



**Hilton Head High School
Sports Medicine Handbook
2011-2012
PARENTS**

Dear Parents and Athletes,

Everyone is excited about the upcoming season. It will be demanding physically and mentally. Here are a few reminders from the Sports Medicine Staff.

1. HYDRATE

Make sure you drink plenty of fluid the entire pre-season. Even when you are not thirsty, drink! Stay away from tea, sodas, and energy drinks. Concentrate on drinking plenty of water or sports drinks.

2. EAT

Eat breakfast. You obviously don't want to hit a breakfast buffet before we practice for 2 1/2 hours, but get up in plenty of time to eat and drink something. Eat well when you are not practicing. Do not skip a meal.

3. Report ANY and ALL Injuries to the Sports Medicine Staff.

4. **REMEMBER! SORENESS IS NOT AN INJURY.**

If you are not sore after a day of football practice, then you aren't doing it right. Football is a collision sport and you will be sore.

Thank you and we look forward to working with you this season.
Go Seahawks!

Sports Medicine Staff:

Shawn Zink MSS, ATC
Athletic Trainer
Hilton Head High School
(Cell) 843-298-0595
Field House Training Room 843-681-2198
Gym Training Room 843-689-4976

Table of Contents

- Athletic Training.....4**
 - Who are Certified Athletic Trainers
 - Certification Standards
 - About Shawn Zink
- Team Physicians.....5**
 - Contact Information
 - Procedure
 - Confidentiality
- Driving Directions to Medical Care.....6**
 - Emergency Room
 - Hilton Head Orthopaedics
 - Drayer Physical Therapy-Hilton Head Location
- Letter to Guardian Regarding Secondary Insurance.....7**
- Physical Examination Procedures.....8**
- Injury/Illness Clinic.....8**
- Tips for Practicing in the Heat and Fluid Replacement.....9**
- NCAA Banned Substances.....12**
- Basics of Nutrition13**
- Concussion Information Sheet.....15**

Athletic Training

Who are Certified Athletic Trainers

A Certified Athletic Trainer (ATC) works under the supervision of a licensed physician and specializes in the prevention, recognition, treatment and rehabilitation of injuries incurred by athletes and those engaged in physical activity. Athletic training is recognized as an allied healthcare profession by the American Medical Association (AMA), and education programs are accredited by the AMA's Commission on Accreditation of Allied Health Education Programs.

Certification Standards

Certification standards are established by the National Athletic Trainers' Association Board of Certification (NATABOC). In order to obtain certification as an athletic trainer, an individual must: possess a bachelor's degree from an accredited college or university; complete athletic training experience hours under the supervision of an NATABOC certified athletic trainer; and pass a written, practical and written simulation examination administered by the NATABOC. After an athletic trainer is certified, he or she must obtain 80 hours of continuing education units within a three-year reporting term to maintain certification.

About Shawn Zink

Shawn was born in Hampton, Virginia, but grew up in Southern California. Shawn grew an interest in Athletic Training/Sports Medicine when he tore his Medial Collateral Ligament in his knee while participating in football and soccer at the University of LaVerne in LaVerne, California. After completing his eligibility and obtaining a Bachelor of Science degree in Physical Education at ULV, he had six different tryouts with NFL teams. Shawn also graduated from the United States Sports Academy in Daphne, Alabama with a Master of Sport Sciences and returned to his hometown in Riverside, California. He accepted his first position after becoming certified by the National Athletic Trainers' Association Board of Certification at The Sports Clinic under his mentor Jim Clover. In 1993, he was given the opportunity to start a Sports Medicine Clinic in Hilton Head, South Carolina. Shawn started Hilton Head Hospital Sports Medicine making him the first Athletic Trainer in the Hilton Head/Bluffton, South Carolina area and worked with all of the schools in the area. Shawn left Hilton Head Sports Medicine in 1998 to join Joyner Sports Medicine in Hilton Head, South Carolina. This relationship lasted until June of 2003 when Shawn and his business partners Ty Delmonico and Jeff Fromdahl spearheaded their dreams of owning their own clinic and operating within the values given to them by their parents,

co-workers, and families. Shawn continues to work with Hilton Head High School and Hilton Head Middle School and has traveled with the United States Rugby team to Bermuda and Argentina.

