



BRAIN PROTOCOL

A step-by-step gradual process for return to play

No
RESTRICTIONS

BIKE

Increase heart rate with sustained effort while keeping the head as still as possible.

RUN

Adds simple, repetitive movement.

AGILITY

Adds more explosive movement and asks the brain to do more complex function.

IN RED

Adds usual drills and workout while avoiding all physical contact.

("In Red" refers to the red jersey players wear to signify that they are NOT to be hit.)

NO RESTRICTIONS

A doctor must clear the athlete before this step.

Must be cleared
by a doctor

IN RED

Adds mental
functions of
normal workout/
drills. No contact

Adds mental
functions of
normal workout/
drills. No contact

AGILITY

Adds athletic
movements and
explosive effort

Adds athletic
movements and
explosive effort

Adds athletic
movements and
explosive effort

RUN

Adds simple
repetitive
movement

Adds simple
repetitive
movement

Adds simple
repetitive
movement

Adds simple
repetitive
movement

BIKE

Increase heart
rate with
sustained effort

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- An athlete **cannot start** the protocol until there are no remaining symptoms.
- Athletes 18 years old or younger **must wait at least 24 hours between each step**, without symptoms.
- If the **symptoms return, the protocol MUST stop**. Once ALL symptoms are gone again, the process restarts by repeating the last step completed before symptoms returned.



CONCUSSION **FACTS**

- Getting your bell rung **IS** a concussion
- Most concussions **DO NOT** involve being knocked out
 - only occurs in 1 of 10 cases
- Concussions **DO NOT** require a blow to the head
 - they can result from whiplash
- Every concussion is unique
 - they **DIFFER** by **PERSON & INCIDENT**

1 OR MORE OF THESE MAY = CONCUSSION:

May not appear for **MINUTES, HOURS, DAYS** or **UNTIL CHALLENGED** (physically **OR** mentally)

- Headache
- Pressure in the Head
- Nausea or Vomiting
- Sleep Changes
- Dizziness
- Vision Changes
- Sensitive to Light or Noise
- Feeling Sluggish or Groggy
- Confusion
- Difficulty Concentrating or Remembering
- Mood Changes
- Behavior or Personality Changes
- Being Knocked out (even briefly)
- Answers Questions Slowly
- Moves Clumsily

Keep **CONCUSSIONS** on the Sidelines!

DANGER SIGNS = IMMEDIATE MEDICAL ATTENTION:

- Symptoms Get Worse
- Decreasing Consciousness
- Increasing Sleepiness
- Seizure
- Vomiting
- Trouble Recognizing People or Places
- Neck Pain
- Weakness in Arms or Legs
- Slurred Speech

With proper recognition & management **YOU** can prevent permanent brain injury & death



CONCUSSION PLEDGE FORM

This pledge form is designed to facilitate communication about concussions between coaches, youth athletes, and their parents.

THE COACH HAS PLEDGED TO:

RECOGNIZE the signs | **REMOVE** the athlete from play | **REPORT** to a parent

And ensure that the athlete **RECOVERS** completely before returning to play

STUDENT/ATHLETE

I, _____, understand that concussions are serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

*I pledge that if I **RECOGNIZE** symptoms of concussion in myself, or a teammate, I will **REPORT** it immediately to a coach, athletic trainer or parent.*

*I pledge to not play my sport again until I am cleared by a doctor and complete a graduated process (BRAIN protocol). This will help ensure I **RECOVER** completely before returning to play.*

Signature

Date

PARENT/GUARDIAN

I, _____, understand that concussions can be serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

*I pledge that if I **RECOGNIZE** signs of concussion in my child, I will **REPORT** it to the coach or athletic trainer immediately.*

*I pledge to not allow my child to play again until they are cleared by a doctor and complete a graduated process (BRAIN protocol). This will help ensure that my child **RECOVERS** completely before returning to play.*

Signature

Date