GFELLER-WALLER CONCUSSION AWARENESS ACT/ NCHSAA CONCUSSION MANAGEMENT PRINCIPLES

Health & Safety Personnel

The NCHSAA strongly recommends that each individual listed below has both expertise and training in concussion management and that LATs, PAs, and NPs consult with their supervising physician before signing the Return to Play (RTP) Protocol Form, as per their respective state statutes.

Licensed Physician** An individual who has training in concussion management, licensed to practice medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes

Licensed Athletic Trainer (LAT)** An individual who is licensed under Article 34 of Chapter 90 of the General Statutes, entitling them to perform the functions and duties of an athletic trainer.

Licensed Physician Assistant (PA)** An individual who is licensed under the provisions of General Statute 90-9.3 to perform medical acts, tasks or functions as an assistant to a physician; consistent with the limitations of G.S. 90-18.1.

Licensed Nurse Practitioner (NP)** Any nurse who is licensed under the provisions of General Statute 90-18(c)(14) to perform medical acts, tasks, or functions; consistent with the limitations of G.S. 91-18.2.

Licensed Neuropsychologist** An individual who has training in concussion management licensed under Chapter 90, Article 18A of the General Statutes and working in consultation with a physician licensed under Chapter 90, Article 34 of the General Statutes.

Physical Therapist** licensed under Article 18E of Chapter 90 of the General Statutes.
First Responder (FR): An individual who meets the requirements set forth by the North Carolina State Board of Education Policy ATHL-000.

**Indicates a Licensed Health Care Provider as defined by the NC Session Law 2025-49 and the NC State Board of Health and Safety Rule ATHL-015.

Key Tenets of Concussion Management

1. **No student-athlete with a suspected concussion is allowed to return to practice or competition the same day that his/her/their head injury occurred.**
2. **It is not feasible for a Licensed Health Care Provider (LHCP) to both diagnose an acute concussion and provide clearance on the same day.**
3. Student-athletes should never return to practice or competition if they still have **any symptoms**.
4. More than one evaluation is typically necessary for medical clearance of concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, emergency room and urgent care providers typically should not make clearance decisions at the time of first visit.
5. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time. Therefore, it is not feasible for a Licensed Health Care Provider to both diagnose an acute concussion and provide clearance on the same day.
6. Both academic and cognitive considerations should be addressed when managing a student-athlete with a concussion. The North Carolina Department of Public Instruction requires a Return to Learn Plan for students with suspected head injury.
7. Also, consider guidance on proper sleep hygiene, nutrition, and hydration.
8. The NCHSAA STRONGLY RECOMMENDS that all member school student-athletes have a Licensed Physician's (MD or DO) signature on the Return to Play Protocol Form and/or the Licensed Health Care Provider Concussion Evaluation Recommendations Form.
9. Current evidence shows that exercise can be safely started quickly (typically within 24-48 hours following concussion) with careful monitoring.
10. A step-by-step progression of physical exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Return to Play Protocol, therefore, has been designed beginning with prescribed exercise progressing to sport-specific activity. The Return to Play Protocol and associated form is required to be completed in its entirety for any concussed student-athlete before they are released to full participation in athletics.
11. A student-athlete must be completely symptom-free at rest AND with cognitive stress, then with full physical exertion before being cleared to resume full participation in athletics.
12. Schools should exercise discretion when accepting clearance decisions made by Physical Therapists, and are strongly encouraged to verify that the evaluating PT has appropriate training in concussion assessment and management. Best practice considerations include:
    a. Confirming the PT has completed formal education or continuing education specific to concussion care.
    b. Ensuring the clearance decision reflects a comprehensive evaluation and adherence to the NCHSAA Return to Play Protocol.