Team Physicians

Contact Information

Hilton Head Orthopaedics (Dean, Salzer, Strohmeyer)681-2363
Shawn Zink, MSS, ATC School Trainer.....298-0595

Procedure

If an athlete is ill or injured, the condition should be reported to the athletic trainer immediately. If a referral to a physician is deemed necessary or a guardian makes the request, the athletic trainer can set up an appointment with either medical group quickly. When scheduling appointments with physicians, it is best to use our team physicians when at all possible. Athletic trainer may call to make appointment once cleared by parent/guardian. If the guardian request another physician or group, the guardian is responsible for setting appointment and reporting diagnosis and treatment plan to the athletic trainer prior to the athlete being cleared to participate in sport.

If an athlete sees a physician, the athlete or guardian must present a note stating a diagnosis, treatment, and clearance to play criteria to the athletic trainer before he/she may return to the sport.

To help protect coaches, all coaches are required to adhere to the restrictions/recommendations of the athletic trainer and/or physician and the written wishes of a parent/guardian regarding an athlete's medical condition.

Confidentiality

Student athlete medical records will remain confidential. No specific medical information will be provided to persons other than the athlete, immediate family, coaches, and administration. Any requests by the family to withhold information further will be honored by the sports medicine staff.

Directions to Physician Care From Hilton Head High School

Hospital/Emergency Room- Hilton Head Regional Medical Center—(843-681-6122)

1. Left on US 278
 2. Left onto Beach City Road
 3. Take the 2nd left which will be Hospital Center Blvd.
 4. Follow signs to the Emergency Room
- = approximately 2 miles

= approximately 2 miles

**Orthopaedic Surgery--Hilton Head Orthopaedics and Sports Medicine Center
(843) 681-2363**

1. Left onto US-278E
 2. Continue onto US-278E Business
 3. Right onto Mathews Drive (first end of circle)
 4. Left into Port Royal Plaza, Suite D1
- = approximately 3 miles

**Physical Therapy--Drayer Physical Therapy (Hilton Head Location)
(843) 681-5640**

1. Left onto US-278E
 2. Continue onto US-278E Business
 3. Right onto Mathews Drive
 4. Left into Port Royal Plaza, Suite D1
- = approximately 3 miles

Letter to Guardian Regarding Secondary Insurance

Secondary Insurance Coverage

Dear Parent/Guardian:

You have received this letter because your son's or daughter's physician visit may be covered by the school district's secondary insurance coverage for its student athletes. This plan is of no charge to you and will likely assist with the costs of the physician visit from an injury (no illnesses) sustained while playing a sport for a school in the Beaufort County School District. This plan covers physician visits made by the Certified Athletic Trainer's referral or by your choice to have your child seen by a physician. Please keep in mind this is an assistance program and should not be confused with a primary insurance plan. If you have no insurance, the district's policy will likely cover expenses to a certain amount.

This process must begin as soon as possible. The secondary insurance company, Bollinger, will act as long as information is processed within 52 weeks of the initial injury. The procedure begins by you keeping and copying all itemized bills from a physician visit. One copy of the itemized bill(s) should be filed with your primary insurance.

Bollinger Management Corp. Notification of Injury form must be completed and filed via fax transmission or mail to Bollinger. Part I of the form will be completed by the Certified Athletic Trainer. Part II and the back of the form must be read and completed by you. Once completed, the Certified Athletic Trainer will fax the Notification of Injury to Bollinger. Once Bollinger receives this initial claim form, they will begin a file on the athlete. Once you have received the Explanation of Benefits (EOB) from your primary insurance, fax or mail a copy with copies of all itemized bills to Bollinger. The mailing address is: Bollinger Inc, PO Box 706, Short Hills, NJ. 07078-0706. On each item faxed or mailed to Bollinger, they request that you write the student athlete's name on each form. If a claim is being made on a primary insurance plan first, Bollinger will not act until they receive the EOB as proof that your primary insurance has made payment. **The insurance claim filing process starts with seeing the Athletic Trainer for a claim form.**

Please do not hesitate to contact Bollinger or me with any questions throughout the process. Bollinger's phone number is (866) 267-0092. You may need the policy number (SC-14) for reference. I can be reached by office phone at (843) 681-5640 or by cell phone at (843) 298-0595. A check list has been added below to assist in the process.

