USA Fencing Concussion Guidelines and Policy

USA Fencing is committed to protecting the health and safety of each USA Fencing athlete. The following policy provides guidelines and expectations as it relates to the management of concussion and head injuries for all USA Fencing athletes. This policy has established safety mechanisms to promote physical, mental, and emotional longevity in sport.

Scope

This concussion and head injury policy applies to all participants at USA Fencing North American Cups (NACs), Super Junior Cadet Circuits (SJCCs), designated training camps, and FIE-hosted international and domestic events.

Definition of Concussion

Adopted from the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport Amsterdam, October 2022*.

"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.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results 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).

The following definitions have been adopted:

- *Symptom resolution at rest*: resolution of symptoms associated with the current concussion at rest.
- *Complete symptoms resolution*: resolution of symptoms associated with the current concussion at rest with no return of symptoms during or after maximal physical and cognitive exertion.
- *Return-to-learn (RTL):* return to preinjury learning activities with no new academic support, including school accommodations or learning adjustments.
- *Return-to-sport (RTS)*: completion of the RTS strategy with no symptoms and no clinical findings associated with the current concussion at rest and with maximal physical exertion."

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According to the *Sport Concussion Assessment Tool 6 (SCAT6)* symptoms and red flags include*:*

Symptom		Red Flags	
• Headache • Pressure in head • Neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like "in a fog"	• "Don't feel right" • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep	• Neck pain or tenderness • Seizure or convulsion • Double vision • Loss of consciousness • Weakness or tingling/burning in more than 1 arm or in the legs • Deteriorating conscious state • Vomiting • Severe or increasing headaches • Increasingly restless, agitated or combative	• Glasgow Coma Scale (GCS) < 15 • Visible deformity of the skull • Tonic posturing* • Ataxia* • Poor balance* • Confusion* • Behavioral changes* • Amnesia* *From *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport Amsterdam, October 2022*

Authority and Medical Coverage

In accordance with nationally recognized medical best practices and the standard of care expected by USA Fencing personnel, the sports medicine team (including physicians, athletic trainers, chiropractors, and physical therapists) have the unchallengeable autonomous authority to make decisions as it relates to the medical management and return to sport decisions of all USA Fencing athletes. These professionals are responsible for evaluating an athlete with a suspected concussion and determining their return to sport status (i.e. the athlete's ability to resume activity at the current event).

The Director of Sports Medicine, Chief Medical Advisor, or other medical personnel (as designated or identified by the Director of Sports Medicine), who are trained in initial diagnosis, treatment, and management of acute concussion will be present and on-site for all USA Fencing national competitions, FIE-sponsored international and domestic events, and designated training camps or practices.

To be present means the medical professional(s) is/are in attendance of the training or competition.

To be on-site means the medical professional(s) is/are at the training or competition site.

Injury Recognition

Once an athlete is suspected of having a concussion (i.e. showing signs, symptoms, or behaviors), they must immediately be removed from competition for further evaluation.

- Any athlete who is suspected of having a concussion MAY NOT return to activity on the same calendar day that the concussion is suspected or diagnosed.
- The athlete may only return to activity if a concussion is no longer suspected following evaluation by designated medical personnel as identified by the Director of Sports Medicine.

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Injury Recognition (cont.)

If the designated medical personnel are not available, any athlete displaying signs or symptoms of a concussion should be removed and withheld from activities until further evaluation by the healthcare providers can occur.

If the athlete is displaying significant symptoms and/or red flags, emergency services (i.e. calling 911 or going to the emergency room) should be pursued as soon as possible.

Diagnosis and Initial Evaluation

If immediate red flags are not displayed, designated medical personnel will conduct an initial (i.e. "strip" or "sideline") evaluation once the athlete is removed from competition and is relocated to a quiet and controlled environment that replicates the one in which baseline assessments were completed (if possible). At least 10-15 minutes should be allotted to complete the initial evaluation.

