

USA Luge Concussion Policy

Management of concussion in sport can be challenging as there are no universal standards on concussion care and return to play guidelines. This policy statement will outline the manner in which USA Luge will manage any athlete that it believes has experienced a concussion, either as part of a program within the sport, or as a result of participation in some other activity.

The bulk of this policy is excerpted from one developed for use by the U.S. Olympic Committee Sports Medicine Division, and was reviewed by USA Luge's Head Team Physician, Dr. Eugene Byrne:

1. Definition

It is often reported that there is no universal agreement on the definition or nature of concussion; however, agreement does exist on several features that incorporate clinical, pathological, and biomechanical injury constructs associated with head injury:

- A. Concussion may be caused by a direct blow to the head, face, neck or elsewhere on the body from an impulsive force transmitted to the head, or the moving body coming into contact with an object.
- B. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
- C. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
- D. Concussion results in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
- E. Concussion is typically associated with grossly normal results on conventional neuroimaging studies.

2. Signs and Symptoms of Concussion

If any one of the following symptoms or problems is present, a head injury will be suspected and appropriate management instituted. An athlete does not need to have lost consciousness to suffer a concussion.

- A. Cognitive features
 - Unaware of sport setting, race or placement in start order, or standings
 - Confusion
 - Amnesia
 - Loss of consciousness
- B. Typical symptoms
 - Headache or pressure in the head (or deep throbbing)
 - Balance problems or dizziness
 - Nausea
 - Feeling “dinged”, “foggy”, stunned or “dazed”
 - Visual problems (seeing stars or flashing lights, double or blurry vision)
 - Hearing problems (e.g., ringing in the ears)
 - Irritability or emotional changes

Other symptoms such as sleepiness, grogginess, sleep disturbance, a difficulty to be aroused, and a subjective feeling of slowness and fatigue in the setting of impact may indicate that a concussion has occurred or has not resolved.

C. Physical signs

- Loss of consciousness/impaired conscious state
- Poor coordination or balance
- Concussive convulsion/impact seizure/tremors
- Gait unsteadiness/loss of balance/loss of coordination/numbness or paralysis
- Slow to answer questions or follow directions
- Easily distracted, poor concentration
- Displaying unusual or inappropriate emotions (e.g. laughing, crying)
- Vomiting
- Vacant stare/glassy eyed/unequal pupil size/no pupil reaction to light
- Slurred speech
- Personality changes
- Inappropriate sport behavior (e.g., running in the wrong direction)
- Significantly decreased playing ability
- Fluid draining from nose and/or ears

3. Concussion Management

In general, an athlete experiencing a mishap in the sport will first be seen by an emergency medical professional at the luge track. When not at an activity specific to the luge track (such as a USA Luge supervised weight room or gym session), an athlete will then most likely be seen first by a coach.

When an athlete is suspected of showing **ANY** symptoms or signs of a concussion:

- A. The athlete will not be allowed to return to the current race, practice or activity even if the initial symptoms clear quickly. The athlete may experience delayed symptoms.
- B. The athlete will not be left alone (regular monitoring for neurologic change is essential). Instead, the emergency medical professional or coach will look to hand off the athlete to a parent or guardian in the case of a minor, or to a parent/guardian, significant other, teammate, or friend in the case of someone no longer a minor, at his/her first opportunity. The athlete should be transported (or an ambulance called) to the local emergency room for evaluation if any reason for concern surfaces at anytime, and anyone receiving the athlete from a coach should be informed that they should transport (or call an ambulance) the athlete to the local emergency room if any reason for concern surfaces.
- C. Once an athlete has sustained what is believed to be a concussion, the athlete will be required to be medically evaluated or consulted by a doctor following the injury.
- D. Return-to-play clearance must then follow a medically supervised stepwise process monitored by a medical doctor qualified to evaluate and manage concussions.

***USA Luge will always strive to err on the side of caution...
...“When in doubt, we will sit them out!”***

4. Home Care

In the specific case of accidents at the luge track, where an emergency medical professional is likely to be the first point of contact due to an athlete mishap:

- A. If an athlete is allowed to return home or to the hotel/dormitory, the emergency medical professional should counsel a parent/guardian in the case of a minor (or coach if the athlete is away from home and under the care of USA Luge), or parent/guardian, coach, significant other, teammate or friend in the case of someone no longer a minor, to closely monitor the athlete.
- B. The emergency medical professional is expected to give verbal and written instructions to the athlete, and the person from the above list that is monitoring the athlete, regarding concussion care in the first 24 hours post concussion.
- C. Traditionally, part of these instructions may or may not include a recommendation to wake up the athlete every 3 to 4 hours during the night to evaluate changes in symptoms and rule out the possibility of an intracranial bleed such as a subdural hematoma. If the emergency medical professional has made this recommendation then USA Luge requires that it be followed. However, if this recommendation is not made, then the following should apply:
 - This recommendation has raised some debate about unnecessary wake-ups that disrupt the athlete's sleep pattern and may increase symptoms the next day because of the combined effects of the injury and sleep deprivation.
 - No documented evidence suggests what severity of injury requires this treatment.
 - A good rule to use is if the athlete experienced a loss of consciousness, had prolonged amnesia, or is still experiencing significant symptoms, that he or she should be awakened during the night.

When the coach is the first point of contact, the coach will contact the athlete's parent/guardian in the case of a minor, or parent/guardian, significant other, teammate, or friend in the case of someone that is no longer a minor to advise him/her/them of the situation.

In general, the following guidelines also apply:

- A. Avoid taking medications except acetaminophen (Tylenol®) after the injury.
- B. Avoid ingesting alcohol, illicit drugs, or other substances that interfere with cognitive function and neurologic recovery.
- C. Rest, but resume normal activities of daily living as tolerated, while avoiding activities that potentially increase symptoms.
- D. Eat a light, well-balanced diet that is nutritious in both quality and quantity.

USA Luge has also included the following statement within its Code of Conduct:

“All athletes are expected to report all injuries, and any related injury history, to any medical professional administering medical attention to them, as well as their coach, in a timely and accurate manner.”

The clause in the Code of Conduct is meant to require each athlete (or their parent/guardian) to report any and all prior injuries (including concussions) that are sustained in any activity even if not directly or indirectly associated with USA Luge because medical evidence suggests that a second concussion is easier to sustain than a first concussion – and that more significant short and long term damage can be done from a second concussion, especially those close in timing to a first concussion.

ACKNOWLEDGMENT

I agree to abide by the provisions and requirements of this Concussion Policy, and understand the possible consequences if its provisions and requirements are violated.

Signature of Participant

Date

Printed Name

PARTICIPANTS OR PARTICIPANTS OF MINORITY AGE (under 18 at time of participation)

Have (Has) you (your child) experienced a concussion from any activity of any kind or nature, and if so, have (has) you (he/she) received medical clearance to resume participation in athletic activities, including the sport of luge? YES _____ NO _____ (Please check the appropriate answer)

This is to certify that I, or I as Parent/Guardian with legal responsibility of the above stated participant, do consent and agree to the above Concussion Policy, and further I/we for myself/ourselves, my heirs, assigns, and next of kin, agree to release, waive, discharge, hold harmless and covenant not to sue the United States Luge Association, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, officials, officers, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of all and any injury, disability, death, or loss of damage to person or property, incident to my or my minor child's involvement or participation in luge programs, caused or alleged to be caused in whole or in part by the good-faith decision, evaluation or judgment required by this policy, or negligence, of myself or the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature

Date

Printed Name

Relationship (Self, Parent or Guardian)