

# WORKING GROUPS: CONCUSSIONS

## CHALLENGE: TO EXECUTE WHAT THE LAW SAYS TO THE AGED 14 AND UNDER YOUTH OF ALABAMA.

- Each local school system and community sport or recreational organization must develop guidelines as well as educational materials (e.g., forms) to distribute to youth athletes and their parents or guardians. Materials must cover the nature and risk of concussion and brain injury, especially with continuing to play after a suspected concussion or brain injury.
- A concussion and head injury information sheet must be reviewed, signed and submitted by the youth athletes and their parent or guardian prior to any practice or competition.
- Each local school system and community sport or recreational organization must ensure that coaches undergo annual training to learn how to recognize concussion symptoms and to seek proper medical treatment.
- Each local school system and community sport or recreational organization must establish, by rule, their training requirements and, to the extent possible, ensure that all coaches complete the training before the beginning of the team practice.
- If a youth athlete is suspected of having a concussion or brain injury during practice or competition, they must
- Be **IMMEDIATELY REMOVED FROM PLAY**
  - Not return to play the day of the injury
  - AND
  - Not return until they have been evaluated and have received written clearance to return to play from a licensed PHYSICIAN.

## RETURN TO PLAY... IT'S THE LAW

Medical clearance by a licensed PHYSICIAN must be given before return to play.

After first receiving medical guidance/clearance, follow the guidelines below for return to activity. Allow approximately 24, hours (or longer) for each stage. If symptoms return with each new step, you should follow up with a concussion specialist.

1. No activity and rest until symptom free
2. Light aerobic exercise (i.e., light jogging, swimming)
3. Sport-specific exercise (running, throwing, kicking drills, etc.)
4. Non-contact training (to include resistance exercises/weight training)
5. Full-contact practice
6. Normal game play (after medical clearance)

## CLINICAL LEADERS



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