

CATAWBA COLLEGE

CONCUSSION PROTOCOL

Rev 11/11/15

Concussion Assessment, Management, and Return to Play Guidelines:

The following policy and procedures on neurocognitive baseline testing and subsequent assessment, and the management of concussions including return to play guidelines has been developed in accordance with the Catawba College Athletic Training Department's Mission Statement to provide quality healthcare services and assure the well-being of each student-athlete at Catawba College. This protocol was developed by the athletic training staff and team physicians in conjunction with the recommendations and guidelines from the NATA Position Statement on the Management of Sport Related Concussion, NCAA Sports Medicine Handbook, NCAA Inter-Association Guidelines for Concussion Management and the Consensus Statement on Concussion in Sport 3rd and 4th International Conference on Concussion in Sport held in Zurich, November 2008 and 2012.

Purpose:

The Catawba College Athletic Training Department and Team Physicians recognize that sport related concussions pose a significant health risk for student-athletes at Catawba College. With this in mind, the Sports Medicine Team has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion. It is also recognized that baseline neurocognitive testing can provide significant data for assisting in return to competition decisions in student-athletes. This information is especially helpful in those participating in collision and/or contact sports, and/or those athletes who have had a history of concussions prior to entering Catawba College. Changes from baseline data, along with physical examination, and/or further diagnostic testing will be used in determining when it is safe for a student athlete to return to competition.

Concussion Definition:

A concussion is a complex process affecting the brain that is caused by a blow to the head or body from contact with another player, a hard surface, or by a piece of sports equipment. This type of trauma can alter or impair neurological function of the brain. While we no longer use the terms "mild/moderate/severe" there is clearly evidence that the intensity and duration of symptoms can vary greatly. These symptoms present differently in each athlete, and can occur during practice or during competition in any sport. A student-athlete does not have to be "knocked - out" nor does one have to lose consciousness in order to have a concussion. Concussion signs and symptoms may worsen in the first 24-48 hours after the initial event.

Education:

Policy Statement: This Concussion Management Policy and Protocol outline procedures to assist in the management of concussions and the safe return-to-play for athletes. The policy will be reviewed and updated annually as deemed necessary by the Catawba College Athletic Training Staff and Team Physicians.

****NOTE:** A multifaceted approach to concussion management is suggested. The information provided by the Policy and Protocol and the tools referenced should be taken into consideration on a case-by-case basis with an emphasis on "the whole picture." Therefore, in certain cases, modifications to the protocol may be deemed appropriate by the Sports Medicine Staff.

Pre-Season Education: Student-Athletes, coaches, ATCs, team physicians, and Director of Athletics will be educated on the signs, symptoms, and risks associated with concussions.

1. All Catawba College student-athletes must read the NCAA Concussion Fact Sheet and sign the attached Student-Athlete Concussion Policy Statement acknowledging that:

- they have read and understand this Policy and the NCAA Concussion Fact Sheet; and
- they will accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

This information is included annually as part of the pre-participation medical forms to be completed annually.

2. All Catawba College coaches (director of athletics, head coaches and full-time assistant coaches) must read and sign the attached Coaches Concussion Policy Statement acknowledging that:

- they have read and understand this Policy and the NCAA Concussion Fact Sheet;
- they will encourage their student-athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions, and that they accept the responsibility for referring any student-athlete suspected of sustaining a concussion to the medical staff; and
- they have read and understand the Concussion Management Protocol.

This information is provided annually to the athletic director and coaching staff in August of each academic school year.

3. All Catawba team physicians (primary care) and staff athletic trainers must read and sign the attached Medical Personnel Concussion Policy Statement acknowledging that:

- they will provide student-athletes with the NCAA Concussion Fact Sheet and encourage the student-athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and
- they have read, understand, and will follow the Concussion Management Protocol.
- they have read and understand the NCAA Concussion Fact Sheet

This information is provided annually in August of each academic school year.

