Sports-Related Concussion Protocol

Secondary Athletics

The Management of sports-related concussions continues its evolution, as documented in the 6th International Conference on Concussion in Sport Consensus Statement (6th Consensus Statement). New research information and recommendations for sports-related concussions are reflected in the 6th Consensus Statement.

Natrona County School District (NCSD) has established that its sports-related concussion protocol has been adjusted to align with the 6th Consensus Statement. The updated NCSD concussion protocol is shared annually to provide an educational resource for NCSD athletic department staff, coaches, nurses, counselors, administrators, community medical professionals, other relevant school personnel, students, and parents/guardians. This protocol outlines procedures to follow in managing head injuries and outlines return-to-learn (RTL), and return-to-sport/activity (physical activities) (RTSA) processes after a concussion.

NCSD seeks to provide a safe return to academics and sports/activities for all athletes after a head injury resulting in a suspected concussion. To manage these head injuries, procedures have been developed to ensure concussed athletes are identified, treated, and referred appropriately, effectively, and consistently. They receive appropriate follow-up medical care until they fully recover.

In addition to recent research, three (3) primary documents were consulted to develop this protocol. The "Consensus Statement on Concussion in Sport – 6th International Conference: Amsterdam 2022"[1], the "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion"[2] (referred to in this document as the NATA Statement), and the "American Medical Society for Sports Medicine (AMSSM) (Harmon KG et al. Position Statement on Concussion in Sport. BJSM. 2019. 53:213-225)"[3].

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[1] Patricios JS, Schneider KJ, Dvorak J, *et al* Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022*British Journal of Sports Medicine* 2023;**57:**695-711.

[2] Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion. *J Athl Train*. 2004;39(3):280-297.

[3] American Medical Society for Sports Medicine (AMSSM) (Harmon KG et al. Position Statement on Concussion in Sport. BJSM. 2019. 53:213-225)

Furthermore, the protocol complies with the State of Wyoming Senate Act – SEA0097 (SF0038) signed by Governor Matt Mead on March 10, 2011.

NCSD personnel review this protocol annually for recommended changes or modifications. The approved changes and alterations are distributed to the appropriate school personnel during staff training and in writing.

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I. Definitions

A. Sports-Related Concussion (SRC) as defined by the 6th Consensus Statement, a sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change, and inflammation affecting the brain. Symptoms and signs may present immediately or evolve over minutes or hours and commonly resolve within days, but may be prolonged. Sport-related concussions result in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction), or other comorbidities (such as psychological factors or coexisting medical conditions).

B. A Licensed Athletic Trainer (LAT) is a person licensed under the Wyoming State Board of Athletic Training who meets the board's qualifications and practices athletic training. Athletic training encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute, or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), the Health Resources Services Administration (HRSA), and the Department of Health and Human Services (HHS) as an allied healthcare profession.

C. Sway is a balance and cognitive testing platform that is an FDA-cleared Class II medical device. Sway is used to evaluate a person's balance, cognition, and functional movements across many medical use cases.

D. Collision/Contact Sports In collision sports, the person purposely hits or collides with other people or objects with great force, e.g., football. In contact sports, the person is constantly contacting other people or objects, but with less force than in collision sports but also includes that risk of hitting the ground or water forcefully, e.g., basketball, soccer, volleyball, diving, Alpine skiing, Nordic skiing, pole-vaulting, wrestling, softball, dance, and cheerleading.

E. Return-To-Learn (RTL): return to pre-injury learning activities with no new academic support, including school accommodations or learning adjustments.

F. **Return-To-Sport/Activity (RTSA):** completion of the RTSA strategy with no symptoms and no clinical findings associated with the current concussion at rest and with maximal physical exertion.

G. **Approved Healthcare Provider (AHP) for concussion clearance:** A Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), licensed nurse practitioner, licensed physician assistant, or licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management. This EXCLUDES those working in the Emergency Department and Telehealth Settings.

H. **Vestibular Ocular Motor Screening (VOMS):** is a tool designed by the experts at the University of Pittsburgh Medical Center to detect signs and symptoms of a concussion. It looks at the systems in charge of integrating balance, vision, and movement.

I. **Sport Concussion Assessment Tool 6 (SCAT6)** is a standardized tool for evaluating concussions designed for use by healthcare professionals (HCPs). The SCAT6 cannot be performed correctly in less than 10-15 minutes. Except for the symptoms scale, the SCAT6 is intended to be used in the acute phase, ideally within 72 hours (3 days), and up to 7 days, following injury. If greater than 7 days post-injury, consider using the SCOAT6/Child SCOAT6.