The initial evaluation will include:

- Assessing for additional red flags
- SCAT 6 (if the initial evaluation occurs within 72 hours and up to one week of injury)
- Symptom assessment
- Physical and neurological exam
- Cognitive assessment
- Balance exam

If results of the initial assessment identify any red flags, the athlete must be transported to a hospital/trauma center for further evaluation as soon as possible.

- See emergency action plan (EAP) for further instructions.

Results may be compared to baseline assessments to aid in diagnosis of a concussion.

After being diagnosed with a concussion, the athlete and their designated adult caretaker will receive oral and writing instructions that outlines their post-concussion plan. This document should be signed by the athlete and their caretaker. The original copy should be given to the athlete as discharge instructions, and a copy should be made for the athlete's medical chart.

Treatment & Management

Athletes working towards return to play and/or return to learn should contact their primary care physician, a concussion-trained sports medicine doctor (physiatrist or neurologist), or other healthcare professional with extensive training in concussion management for appropriate post-concussive care.

Refer to *USA Fencing Concussion Policy Duties & Responsibilities* on removal from competition and return to play requirements for concussed athletes at designated USA Fencing events.

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Mandatory Removal from Competition

Participants diagnosed with a concussion by a qualified medical provider at a National Event (NAC, SJCC) or designated Senior International Competition shall be removed from competition immediately and all subsequent registered events at the same competition.

Once a participant is removed from competition, the decision is final for that event. A medical clearance will not be accepted for readmission to the same competition they were diagnosed with a concussion.

Non-Compliance and Assumption of Risk

Participants must receive written medical clearance before returning to physical activity, training, or competition. Any attempt to do so without this clearance is considered acting Against Medical Advice (AMA). By choosing to train or compete without medical clearance, the participant (and their legal guardian, if a minor) voluntarily assumes all associated risks, including but not limited to Second Impact Syndrome, permanent brain damage, disability, or death. USA Fencing, its organizers, officials, coaches, staff, medical personnel, and affiliates are not legally liable for any injury, worsening of condition, or damages resulting from a participant's decision to engage in activity against medical advice or without proper authorization.

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Return to Sport (RTS) Strategy

Adopted from Guidelines to using the Sport Concussion Assessment Tool 6 (SCAT-6)

Secondary school or collegiate athletes should consult with their school or university policy on return to sports or school strategies if a policy exists at their institution.

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity.	Daily activities that do no exacerbate symptoms (e.g. walking).	Gradual reintroduction of work/school.
2	Aerobic exercise 2A – Light (up to approx. 55% max HR) then 2B - Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate.
3	Individual sport-specific exercise. Note: If sport-specific exercise involves any risk of head impact, medical determination of readiness should occur prior to step 3.	Sport-specific training away from the team environment (e.g., running, change or direction and/or individual training drills away from team environment). No activities at risk of head impact.	Add movement, change of direction.
Step 4-6 should begin after 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 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 game play.	

Note: Athletes may begin Step 1 (i.e. symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e. more than 2 points on a 0-10 scale) occurs during Step 1-3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by a healthcare provider (HCP) before unrestricted RTS as directed by local laws and/or sporting regulations.

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Return to Learn (RTL) Strategy

Adopted from Guidelines to using the Sport Concussion Assessment Tool 6 (SCAT-6)

Secondary school or collegiate athletes should consult with their school or university policy on return to sports or school strategies if a policy exists at their institution.

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 of 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 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.

Note: Following an initial period of relative rest (24-48 hours following injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child's doctor should help them get back to school after a few days. When going back to school, some children may need to go back gradually and may need to have some changes made to their schedule so that their concussion symptoms do not worsen. If a particular activity makes symptoms worse, then the child should stop that activity and rest until symptoms improve. To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school. Certain learning accommodations relative to test-taking and other learning assignments may be beneficial as well, and if applicable should be discussed with school, medical provider and neuropsychologist.

Note: If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first.

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