



CANTERBURY SCHOOL SPORTS MEDICINE

Canterbury School Concussion Management

The medical staff at Canterbury School takes its approach to concussion management with the utmost diligence and attention. Just as each student is different, so too are the many forms of head injuries. The injury commonly called a concussion is defined by the Centers for Disease Control and Prevention as a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head, or by a hit to the body that causes the head and brain to move rapidly back and forth, thereby potentially initiating a disruption in brain function. The term ‘mild traumatic brain injury’ (MTBI) is used interchangeably with the term concussion as well. Concussions may manifest as complex pathophysiologic processes that affect the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. This disturbance of brain function is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). MTBI results in a constellation of physical, cognitive, emotional and/or sleep-related symptoms and may or may not involve a loss of consciousness (LOC). Duration of symptoms is highly variable and may last from several minutes to days, weeks, months, or even longer in some cases.

It is the policy of the Canterbury School Athletic Training Department to recognize and treat sport related concussion according to the guidelines set forth by the NATA Position Statement: Managing Sport Related Concussion (Guskiewicz K, Broglio S, Cantu R, et al. NATA position statement: management of sport-related concussion. *Journal of Athletic Training* 2014;49(2):245–265). This policy has also been customized, where applicable, to the needs of this school in cooperation with our School Physician and associated health management team.

Any suspected head injuries are evaluated by either the nursing staff or the athletic training staff. Based on findings, a plan of action is laid out for the student that will entail daily evaluations with the medical staff, a return-to-learn academic plan that is constructed to allow the student to complete any missed academic work in a time frame that suits them, and a return-to-play protocol that is instituted once the student’s symptoms and cognitive functioning dictate that it is safe and appropriate to do so. This plan of action is in line with the National Athletic Trainers’ Association recommendations for best practices.

As always, communication is crucial. There are multiple points of contact both on and off campus to ensure that the student is getting the best possible care as they integrate back into the classroom and onto the playing field.