J. **Sport Concussion Office Assessment Tool 6 (SCOAT6)** is a tool for evaluating concussion in a controlled office environment by healthcare professionals typically from 72 hours (3 days) following a sport-related concussion.

K. **Standardized Assessment of Concussion (SAC)** provides immediate sideline mental status assessment of athletes who may have incurred a concussion. The test contains questions designed to assess athletes' orientation, immediate memory, concentration, and delayed memory. It also includes an exertion test and a brief neurological evaluation.

II. RECOGNITION OF CONCUSSION

- Common signs and symptoms of sports-related concussion
  - Signs (observed by others), not an exhaustive list or not limited to the list below:
    - The student appears dazed or stunned
    - Confusion (about assignments, plays, etc.)
    - Forgets plays
    - Unsure about game, score, opponent
    - Moves clumsily (altered coordination)
    - Balance problems
    - Personality change
    - Responds slowly to questions
    - Forgets events before hit
    - Forgets events after the hit
    - Loss of consciousness (any duration)
  - Symptoms (reported by student), not an exhaustive list or not limited to the list below:
    - Headache
    - Fatigue
    - Nausea or vomiting
    - Double vision, blurry vision
    - Sensitive to light or noise
    - Feels sluggish
    - Feels “foggy”
    - Problems concentrating
    - Problems remembering

- These signs and symptoms are indicative of a probable concussion. Other causes for symptoms should also be considered.

- Cognitive impairment (altered or diminished cognitive function)
  - General cognitive status can be determined by simple sideline cognitive testing.
  - The LAT may utilize SCAT6, SAC, sideline SWAY, or other standard tools for sideline cognitive testing.
  - Coaches should use concussion sideline cards provided by NCSD.

III. SWAY NEUROPSYCHOLOGICAL TESTING REQUIREMENTS

- SWAY is a research-based software tool utilized to evaluate recovery after concussion.
  - Is a neuropsychological testing tool.
- All high school students participating in contact/collision sports at NCSD are required to take a baseline Sway test before participating in sports or other identified activities at NCSD.
  - Contact/collision sports may include but are not limited to football, volleyball, Nordic Skiing, Alpine Skiing, wrestling, basketball, soccer, softball, diving, pole-vaulting, cheer, and dance.
- Annually, all high school and middle school athletes and parents/guardians will acknowledge reading the Concussion Information Sheet on the Parental/Guardian Acknowledgement Form on the parent portal in Infinite Campus.

IV. MANAGEMENT AND REFERRAL GUIDELINES

- Suggested Guidelines for Management of Sports-Related Concussion[4]
  - Parents/Guardians will be contacted if their student/athlete has a suspected concussion.
  - Any student with a witnessed loss of consciousness (LOC) of any duration must be evaluated. As a result of the evaluation, proper medical referrals will be made, which may include spine boarding and or transportation via emergency vehicle.
  - A symptomatic and unstable student with a possible concussion (i.e., the condition is changing or deteriorating) is to be transported immediately to the nearest emergency department. This should-be via an emergency vehicle when possible.
  - A student who exhibits <u>any</u> of the following symptoms should be transported immediately to the nearest emergency department, <u>via emergency vehicle.</u>

    - deterioration of neurological function
    - decreasing level of consciousness
    - decrease or irregularity in respirations
    - decrease or irregularity in pulse
    - unequal, dilated, or unreactive pupils
    - any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    - mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
    - seizure activity
    - cranial nerve deficits
- A symptomatic but stable student may be transported by their parent/guardian. The parent/guardian will be educated on further care by the Concussion Basics: Need to Know Information for Parents/Guardians handout.
  - ALWAYS give parents/guardians the option of emergency transportation, even if you do not feel it is necessary.

V. GUIDELINES AND PROCEDURES FOR THE LICENSED ATHLETIC TRAINER (LAT)

- The LAT will assess the injury or guide the coach if unable to personally attend to the student.
  - Immediate referral to the student's primary care physician or the hospital will be made when medically appropriate (see section III)
  - The LAT will perform serial assessments following recommendations in the NATA Statement and 6th Consensus Statement. Tools may include but are not limited to the SCAT6, and Vestibular/Ocular-Motor Screening (VOMS, Sway, if available.)
  - The LAT will notify the athlete's parents/guardians and give written and verbal home and follow-up care instructions.
  - The LAT will instruct the athlete to follow up with the school nurse on the first day they return to school after an injury.
- The LAT will notify the school nurse and guidance counselor of the injury, so appropriate follow–up care can be initiated and maintained for the duration of the injury.
- The LAT is responsible for administering post-concussion testing.

