

The Emergency Action Plan and Concussion Management

Craig Bennett, MA, LAT, ATC
University of Puget Sound
Director of Sports Medicine



Concussion Management Plan (CMP)

- Should be designed and implemented by medical professional(s) trained in concussion management
- Should be designed in conjunction with other EAP documents
- Should include education and training for personnel involved



Concussion Management Plan (CMP)

- Should be reviewed ANNUALLY (if not more frequently)
 - Medical staff
 - Athletes
 - Coaches
 - Administrators
 - Parents
 - School nurse
 - Disability services/counsellors



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

- Education and Prevention
- Documentation and Legal Aspects
- Evaluation and Return to Play
- Other Considerations



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

Previous lawsuits against ATs and team physicians have addressed the premature clearing of patients, and surprisingly, withholding patients from play after concussion



2014 NATA Position Statement on Management of Sport Concussion

Broglia, SP, et al. J Athletic Training 2014; 49(2): 245-265

It is imperative for clinicians to manage these injuries in a systematic manner, using objective assessments, while documenting their daily findings



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

It is the responsibility of the AT to:

- follow the best-practice guidelines, recommendations and practice limitations
- follow state concussion-management statutes
- understand general elements of negligence and malpractice



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

Lawsuits against ATs often involve:

- Evaluation or testing of the patient (or lack thereof)
- Documentation of an injury
- Communications with the patient or with a physician about a patient
- Education of the patient



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

Lawsuits against ATs often involve:

- Lack of documentation in managing sport-related concussion
- ATs have been advised to document “all pertinent information” surrounding concussions

Guskiewicz KM, Bruce SL, Cantu RC, et al.

NATA position statement: management of sport related concussion

J Athl Train. 2004; 39(): 280-297



2014 NATA Position Statement on Management of Sport Concussion

Broglio, SP, et al. J Athletic Training 2014; 49(2): 245-265

- Increased education to patient (and parents) regarding risks of RTP before complete recovery after a concussion, the greater the likelihood of success the AT will have in defending against failure-to-warn or failure-to-educate claim

Guskiewicz KM, Pachman SE Management of sport-related brain injuries: preventing poor outcomes and minimizing the risk for legal liabilities.

Athl Train Sports Health. 2010;2(6): 248-252



Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016 *McCrory, P. et. al. Br J Sports Med 2017; 0: 1-10*

- Recognize
- Remove
- Re-evaluate
- Rest
- Rehabilitation
- Refer
- Recover
- Return to sport
- Reconsider
- Residual effects and sequelae
- Risk reduction



Documentation Should Include:

- Mechanism of injury
- Initial signs and symptoms
- State of consciousness
- Findings of physical/neurological examinations
- Neurocognitive function
- Instructions given to patient and/or parent/responsible person
- Recommendations provided by physician
- Graduated RTL + RTP progression
- Info re: pt. hx of prior concussion + associated recovery patterns



Documentation

- Provides thorough detail of initial injury and related serial evaluations
- Provides reference for serial and follow-up clinical evaluations
- If not involved in initial clinical evaluation, provides physician with clearer picture of initial injury compared to condition of patient at the time of initial/serial clinical evaluation w/physician
- Removes ambiguity of patient/parent recall of injury



Overview

- Follow current best practices, professional association guidelines and state statutes regarding concussion management
- Collaborate with physician in development of CMP
- Consistent, accurate implementation of CMP for favorable clinical outcomes and reducing liability of practitioner, institution, etc.



Overview

- Develop and utilize resources for special populations – prolonged recovery, pt. w/mental health history, other medical conditions that may affect recovery, etc.
- Document, document, document



THANK YOU!