4. The Catawba College medical staff will coordinate the distribution of materials, the educational session, and the signing, collection, and retention of all signed statements. The student-athletes' signed statements will be kept in their individual medical files. The coaches and medical personnel statements will also be kept on file.

Signs and Symptoms of Concussion:

Certified athletic trainers and members of the coaching staff all need to be aware of the signs and symptoms of concussion to properly recognize and intervene on behalf of the student-athlete. One does not "see" a concussion the same as you would see an ankle sprain. While you may notice or recognize some signs/symptoms right away, other symptoms can show up hours or days after the injury.

Concussion Signs/Symptoms Include But Are Not Limited To The Following:

Headache, Confusion, Amnesia, Loss of Consciousness, Balance problems, Dizziness, Double or Blurred Vision, Sensitivity to Light and Noise, Nausea or Vomiting, Feeling Sluggish, Foggy or Groggy, Feeling Irritable, Sleep Disturbances, Concentration or Memory Problems and Slowed Reaction Time.

Baseline Assessment:

Prior to initial participation in their varsity sport, every freshmen and transfer student-athlete will complete a current symptom evaluation, a detailed brain injury and concussion history. Contact/collision sport athletes will receive a computerized neurocognitive test, a Standardized Assessment of Concussion (SAC™), SCAT3, BESS and Trail Marking and King Devick Tests as part of their athletic medical screening. Currently the Athletic Training Department utilizes the IMPACT™ concussion management system (www.impacttest.com). The IMPACT™ system is a Windows-based user-friendly computer program that is designed to test cognitive functioning. The SAC™ is a series of questions testing: Orientation, Immediate Memory, Concentration, and Delayed Memory to measure the immediate neurocognitive effects of a student-athlete with a suspected concussion. BESS is a Balance Error Scoring System that is designed to test static postural stability. Trail Marking is a neuropsychological test of visual attention and task switching. Balance Beam Walk (10 ft. wooden 2"x4" laid on the ground) forwards/backwards is used to help evaluate dynamic postural stability. King Devick Test is an objective, physical method of evaluating visual tracking and saccadic eye movements. King-Devick Test is based on the time to perform rapid number naming. This test involves reading aloud a series of single digit numbers from left to right on three test cards. The SCAT3 is a standardized tool for evaluating injured athletes for concussion that evaluates symptoms, orientation, memory, recall, balance and gait. Those varsity athletes who participate in those sports deemed as primarily non-contact will undergo neurological testing via Impact, King Devick and complete either a SAC or SCAT3. Those sports deemed as contact will undergo neurological testing via Impact, King Devick, Trail Marking, BESS and either a SAC or SCAT3.

Base-Lined Sports:

Contact: Football, M/W Soccer, M/W Basketball, and M/W Lacrosse

Non-Contact: Volleyball, Baseball, Softball, Cross-Country, Swimming, Tennis and Golf

Club Team (Student Affairs Directed): Cheerleading – Impact Test only

- A. All first-time student-athletes to Catawba College (incoming freshman or transfers) participating in Football and M/W Soccer will have a neurocognitive Impact and BESS baseline assessments performed prior to being allowed to step on the field. Additionally the athletes participating in Football and M/W Soccer during the Fall Semester will be given a baseline King Devick Test, Trail Marking and either a Standardized Assessment of Concussion (SAC™), or a SCAT3. Additionally first time members of the football team will also complete a Balance Beam Walk.
- B. Prior to beginning any contact drills in their non-traditional Fall season, every freshmen and transfer student-athlete on the M/W Lacrosse team will complete a baseline neurocognitive Impact test. Additionally the athletes participating in M/W Lacrosse during the Fall Semester will be given a baseline King Devick Test, BESS Test, Trail Marking and either a Standardized Assessment of Concussion (SAC™), or a SCAT3.
- C. Prior to beginning their traditional Fall season, every freshmen and transfer student-athlete on the M/W Basketball team will complete a baseline neurocognitive Impact test. Additionally the athletes participating in M/W Basketball during the Fall Semester will be given a baseline King Devick Test, BESS Test, Trail Marking and either a Standardized Assessment of Concussion (SAC™), or a SCAT3.
- D. Every freshmen and transfer student-athlete participating in Volleyball, Baseball, Softball, Cross-Country, Swimming, Tennis and Golf will be scheduled to complete a baseline neurocognitive Impact test during the early portion of the Fall semester. Members of the volleyball team will complete their Impact test during the pre-season. Additionally during the Fall Semester new members of the Volleyball, Baseball and Softball teams will also be given a baseline King Devick Test and a SCAT3. New members of the Golf, Swimming, Tennis and Cross-Country will complete a BESS Test for balance testing baseline.
- E. Every freshmen and transfer student-athlete participating in Cheerleading will be scheduled to complete a baseline neurocognitive Impact test & a BESS Test during the early portion of the Fall semester.