    - The initial post-concussion test will be administered as needed.
    - Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation.
    - The LAT will review post-concussion clinical findings with the student and the student's parent/guardian.
- The LAT will provide testing results to the parents/guardian.
- The LAT or the student's parent/guardian may request that a neuropsychological consultant review the clinical findings. The student's parents/guardian will be responsible for charges associated with the consultation.
- The LAT will monitor the student and keep the necessary school personnel informed of the individual's symptomatology and neurocognitive status, to develop or modify an appropriate healthcare plan for the student.
- The LAT is responsible for monitoring recovery and coordinating the appropriate return-to-activity/sport progression, including participation in P.E. class(es).
- The LAT will maintain appropriate documentation regarding the assessment and management of the injury.

VI. GUIDELINES AND PROCEDURES FOR COACHES to Recognize, Remove, Refer

- RECOGNIZE concussion signs and symptoms
    - All coaches should become familiar with the signs and symptoms of concussion that are described in section I.
    - Very basic cognitive testing should be performed to determine cognitive deficits related to possible concussion.
    - Refer to concussion sideline cards provided by NCSD LATs for cognitive testing.

- REMOVE from sport/activity
    - If a coach suspects/or is unsure if the student has sustained a concussion, the student must be removed from sport/activity until evaluated by a medical professional (MD, DO, LAT PA, NP). **WHEN IN DOUBT, SIT THEM OUT**

Any student who exhibits signs or symptoms of a concussion must be removed immediately and not allowed to return to sport/activity that day.

- **REFER** the athlete for medical evaluation
  - Coaches must report all head injuries to an NCSD LAT, school nurse, or administrator, as soon as possible.
    - LAT can be reached at Kelly Walsh High School 253-2000 or Natrona County High School 253-1700.
- If the school's LAT is unavailable and a student is injured at an away or home event, the coach is responsible for caring for the injured student and notifying the student's parent/guardian of the injury.
  - The Coach should seek assistance from the host site medical personnel if at an away contest.
  - The coach must contact the parents/guardians to inform them of the injury and plan for parents/guardians to pick the student up.
  - The coach must contact school personnel (Administrator, High School Athletic Director (AD), or Middle School Athletic Designee/Assistant Principal) and nurse to inform them of the injury.
  - The Coach must contact the LAT (if applicable) with the student's name so that follow-up can be initiated.
  - The coach should remind the student to report directly to the LAT (if applicable) and the school nurse on the day he or she returns to school after the injury.
- Sending an athlete home without medical clearance
  - If the Coach can ensure that the student will be with a responsible individual designated by the parent/guardian, who can monitor the student and understand the home care instructions (Appendix A), the student can be sent home rather than directly to an AHP.
  - The Coach must continue efforts to reach the parent/guardian until contact is made. Emergency contact?
  - If there is any question about the status of the student, or if the student is not monitored appropriately, the student should be referred to the emergency department for evaluation. A coach should accompany the student and remain with the student until the parent/guardian arrives.
- Students with suspected head injuries should not be permitted to drive home.

VII. GUIDELINES AND PROCEDURES FOR SCHOOL NURSES AND GUIDANCE COUNSELORS

- ❖ <u>Responsibilities of the School Nurse after notification of student's concussion</u>

  - ➢ The student will be instructed to report to the school nurse upon returning to school. The school nurse will:
    - ▪ Re-evaluate the athlete utilizing a graded symptom checklist or other evaluation tools.
    - ▪ Provide an individualized plan (RTL & RTSA) based on the student's current condition and initial injury information provided by the administrator, AD, LAT, or parent/guardian.
    - ▪ The nurse will notify the student's guidance counselor and teachers of the injury.
    - ▪ The nurse will notify the student's P.E. teacher that the student is restricted from all physical activity until further notice.
    - ▪ If the school nurse receives the notification of a student who has sustained a concussion from someone other than the LAT (student's parent/guardian, athlete, physician note), the LAT should be notified as soon as possible, so that an appointment for Sway retesting can be scheduled.

- ❖ <u>Responsibilities of the Guidance Counselor</u>

  - ➢ Monitor the student and recommend appropriate academic accommodations (RTL) for students exhibiting symptoms of concussion and/or impeding academic performance or impairing engagement in academic activities.
  - ➢ Communicate with the school nurse and/or the LAT as needed, to provide the most effective care for the student to support return to learn.