Sincerely,

Shawn Zink, M.S.S., ATC
Certified Athletic Trainer
Hilton Head High School

- Complete Part II of Bollinger's Notification of Injury student accident claim form
- Return Bollinger's HSR student accident claim form to the Certified Athletic Trainer
- Keep and copy all itemized bills and Explanation of Benefits (from primary insurance, if applies)
- Write student athlete's name on all copies of itemized bills and Explanation of Benefits prior to faxing or mailing

- o Fax all copies to Bollinger at (973) 921-2876 or mail to Bollinger Inc, PO Box 706, Short Hills, NJ. 07078-0706
- ****Call Bollinger Insurance Company or Shawn Zink with any questions or concerns

Pre-Participation Physical Examinations

Athletes will have the ideal opportunity to receive a physical exam by One of our team physicians, prior to the fall, winter, and spring athletic season. Physicals done in this manner are \$10 cash due at the time of exam. Dates and times are advertised. Coaches, athletes, and guardians may check with the athletic director or athletic trainer for details. Physical forms are available through the athletic trainer or at the South Carolina High School League Website www.schsl.org. in the AD handbook.

Medical clearance received after May 1st of a year are acceptable for participation in sport until the end of the following spring season. For example, a volleyball/basketball/softball player received clearance by a physician on May 1, 2005 is accepted through the entirety of her 2006 softball season. Clearance received by a fall sport athlete (ie. football player) on April 30, 2005 is not eligible for football practice on July 29, 2005 because his physical was one day early.

Coaches must ensure all persons trying out or being placed on a team has received medical clearance by a physician **prior to actively participating in any manner** with sport activity.

Athletes should personally hand his/her individual physical to the athletic trainer and not through a coach, teammate, teacher, etc.

Coaches must submit a team roster immediately at the beginning of practice sessions to the athletic director for medical clearance review.

Injury/Illness Clinic

Monday-Friday 2:30 pm -5:30 pm

*These hours are accurate on most school days, however, due to various team practice/event schedules, weather, and holidays breaks, times may vary. Clinic hours will be posted on the athletic training room door during holiday breaks.

Please be patient when you send an athlete to the athletic training room. Often times it becomes very crowded. All athletes simply needing taped, wrapped, braced, etc. prior to practice/event will move ahead of those waiting for more time consuming evaluations, treatments, and

rehabilitations regardless of who is waiting the longest. Traveling teams will also receive immediate attention.

Tips for Practicing in the Heat

Heat Illness/Injury Facts to Consider

- Adolescents take longer to acclimatize to the heat than adults.
- Dehydration can affect an athlete's performance in less than an hour of exercise—sooner if the athlete begins the session dehydrated.
- Dehydration of just 1%-2% of body weight (only 1.5-3 lbs. for a 150 lb. athlete) can negatively influence performance.
- Weight Loss of water greater than 3% of body weight significantly increases the risk of heat related illness.
- Unrelated illnesses causing vomiting and/or diarrhea will increase risk of heat related illnesses. These individuals should receive close monitoring of during practice sessions and competition.
- Athletes taking certain medications including diuretics, antihistamines, beta blockers, and anti-cholinergics are at a higher risk for heat illnesses.
- Athletes who are overweight, poorly conditioned, recovering from illness, lacking in sleep, or taking medications are at added risk for heat illnesses and should be monitored closely and/or have their participation level modified.

Encourage Athletes to Begin Conditioning Before Official Practice Begins

- This allows athletes' bodies to cool more efficiently by increasing sweat production sooner than when they are not acclimated to the heat.

Make Fluids Part of the Playbook

- Before, during, and after competition, be sure to consume adequate amounts of fluid. Athletes can make sure they are properly hydrated by checking their urine color: lighter urine color indicates athletes are better hydrated. The longer the workout session, the more frequently fluids need to be replaced. Research shows that a sports drink containing a 6% carbohydrate solution, like Gatorade, can be absorbed as rapidly as water. But unlike water, a sports drink can provide energy, delay fatigue, and improve performance.