** Athletes who sustain a documented concussion may need to repeat baseline testing after three to six months or before a subsequent season – especially those with complicated or multiple concussion history as determined by the team physician.*

Concussion Management and Return to Play Guidelines:

In any circumstance where a concussion is suspected in an athlete, the first priority is to remove the athlete from further activity until a thorough sideline assessment or clinical assessment in the athletic training room can be made. (See Sideline Management Steps below.) The evaluation and assessment must be done by a member of the athletic training staff or a team physician. An athlete with a concussion will not be allowed to return to play in competition or practice for the remainder of the day. Following a concussion injury, the athlete will be withheld from class that day, and additionally as deemed necessary by the medical staff. The athlete will be monitored regularly over the initial few hours and will not be left alone – he or she can stay with friends, teammates or roommate(s). The athlete will also be provided with instructions regarding concussion home care until the follow-up evaluation is performed. This information and instruction relating to home care will also be given to a responsible adult (i.e. parent, roommate etc.). If there is a question about a concussion diagnosis it is best to err in the direction of conservative treatment until a physician assessment can be arranged. **The cornerstone of concussion management is physical and mental rest until all symptoms resolve, then a graduated return to exertion (to assure that symptoms are not recurrent).** Return to play (RTP) will be a medically supervised and stepwise process under the direction of the athletic training staff and team physicians.

The recommendations in this document for the management of concussion are based on review of the medical literature including, but not limited to, statements by the American Medical Society for Sports Medicine, American Academy of Neurology, NATA Recommendations and Guidelines, Zurich Guidelines and the NCAA Manual of Sports Medicine and NCAA Inter-Association Task Force on Concussion Management.

Initial Management Plan May Include All Or Some Of The Following Diagnostic/Baseline Tests:

Graded Symptom Check List – repeated daily or as deemed necessary by the attending the medical staff. The **SCAT 3, SAC, BESS, King Devick Test, Trail Marking and Balance Beam Walk** – may be repeated every 48 hours or as deemed necessary by the attending medical staff or when baseline scores are achieved at a reasonable time. **IMPACT** – maybe performed no sooner than 48 hours of concussion diagnosis. Further testing based on symptomatology presented and then approximately every 2-3 days after.

Sideline Management Steps:

HEAD INJURY EVALUATION

INITIAL EVALUATION:

1. In all situations where a concussion is suspected the first step is to remove the athlete from activity.
2. The athlete should be evaluated for cervical spine trauma, skull trauma and intracranial bleeding especially in the event of a violent/high speed collision; or fall type injury mechanism or presentation of significant symptomatology. The physical exam may include ROM testing, motor, sensory and reflex testing, vital signs, pulse oximetry and BP monitoring as deemed necessary
3. The athlete should be questioned to see if concussion symptoms are present. If concussive symptoms are present, the athlete is removed from competition until cleared by physician. (Proceed to MANAGEMENT.)
4. If they deny these symptoms the athletic trainer should perform a SCAT3 test, and a King Devick Test either on the field, in the athletic training room, in the locker room, at half-time, or post-event as deemed necessary.
5. If the athlete's SCAT3 and a King Devick tests match their baseline, AND they continue to be free of any signs or symptoms, then they may perform light exertional drills followed by sport specific drills.
6. If the athlete can perform light exertional and sport specific drills **and** does not experience symptoms **and** shows no signs or neurologic findings at 15 minutes the athlete may return to competition that day.
7. If the athlete develops signs/symptoms during #5, proceed to MANAGEMENT.
8. In all circumstances SOAP note documentation should be completed on the involved athlete. The athlete must be followed-up post-event and again the following day. If any signs/symptoms of concussion become evident –then follow-up is required with a member of the Catawba College Athletic Training Staff and/or team physician as available.

