |  |  |  |  |  |  |  |
| Poor concentration |  |  |  |  |  |  |  |
| Ringing in ears |  |  |  |  |  |  |  |
| Sadness |  |  |  |  |  |  |  |
| Seeing stars |  |  |  |  |  |  |  |
| Sensitivity to light |  |  |  |  |  |  |  |
| Sensitivity to noise |  |  |  |  |  |  |  |
| Sleep disturbance |  |  |  |  |  |  |  |
| Vacant ‘glassy’ stare |  |  |  |  |  |  |  |
| Vomiting |  |  |  |  |  |  |  |

**Likert Scale (0-6)** 0=not present, 6=most severe

# Barry University Athletic Training

# Head Injury Initial Evaluation Form

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Injury: \_\_\_\_\_\_am/pm

Game Practice Conditioning Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# History of MTBI:

Number of previous MTBI: \_\_\_\_ Number involving LOC: \_\_\_\_ Date of most recent MTBI: \_\_\_\_\_\_\_

Total Time of Rest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Time OUT of participation: \_\_\_\_\_\_\_ MTBI resolved? Y N

**Mechanism of MTBI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reported Signs and Symptoms** *(see attached sheet)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observed Signs and Symptoms:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GSC Score**: \_\_\_\_\_\_/156 **LOC?:** Y N Length of Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Consciousness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post-Traumatic Amnesia?** Y N Antegrade minsRetrograde mins

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5 minutes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**10 minutes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20 minutes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Return to Play:** Y N

#### ER Transport? Y N Physician/ER Recommendations/Medical referral form (*Attach Report*):

**Take-Home Sheet?** Y N **Additional Instructions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Referrals/Appts/Diagnostics**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ATC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ATS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Barry University Athletic Training

# Head Injury Progress Note Form [Post-Game or Practice]

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_

**Post-Game or Practice:**

**Reported Signs and Symptoms** *(see attached sheet)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observed Signs and Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GSC Score**: \_\_\_\_\_\_/156

**State of Consciousness**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Return to Play**: Y N

**Post-Traumatic Amnesia?** Y N Antegrade minsRetrograde mins

**Tests:**

SAC Total Score \_\_\_\_\_/30

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### ER Transport? Y N

#### Physician/ER Recommendations: (Attach Report):

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

**Take-Home Sheet?** Y N

**Additional Instructions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Referrals/Appts/Diagnostics**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re-evaluation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm**.

ATC Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Barry University Athletic Training

# Head Injury Progress Note Form [24 hour]

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Injury: \_\_\_\_\_\_am/pm Game Practice Conditioning Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**24 Hours Post-Injury**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reported Signs and Symptoms** *(see attached sheet)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observed Signs and Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GSC Score**: \_\_\_\_\_\_/156

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ImPact Test Performed: Y N Return to Baseline: Y N

**Plan:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re-evaluation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm**.

ATC Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Barry University Athletic Training

# Head Injury Progress Note Form [48 hour]

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Injury: \_\_\_\_\_\_am/pm Game Practice Conditioning Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**48 hours Post-Injury**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reported Signs and Symptoms** *(see attached sheet)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observed Signs and Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GSC Score**: \_\_\_\_\_\_/156

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ImPact Test Performed: Y N Return to Baseline: Y N

**Return to Play Progression Begun**: Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Plan**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re-evaluation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm**.

ATC Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Barry University Athletic Training

# Head Injury Progress Note Form [72 hour]

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Injury: \_\_\_\_\_\_am/pm Game Practice Conditioning Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**72 hours Post-Injury**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reported Signs and Symptoms** *(see attached sheet)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observed Signs and Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GSC Score**: \_\_\_\_\_\_/156

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ImPact Test Performed: Y N Return to Baseline: Y N

**Return to Play Progression Begun**: Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Plan**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re-evaluation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm**.

ATC Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Barry University Athletic Training****Balance Error Scoring System (BESS)****(Guskiewicz)** |
| **Name:** | **Date:** |
| **Sport:** | **Evaluator:** |

|  |  |  |
| --- | --- | --- |
| **SCORE CARD:****(# errors)****The maximum total number of errors for any single condition is 10** | **FIRM****Surface** | **FOAM****Surface** |
| **Double Leg Stance****(feet together)** |  |  |
| **Single Leg Stance****(non-dominant foot)** |  |  |
| **Tandem Stance****(non-dom foot in back)** |  |  |
| **Total Scores:** |  |  |
| **BESS TOTAL:** |

|  |
| --- |
| **Balance Error Scoring System** |
| **Types of Errors**1. Hands lifted off iliac crest2. Opening eyes3. Step, stumble, or fall4. Moving hip into > 30 degrees abduction5. Lifting forefoot or heel6. Remaining out of test position >5 sec |
| * **The BESS is calculated by adding one error point for each error during the six 20-second tests.**
* **The maximum total number of errors for any single condition is 10.**
* **If a subject commits multiple errors simultaneously, only one error is recorded. For example, if an individual steps or stumbles, opens their eyes, and removes their hands from their hips simultaneously, then they are credited with only one error.**
* **Subjects that are unable to maintain the testing procedure for a minimum of five seconds are assigned the highest possible score, 10, for that testing condition.**
 |

|  |
| --- |
| Which foot was tested: (i.e. which is the non-dominant foot) |
| Left | Right |

|  |
| --- |
| **Script for the BESS Testing Protocol** |
| **Direction to the subject:** * I am now going to test your balance.
* Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable).
* This test will consist of 6 - twenty second tests with three different stances on two different surfaces. I will describe the stances as we go along.
 |
| 1. **DOUBLE LEG STANCE:**

