

Committee Recommended Guidelines

Diagnosis and Treatment

The Committee debated and reviewed the best practices for the diagnosis and treatment of concussion in athletes with the intent of establishing a best practice guideline for return-to-play clearance for use in organized youth athletic activities in Ohio.

RECOMMENDED GUIDELINE: Providers will diagnose and treat concussion in athletes participating in youth sports in accordance with the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport, held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement. These “Standards of Care” will also determine the best practice for return-to-play clearance protocol.

Granting Clearance

The law required the Committee to determine which licensed health care professionals (LHCPs) meet the standards of care for independently—or in consultation—granting clearance for youth athletes to return to practice or competition.

RECOMMENDED GUIDELINE: Based on the experience and knowledge gained through their residency and other educational requirements, Physicians (M.D. or D.O.), Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and those Certified Chiropractic Sports Physicians who are listed on the American Chiropractic Board of Sports Physicians National Concussion Registry will be considered able to meet the recommended standards of care and able to independently clear youth athletes to return to play. All other licensed health care professionals must work in coordination or consultation with a physician (M.D. or D.O.) as written in HB 143. The Committee also recommends that all LHCPs use the model form developed by the Committee to document written clearance as required by Ohio law (See Appendix G).

Minimum Education Requirements

The Committee additionally took up the charge to determine should all or some licensed health care professionals be required to have additional continuing education in this standard of care.

RECOMMENDED GUIDELINE: Due to the rapidly changing evidence base of concussion management in youth athletes, the Committee *encourages* licensed healthcare professionals in Ohio who treat concussed athletes to maintain a level of continuing education that keeps pace with this evolving issue. The Committee further *encourages* licensing boards to recommend to their respective licensees a model level of continuing education that is consistent with the continuing education recommendations reflected in the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport, held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

Consultation and Collaboration

One issue that was debated by the Committee centered on what was meant in HB 143 of the 129th General Assembly by the term, *in consultation with*, and *in collaboration with a physician*. This issue was of particular importance in that some members felt that by having the “*consultation*” language included in HB 143, it already authorizes many qualified health care professionals the opportunity to clear a patient as long as a physician (M.D. or D.O.) was part of the concussion management team. Lance Himes, ODH’s General Counsel, clarified the language regarding the law’s use of broad terms, including: in consultation with a physician; pursuant to the referral of a physician; in collaboration with a physician; or under the supervision of a physician. Therefore the Committee has agreed to keep coordination and consultation with a physician (M.D. or D.O.) as written in HB 143.