MANAGEMENT:

1. The athlete is removed from competition and classes for that day.
2. Assess the athlete for worsening symptoms every 10 minutes for the first 30 minutes. Vital signs should also be assessed as needed.
3. An athlete with worsening symptoms, especially worsening headache, nausea/vomiting, increasing confusion, garbled speech, lethargy or extreme sleepiness, trouble using their arms or legs, convulsions or seizure activity should be immediately transported to the emergency room for further evaluation and treatment.
4. In all circumstances SOAP note documentation should be completed on the involved athlete. The athlete should be followed up post-event and again the following day.
5. The athlete should **NOT** return to the current competition/practice that calendar day, even if symptoms completely clear.
6. If vital signs (BP, HR and Respiration) are WNL, and there is no worsening of symptoms at one hour post-removal from athletic participation and the athlete appears to be in no immediate distress, he/she can return to their dormitory room or apartment with a responsible adult for accompaniment and observation after reviewing the Home Care Instruction Sheet for Concussions.
7. If vital signs are not WNL and the athlete appears in distress – then immediate referral to a local medical facility will be initiated.
8. The athlete should be evaluated by the team physician before any return to play.

The student-athlete may be transported to an emergency room for evaluation if he/she experiences any of the following:

1. Prolonged loss of consciousness (> 1 min)
2. Persistently diminished or worsening mental status
3. Progressive symptoms
4. Glasgow Coma Scale < 13 as indicated on the SCAT3
5. Focal neurological deficit suggesting intracranial trauma
6. Repetitive vomiting
7. Spinal injury

IF THERE IS LOSS OF CONSCIOUSNESS OR THERE ARE SIGNS OF NEUROLOGICAL IMPAIRMENT:

1. All athletes with documented loss of consciousness or signs of neurologic impairment shall be considered to have a significant concussion and should be sent to a medical facility for further evaluation, unless the team physician (or his local equivalent in travel situations) deems otherwise.
2. If the athlete remains unconscious, he/she should undergo cervical spine immobilization and be transported by rescue squad to the nearest emergency department.
3. In all circumstances SOAP note documentation should be completed on the involved athlete. The athlete should be followed up post-event and again the following day.
4. The athlete should **NOT** return to the current competition/practice that calendar day, even if symptoms completely clear.
5. The athlete must be evaluated by the team physician before return to play.

Return to Play Guidelines (RTP):

Return-to-Play is a functional stepwise progression. This protocol for RTP will not be initiated until the athlete is asymptomatic and the physician or his/her designee determines that all scores are comparable to baseline on all measures. In the presence of compelling evidence, the team physician has discretion to delay the initiation of the Return-to-Play protocol. If signs or symptoms appear during a functional test, the test will be stopped immediately and the student-athlete will be monitored until all signs or symptoms resolve. No further functional testing will be performed that day. If symptoms do not resolve, the team physician will be consulted and

appropriate medical attention will be provided. When the student-athlete is again symptom-free, he/she will resume the stepwise progression, starting at the last step that was fully completed before the return of symptoms. Functional Stepwise Progression to the next step will require the athlete to remain symptom-free.