VIII. GUIDELINES AND PROCEDURES FOR APPROVED HEALTHCARE PROVIDERS (AHP)

- ❖ The AHP will comply with the NCSD Concussion Protocol.
- ❖ Complete the NCSD Concussion Form and send it back with the student.
- ❖ Communicates with NCSD LATs and Nurses.

Return To Learn (RTL) Procedures (Recommendations) After Concussion[4]

❖ RETURN-to-Learn (RTL)

The transition back to learning and school following sports-related concussions (SRC) is an important consideration for children, adolescents, and young adults. The systematic review revealed that most athletes (93%) of all ages have a full RTL with no additional academic support by 10 days. While many students can quickly return to learning with no or minimal difficulty, the RTL process can be more challenging for those with specific considerations (e.g., high acute symptom severity, a prior learning disability) that may affect recovery. To minimize academic and social disruptions during the RTL strategy, AHPs should avoid recommending complete rest and isolation, even for the initial 24–48 hours, and instead recommend a period of relative rest. Early return to activities of daily living should be encouraged if symptoms are no more than mildly and briefly increased (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour). In consultation with educators, and accounting for social determinants of health, some students may be offered academic support to promote RTL including:

- **Environmental adjustments** such as modified school attendance, frequent rest breaks from cognitive/thinking/desk work tasks throughout the day, and/or limited screen time on electronic devices.
- **Physical adjustments** to avoid any activities at risk of contact, collision, or falls, such as contact sports or gameplay during physical education classes or after-school activities, while allowing for a safe non-contact physical adjustment (e.g., walking).
- **Curriculum adjustments**, such as extra time to complete assignments/homework and/or preprinted class notes.
- **Testing adjustments**, such as delaying tests/quizzes and/or permitting additional time to complete them.

The above suggestions are based on individual student's needs or requirements and may include other accommodations as determined by the AHP, nurse, or counselor.

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[4] Consensus Statement on Concussion in Sport et al – 6th International Conference: Amsterdam 2022

IX. RETURN TO LEARN AND RETURN TO SPORT/ACTIVITY PROCEDURES

Return-to-Learn (RTL) Strategy[5]

Step	Mental activity	Activity at each step	Goal
1.	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 min at a time and increase gradually.	Gradual return to typical activities
2.	School activities	Homework, reading, or other cognitive activities outside the classroom.	Increase tolerance to cognitive work
3.	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4.	Return to school full-time	Gradually, progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

[5] Consensus Statement on Concussion in Sport et al – 6th International Conference: Amsterdam 2022

- Following an initial period of relative rest (24–48) hours following an injury at Step 1, athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.
- Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour compared to the baseline value reported before cognitive activity.

RETURN TO SPORT/ACTIVITY (RTSA) PROCEDURES AFTER CONCUSSION

- Return to sport/activity on the same day of head injury.
  - A student who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, must not be permitted to return to sport/activity (RTSA) on the day of the injury. Any student who denies symptoms but has abnormal sideline cognitive testing (SCAT6, VOMS, Sway) must be held out of sport/activity.
  - **"When in doubt, sit them out."**

- Return to sport/activity after concussion.
  - The student must meet all the following criteria to progress:
    - Return to full academic activities.

  - Following an initial period of symptom-limited activity (Step 1: approximately 24–48 hours following injury), clinicians can implement Step 2 (i.e., light (Step 2A) and then moderate (Step 2B) aerobic activity) of the RTSA strategy as a treatment of acute concussion.

  - The athlete may then advance to Steps 3–6 on a time course dictated by symptoms, cognitive function, examination findings, and clinical judgment.

  - Athletes may be moved into the later stages that involve risk of head impact (typically Steps 4–6 and Step 3 if there is any inadvertent risk of head impact with sport-specific activity) of the RTSA strategy following authorization by an AHP and **after** full resolution of concussion-related symptoms, abnormalities in cognitive function and clinical findings

related to the current concussion, including the absence of symptoms with and after physical exertion.

- ○ Achieve Sway post-injury test results on all sections within a 10% range of their baseline results.

- ○ If a student hasn't completed Sway testing, the student must be asymptomatic and cleared by AHP.
- ○ Have the NCSD Concussion Form clearance from an Approved Healthcare Provider (AHP) (student must be cleared for progression to sport/activity by an AHP other than an Emergency Room or Telehealth Healthcare Provider)

❖ Progression is personalized for each student and may vary depending on individual circumstances, potentially resulting in longer timelines.

