

OATS Concussion Website Resources

Oregon Concussion Laws

Oregon enacted one of the 1st youth concussion laws in 2009. This law, [ORS 336.485](#) often referred to as Max's Law, covered public school (K-12) student-athletes. The 4 key elements are:

- *Recognize*: coaches are required to complete annual training on recognition and referral of concussion symptoms
- *Remove*: student-athletes with a suspected concussion must be removed from play
- *Refer*: student-athletes must be evaluated by a healthcare professional
- *Return*: student-athletes may not return to play: 1) on the same day of the concussion, 2) until they no longer exhibit signs, symptoms, or behaviors of a concussion, and 3) until they have received a release from a qualified healthcare professional*.

* A qualified healthcare professional is defined as a physician (M.D. or D.O.), physician assistant, nurse practitioner, or psychologist licensed or certified in Oregon. As of July 1, 2020, chiropractic physicians, naturopathic physicians, physical therapists, and occupational therapists licensed in Oregon can provide a medical release **AFTER** those professionals complete a concussion education course offered through OHSU. After July 1, 2021 physician assistants, nurse practitioners, and psychologists will also have to complete the OHSU concussion education course to provide medical release.

Athletic trainers are not currently considered a qualified healthcare professional that can provide a medical release following a concussion. However, if a student-athlete is removed from play due to a suspected concussion and a licensed athletic trainer determines the student-athlete does not have a concussion, the student-athlete can be returned to play.

In 2013, [ORS 417.875](#) also known as Jenna's Law, passed. This law extended the provisions of Max's Law to non-public school athletes (i.e., private schools, youth sports). Jenna's Law also requires 1) referees to complete concussion training and 2) parents/guardians and athletes receive education on the signs and symptoms of concussion.

Return to Play

Current recommendations are that the athlete complete a gradual return to participation protocol. This is a 6-step process with each step increasing exertional demands on the athlete. The 6-step process is included as part of the OSAA Return to Participation Form.

<http://www.osaa.org/docs/forms/Concussion-ReturntoParticipation.pdf> OATS also created a video to help guide schools and coaches through the 6-step process with example activities for each step. <https://www.youtube.com/watch?v=ogMaJoAyQi0&feature=youtu.be>

Return to Learn

The OSSA has form with information on return to learn including a release form to be completed by the student's health care provider.

<http://www.osaa.org/docs/forms/Concussion-ReturntoLearn.pdf>

Additionally, the University of Oregon's Center on Brain Injury Research and Training (CBIRT) has many resources available returning the student to school activities following a head injury.

<https://cbirt.org/back-school>

Role of the Athletic Trainer

The Commission on Accreditation of Athletic Training Education (CAATE) 2020 Standards for Accreditation of Professional Athletic Training Programs include the following concussion related standards:

Standard 76: Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

Standard 93: Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

Role of the athletic trainer in secondary schools:

- Assessment and Education:
 - On-field, sideline, or athletic training room evaluation, sports specific testing, emergency management when needed, education on acute concussion care and management with parents/guardians, athlete, and coaches.
- Care Management
 - Follow-up evaluation (including cognitive, balance, and vision), therapeutic exercise and modalities, communication with coaching/school staff, coordination

of care with team physician or PCP, communication with other healthcare providers (e.g., school nurse, rehabilitation services providers, etc.), and parents/guardians.

- Return to Learn (RTL)
 - Provide education to school staff on RTL protocol, obtaining proper documentation from team physician or PCP on athlete's status during RTL program, provide medical feedback to school teachers.
- Return to Play (RTP)
 - Supervision of RTP program, daily check-ins, providing guidance to both athlete and coaching staff on athlete's progression, obtaining proper clearance documentation in final stages of RTP program, monitoring for regression of symptoms when RTP is completed.
- Documentation
 - Initial evaluation, follow-up evaluation, daily symptom logs, brief cognitive screeners, rehabilitation conducted at the school, communication with school staff/coaching staff, and RTL and RTP progressions.

Role of the athletic trainer in the physician's practice:

- *Prior to Visit (collect outside records):*
 - *Referral notes, ED notes, imaging results, SCAT/ImPACT testing, neuropsychological evaluations, & FMLA paperwork.*
- *Intake/Follow up Appointments:*
 - *Event, DOI, LOC, medical evaluation after event, imaging, legal claim, social history, sports/activities, risk factors, cognitive testing, balance testing, & visual testing.*
- *Education:*
 - *Symptom management, return to play, return to learn, return to work, & travel.*
- *Care Management:*
 - *Answer follow up questions, assist with scheduling, school follow-up, paperwork, and coordination of care with other healthcare providers.*
- *Therapeutic Exercise and Exercise Prescription:*
 - *Cervical spine exercises, vision exercises, balance exercises, and Buffalo Concussion Treadmill Testing.*