Typical RTP Steps:

- Light aerobic exercise without resistance training (e.g. stationary bike or walking: 10-20 minutes)
- Sport-specific exercise and activity without head impact (e.g. sprints, dribbling, shooting, walk-through, skill enactment activities, etc.)
- Non-contact practice with progressive resistance training
- Unrestricted training (For contact sports – modified contact drills maybe initiated and then re-assessed if the athlete can return to Full Contact/Full Return to Activity)
- Return-to-competition/full sports participation

Protocol

1. Once self-reported symptoms are clear and the attending Catawba College medical staff is satisfied with his/her clinical evaluation – the athlete is evaluated with testing that is compared to baseline test performance.
2. When asymptomatic for 1 day at rest AND post-concussion testing is within normal baseline limits – light exertional exercises may be conducted. These exercises include walking, stationary bike peddling or even low intensity jogging (<70% of max predicted heart rate). No resistance training is to be performed. The mode and duration of the exertional exercise maybe dependent upon the sport.
3. If the athlete remains asymptomatic the day after light exertional exercises they may proceed with sport-specific activities. These activities would include dribbling, passing, throwing, running and agilities. Light resistance training (minimal weight and no squats) may begin per decision of the attending medical staff. The primary goal of this phase is to add movement. The mode, intensity and duration of the non-contact sport activities maybe dependent upon the sport.
4. If the athlete remains asymptomatic after one day of sport-specific activities, then athlete can increase resistance training and be involved in non-contact training drills (sport specific movements/drills). The mode, intensity and duration of the non-contact sport activities maybe dependent upon the sport. The goal of this phase is to increase exercise stress load, change direction, evaluate for coordination, and assure athlete can handle cognitive and physical stress.
5. If the athlete remains asymptomatic after one day of sport-specific activity, and they have been cleared medically, the athlete may return to normal training activities. In collision sports it is suggested that patients undergo contact in a controlled practice environment to assure the athlete remains asymptomatic. The goal of this phase is to prepare the athlete for normal game play.
6. If the athlete has no return of symptoms with the above they are deemed ready to return to all activities.
7. At any point in the process if the athlete becomes symptomatic on any date or scores on clinical measures a decline – the athlete must be placed at rest and withheld from activity. The team physician will be consulted and the athlete will at minimum rest for 24 hours, and will need to go back to the last tolerated step and progress through each phase again.
8. The athlete also needs to be questioned and/or evaluated for recurrence of symptoms due to mental exertion such as reading, working on a computer, taking notes in class/test taking in class or even watching film for game/practice preparation

The Athletic Training/Sports Medicine Department recognizes that formal assessment including neurocognitive testing may be delayed due to team travel and other difficulties. With that in mind, it is necessary to plan for neurocognitive testing as soon as possible for the student-athlete and to plan for an evaluation with the team physician. Athletes who sustain a documented concussion may need to repeat baseline testing before a subsequent season – especially those with complicated or multiple concussion history.

Return to Learn (RTL)

Return-to-learn is a parallel concept to return-to-play and as such return-to-learn includes:

- Return-to-learn should be managed in a stepwise program that fits the needs of the individual. This could vary from removal from the classroom environment, to modifications in academic demands to allow for a rapid and full recovery.
- Return-to-learn guidelines are based on the information that with a concussion, cognitive function is decreased due to an energy deficit occurring due to the injury. The RTL plan will address accommodations needed to promote cognitive rest, address sensitivity to noise and light, and to reduce the exposure to risk of further injury.
- Return-to-learn recommendations are based on consensus statements and other professional organization recommendations. .
- Concussion symptoms often interfere with academic ability, the ability to participate in the classroom setting, and function interpersonally with peers. Therefore, the goal of the RTL recommendations is to allow a student-athlete to maximize learning while minimizing aggravating factors that could delay recovery.
- Return-to-learn recommendations should be made within the context of a multi-disciplinary team that includes team physicians, athletic trainers, counseling services, Faculty Athletic Representative and academic administrators (ex. Office of the Provost).

Cognitive rest also means avoiding potential cognitive stressors such as video games, reading, texting and watching television. .