❖ The student will follow up with the school nurse (or LAT if applicable) to discuss appropriate activities for the day until they have progressed to unrestricted activity.

Return-to-sport/activity (RTSA) strategy (each step typically takes a minimum of 24 hours)[6]

Step	Exercise strategy	Activity at each step	Goal
1.	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
2.	Aerobic exercise **2A—Light** (up to approximately 55% max HR) **OR**	Stationary cycling or walking at slow to medium pace. Light resistance training may be started that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate

[6] Consensus Statement on Concussion in Sport et al – 6th International Conference: Amsterdam 2022

	2B—Moderate (up to approximately 70% max HR)		
3.	Individual sport-specific exercise Note: If sport-specific training involves any risk of potential head impact, medical clearance should occur before Step 3	Sport-specific training away from the team environment (e.g., running, change of direction, and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.			
4.	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking
5.	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6.	Return to sport	Normal gameplay.	

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CONCESSION BASICS:

Information Parents Need to Know

Please remind your child to check in with the School Nurse before going to class, on the first day s/he returns to school. Your child should also follow up with the Certified Athletic Trainer (CAT) after school.

Appendix A: What is a concussion?

A concussion is a brain injury caused by a bump or blow to the head or a blow to the body with force transmitted to the head. It can happen to any child or adolescent — girl or boy — in any activity. A concussion temporarily changes the way the brain normally works.

Your child does not have to lose consciousness or be "knocked out" to have a concussion.

Watch for signs and symptoms of a concussion including:

- Appears dazed or stunned
- Can't recall events before or after the hit or fall
- Answers questions slowly
- Clumsy
- Change in behavior or personality
- Headache or "pressure in the head"
- Upset stomach or throwing up
- Balance problems or dizziness
- Forgets sports plays, position assignment, routines
- Confusion
- More tired than usual; feeling sluggish, hazy, foggy or groggy
- Difficulty focusing or memory problems
- Doesn't "feel right"
- Grouchy
- Unsure of game, score or other team
- Double or blurry vision
- Sensitive to light or sound

Danger signs:

Your child or adolescent should be seen in an emergency department right away if s/he has problems including:

- One pupil (the black part in the middle of the eye) is larger than the other
- Marked drowsiness or cannot be awakened
- A severe headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Loss of consciousness

How long will symptoms last?

Each individual recovers at his/her own pace, and younger children often recover more slowly. While the majority of people improve within 7-10 days, some may have symptoms that last longer.

Cognitive Activity:

Relative cognitive rest may be part of the recovery process. While your child is recovering, check to see if activities such as homework, watching television, listening to music, playing video games, texting or using the computer increase symptoms. If that is the case, limiting these activities to a level that is tolerated without increasing the concussion symptoms will help in the initial recovery.

Discuss with your licensed healthcare provider when it is appropriate for your child to return to school. It is encouraged for children to continue cognitive activity and school as tolerated for academic, social, and emotional reasons. Your child may need accommodations in school to help recover most efficiently.

Your child may need to:

- Take rest breaks
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Physical activity restrictions:

Your child or adolescent should not participate in any physical activity until cleared by his/her licensed healthcare provider. This includes sports, physical education classes, and physical activities during recess or after school.

Social Activity:

Limiting social activities that cause worsening of concussion signs and symptoms is helpful during the recovery process. Activities that have larger crowds, loud noises, and bright lights may not be tolerated. Spending time, as tolerated, with someone you know in a quiet environment such as your home may be better during the initial stages of concussion recovery.

Sleep Hygiene:

It is important for your child to get rest while recovering from a concussion. Good sleep hygiene can help aid in the healing process. If your child's sleep pattern is disrupted, please contact your health care provider.

Hydration and Nutrition:

Your child should continue a normal diet and be encouraged to stay well-hydrated. Avoiding substances such as caffeine, energy drinks, and alcohol is helpful during concussion recovery.

Medication:

Your child should only take medications (including over-the-counter medications) that are recommended by your licensed healthcare provider.

Return to Sports:

In accordance with the State of Wyoming (SB 0039) and the NCSD Concussion Policy, your child cannot return to practice or play organized sports until s/he is cleared in writing by an approved healthcare provider trained in the evaluation and management of concussion. The "return to play protocol" involves a gradual return to activity.

While proper equipment fitting is important, there is no helmet, brace, or other piece of equipment that can reliably prevent a concussion. Return to practice and play after a concussion should include attention to fair play, rules enforcement, and proper technique instruction in an environment where reporting any potential signs and symptoms of the previous concussion or a new concussion is emphasized.