Direction to the subject: * The first stance is standing with your feet together like this [administrator demonstrates two-legged stance]
* You will be standing with your hands on your hips with your eyes closed. You should try to maintain stability in that position for entire 20 seconds.
* I will be counting the number of times you move out of this position. For example: if you take your hands off your hips, open your eyes, take a step, lift your toes or your heels.
* If you do move out of the testing stance, simply open your eyes, regain your balance, get back into the testing position as quickly as possible, and close your eyes again.
* There will be a person positioned by you to help you get into the testing stance and to help if you lose your balance.

Direction to the spotter: * You are to assist the subject if they fall during the test and to help them get back into the position.

Direction to the subject:* Put your feet together, put your hands on your hips and when you close your eyes the testing time will begin [Start timer when subject closes their eyes]
 | 1. **SINGLE LEG STANCE:**

Direction to subject: * If you were to kick a ball, which foot would you use? [This will be the dominant foot]
* Now stand on your non-dominant foot. [Before continuing the test assess the position of the dominant leg as such: the dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion]
* Again, you should try to maintain stability for 20 seconds with your eyes closed.
* I will be counting the number of times you move out of this position.
* Place your hands on your hips. When you close your eyes the testing time will begin. [Start timer when subject closes their eyes]

Direction to the spotter: * You are to assist the subject if they fall during the test and to help them get back into the position.
 | 1. **TANDEM STANCE:**

Directions to the subject: * Now stand heel-to-toe with your non-dominant foot in back.
* Your weight should be evenly distributed across both feet.
* Again, you should try to maintain stability for 20 seconds with your eyes closed.
* I will be counting the number of times you move out of this position.
* Place your hands on your hips. When you close your eyes the testing time will begin. [Start timer when subject closes their eyes]

Direction to the spotter:* You are to assist the subject if they fall during the test and to help them get back into the position.
 |
| \*\*\* Repeat each set of instructions for the foam pad |

**Barry University Athletic Training**

**Concussion Academic Accommodation Letter**

To whom it may concern,

Student-athlete name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow this to serve as verification that the student-athlete named above **received a concussion due to athletic participation. At this time, team physicians and the athletic training staff recommend that the student-athlete be afforded the following academic accommodations:**

* Excused absence from class for number of days
* Untimed or open book tests
* Preprinted class notes (from teacher or classmate)
* Tutoring
* Reduced workload when possible
* Frequent breaks from class when experiencing symptoms
* Extended time on homework, projects, etc.
* Other:

Please do not hesitate to contact the Athletic Training Room at 305-899-3555 with any question you may have.

Thank you,

Scott M. Freer, MS, ATC, LAT Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Athletic Trainer

305-899-3555

sfreer@barry.edu

Rebekah Schmidt, MS, ATC, LAT Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Athletic Trainer

305-899-3572

rschmidt@barry.edu

**\*\*\*Not valid if not signed, in blue ink, by one of the two individuals above\*\*\***

Barry University

****



ATHLETIC TRAINING MEDICAL REFERRAL FORM

Office: (305) 899-3555 or (305) 899-3572 Fax: (305) 899-3648

**ATHLETE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INJURY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPT. DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPT. TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INJURY/ILLNESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certified Athletic Trainer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN'S REPORT**

**ASSESSMENT/DIAGNOSIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONCUSSION POSITIVE ( ) NEGATIVE ( )**

**XRAY REPORT POSITIVE ( ) NEGATIVE ( ) Findings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MRI/CT SCAN POSITIVE ( ) NEGATIVE ( ) Findings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPORT ACTIVITY RECOMMENDED \_\_\_Complete Rest \_\_\_Rehab \_\_\_Non-Contact/Running \_\_\_Full Contact**

**ATHLETE MAY RETURN TO FULL SPORT ACTIVITY IN APPROXIMATELY\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACADEMIC ACTIVITY RECOMMENDED \_\_\_\_Cognitive Rest \_\_\_\_Academic Accommodations Needed**

**ATHLETE MAY RETURN TO FULL COGNITIVE ACTIVITY IN APPROXIMATELY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATHLETE IS TO RETURN TO DR'S. OFFICE ON \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM) (PM)**

**TREATMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FURTHER RECOMMENDATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HEALTH PROFESSIONAL’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hear by release the following medical information to the Athletic Training Staff at Barry University for the purposes of my treatment and determination of my participation status on teams in the Department of Intercollegiate Athletics.**

**Athlete's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Please submit a copy of all bills to Barry University Athletic Training Department \*\***

**Department of Athletics, 11300 NE 2nd Avenue, Miami Shores, FL 33161-6695**