Suggested recommendations may include:

1. If the student-athlete cannot tolerate 30 minutes of light cognitive activity, he or she should remain at home or in the residence hall.
2. Once the student-athlete can tolerate more than 30 minutes of cognitive activity without return of symptoms, he/she should return to the classroom in a step-wise manner. Typically on return, the student may be recommended to limit computer time to 30-60 minutes per day and maximum 20 minutes without a break. Similar recommendations may be made in regard to reading and homework.
3. The levels of adjustment needed should be decided by a multi-disciplinary team that may include the team physician, athletic trainer, faculty athletic representative or other faculty representative, coach, individual teachers and psychologist. The level of multi-disciplinary involvement should be made on a case-by-case basis. Any time concussion symptoms worsen with academic challenges there should be a re-evaluation by the team physician and those individuals involved with the athlete's Return to Learn program

Academic Terminology

The majority of student-athletes who are concussed will likely need only short term accommodations in the work load and capacity since full recovery occurs within seven to ten days in most concussions. Return-to-learn management becomes more difficult when the student-athlete has ongoing symptoms for greater than two weeks. The types of academic support and assistance may include the following:

Academic adjustment - a student-athlete's academic schedule requires some modification in the first one to two weeks following concussion. This could include: extra-time on exams, a temporary delay on taking

exams/quizzes, modifications to work load or additional time to turn in required projects. Athletes who have concussive symptoms for greater than two weeks will need re-evaluation by the team physician and/or the Return to Learn multidisciplinary team.

Academic accommodation - If the student-athlete has not recovered in the anticipated period of time, he or she may require a change in the class schedule. Special arrangements may be required for tests, term papers and projects. Although there is no fixed timeline for academic accommodation, this generally applies to student-athletes who have more prolonged concussion symptoms, or who may be suffering with post-concussion syndrome. Post-concussion syndrome is not the same as prolonged recovery from concussion, and should be suspected in any student-athlete who has ongoing symptomatology two or more weeks following concussion. Post-concussion syndrome is a neuro-psychiatric condition that is best managed in a multi-disciplinary manner with active intervention. Passive management such as prolonged physical and cognitive rest is counter-productive in post-concussion syndrome.

Academic modification - a more difficult scenario in which the student-athlete suffers with prolonged cognitive difficulties, which thereby requires a more specialized educational plan, usually within the construct of an individualized education plan. An individualized education plan is a formal educational plan for an individual, and is protected under the Individuals with Disabilities Education Act. This plan is more prescriptive than a 504 plan, which refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. A 504 plan covers students who are not eligible for an individualized education plan but who require academic modification because of a documented medical condition.

Campus Resources

Everyone should recognize that concussion symptoms vary widely among athletes, and even within the same individual who may be suffering a repeat concussion. The point person or case manager for the student-athlete who must navigate the dual obligations of academics and athletics will be the Coordinator of Academic Support Services in conjunction with the Office of the Provost. Co-morbid conditions that may further impair recovery such as migraine, attention-deficit hyperactivity disorder, anxiety and depression will be managed by a multi-disciplinary approach as needed which may include the team physician, athletic training staff, coaches, professors/instructors, academic advisors, FAR, academic support personnel and parents. The Coordinator of Academic Support Services in conjunction with the Office of the Provost can help assure that student-athletes are provided their full rights during this transition period.

Please Note Appendices 1 and 2 below as they provide examples of accommodations based on patient symptoms and for academic needs that may be utilized in the event of a concussive injury to a student athlete.

Reducing Exposure to Head Trauma

Concussions are common occurrences in sports, but steps can still be made to reduce the exposure rates of sustaining a concussion. Coaches and student-athletes should take a "safety-first" approach to sport:

- Helmets and or protective equipment must be properly fitted and routinely inspected by the athletes and the coaching staff.
- Football and lacrosse should have routine inspections of their helmets, shoulder pads, chin straps by the student athletes for any cracks, defects, deformities or missing protective padding with their equipment.
- Athletes whose sports require a mouth piece must be required to correctly fit and consistently use this piece of equipment during the course of play.
- Baseball and softball should wear helmets at all times when batting, running bases and in the on-deck/coaching boxes.
- Swimmers must not dive into shallow water and must follow all safety rules at swimming pools.

APPENDIX 1

Example of Accommodation Options Based on Symptom Type

Headaches	<p>Allow frequent breaks</p> <p>Identify triggers that cause headache to worsen</p>
Sensitivity to Noise (phonophobia)	<p>No physical activity, band, chorus, etc.</p> <p>Avoid lunch room; eat in quiet setting</p> <p>Avoid attending athletic events, gymnasiums</p> <p>Refrain from using cell phone, headphones/ear buds</p>
Sensitivity to Light (photophobia)	<p>Allow to wear sunglasses</p> <p>Move to area with low-lighting, dimly-lit room</p> <p>Avoid seating with direct sunlight from windows</p> <p>Avoid or minimize bright projector/computer screens</p>
<p>Other visual problems</p> <p>i.e. blurred or double-vision</p> <p>saccadic eye movements (tracking)</p> <p>near-point convergence (close-up)</p>	<p>Limit computer use</p> <p>Reduce/shorten reading assignments</p> <p>Record lectures, use auditory learning apps</p> <p>Allow for more listening & discussion vs. Reading</p> <p>Increase font size on computer screens</p> <p>Desktop work only</p> <p>Refrain from texting, video gaming</p> <p>Refrain from watching TV close-up or from a distance</p>
Concentration or Memory (Cognitive) Problem	<p>Place main focus on essential academic content/concepts</p> <p>Post-pone major tests or participation in standardized testing</p> <p>Allow extra time for assignments, quizzes</p> <p>Allow extra time to complete tests, projects</p> <p>Reduce class assignments, homework</p>
Sleep Difficulties	<p>Allow frequent rest breaks</p>

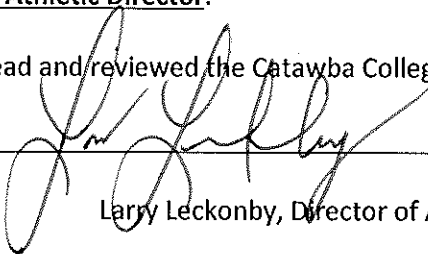
APPENDIX 2

Example of Physician Directed Levels of Instructional Modifications and Academic Accommodations

<p>1. No School (Stay Home/Dorms)</p>	<p>Discourage texting, video gaming, watching TV, using cell phone, listening to music with headphones No homework or computer use Cognitive "shut-down" Use darkened, quiet room</p>
<p>2. Limited School Attendance (Half Days/Part-Time) Maximum Accommodations - Able to tolerate up to 30 minutes mental exertion</p>	<p>Limit/partial class attendance; no physical activity Periodic rest breaks away from class in a quiet area Limit/modify academic classwork Provide extra help; peer note taking No major/standardized testing Provide extra help; peer note taking Extra time for assignments; modify assignments Extra time for quizzes in a quiet area Minimal or no homework</p>
<p>3. Full-Day Attendance (Limit Class Attendance) Moderate Accommodations - Able to tolerate up to 45 minutes mental exertion</p>	<p>No physical activity Limit class attendance in academically challenging classes No major/standardized testing; modified testing Rest periods in classroom as needed Extra time for assignments; quizzes as needed Limited homework, i.e., less than 30 minutes</p>
<p>4. Full Class Attendance Minimal Accommodations - Able to tolerate up to 60 minutes mental exertion</p>	<p>No physical activity Increase return to normal class workload Begin working on missed work/assignments Moderate homework, i.e., less than 60 minutes</p>
<p>5. Full Academics No Accommodations</p>	<p>Resume normal homework assignments Identify essential content and assignments to make up Develop realistic timeline for completing assignments Re-evaluate weekly until assignments are completed</p>

NCAA Compliance - Athletic Director:

I have thoroughly read and reviewed the Catawba College Concussion Management Policy and Protocol .



Date: 11/11/15

Larry Leckonby, Director of Athletics