Use the Shade

- Before practice, warm up in the shade and be sure to rest in the shade during breaks. Even during rest, exposure to heat can raise the body temperature, increase fluid loss and decrease the blood available to the muscles during workouts.

Recommend Wearing Loose Fitting Clothing

- Cotton blend, loose fitting, light colored clothing can help promote heat loss. The rule: the less clothing, the better.

Know Signs and Symptoms of Dehydration

- Dehydration can seriously compromise athletic performance and increase the risk of exertional heat injury. That's why it's important to recognize the warning signs. If an athlete is suffering one or more of the following, the athlete should be referred to the appropriate health care or medical professional.
 - Thirst
 - Irritability
 - Headache
 - Dizziness
 - Muscle Spasms/Cramps
 - Decreased Performance
 - Heavy or Profuse Sweating
 - Skin is flushed or cool and pale
 - Rapid pulse, nausea, weakness
 - Disoriented, confused
 - Elevated body core temperature
 - Cessation of sweating
 - Red, dry skin
 - Shallow breathing and rapid pulse
 - Loss of consciousness

Follow Fluid Guidelines—Before Practice

- Athletes should begin every athletic activity well hydrated.
- 2-3 hours before exercise drink 17-20 oz of water or a sports drink.
- 10-20 minutes before exercise drink another 7-10 oz of water or a sports drink.

Follow Fluid Guidelines—During Practice

- Drink Early—Even minimal dehydration compromises performance.
- In general, every 10-20 minutes drink at least 7-10 oz of water or a sports drink. To maintain hydration, remember to drink beyond your thirst. Optimally, drink fluids based on amount of sweat and urine loss.
- Athletes benefit in many situations from drinking a sports drink containing carbohydrate.
- If exercise lasts more than 45-50 minutes or is intense, a sports drink should be provided during the session if available.
- The carbohydrate concentration in the ideal fluid replacement solution should be in the range of 6% to 8% (14 to 18 g/8 oz).

- During events when a high rate of fluid intake is necessary to sustain hydration, sports drinks with less than 7% carbohydrate should be used to optimize fluid delivery.
- Fluids with salt (sodium Chloride) are beneficial to increasing thirst and voluntary fluid intake as well as offsetting the amount lost in sweat.
- Cool beverages at temperatures of 50° to 59° F are recommended.

Know What NOT to Drink During Exercise

- Fruit juices, carbohydrate gels, sodas and those sports drinks that have carbohydrate levels greater than 8% are not recommended during exercise as the sole beverage.
- 8% CHO is a warning sign. Replacing fluids with a beverage that has less than 8% carbohydrate would be optimal to assure the fastest rate of fluid absorption.
- Beverages containing caffeine, alcohol, and carbonation are discouraged during activity because they can dehydrate the body by stimulating excess urine production, or decrease voluntary fluid intake.

Follow Fluid Guidelines—After Exercise

- Immediately after training or competition is the key time to replace fluids.
- Drink approximately 20-24 oz of a sports drink (if available) per pound of weight loss.
- 1.5 times the amount of water lost must be consumed to replace lost weight.

****HYDRATION IS A 24 HOUR A DAY PROCESS!!****

**NCAA Banned-Drug Classes
2005-2006**

The NCAA list of banned-drug classes is subject to change by the NCAA Executive Committee. Contact NCAA education services or www.ncaa.org/health-safety for the current list. The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. **No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.**

Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information.

Bylaw 31.2.3. Banned Drugs

The following is a list of banned-drug classes, with examples of substances under each class:

(a) Stimulants:

amiphenazole	methylenedioxymethamphetamine
amphetamine	(MDMA, ecstasy)
bemigrade	methylphenidate
benzphetamine	nikethamide
bromantan	pemoline
caffeine ¹ (guarana)	pentetrazol
chlorphentermine	phendimetrazine
cocaine	phenmetrazine
cropropamide	phentermine
crothetamide	phenylephrine
diethylpropion	phenylpropanolamine (ppa)
dimethylamphetamine	picotoxine
doxapram	pirradol
ephedrine	prolintane
(ephedra, ma huang)	strychnine
ethamivan	synephrine
ethylamphetamine	(citrus aurantium, zhi shi, bitter orange)
fencamfamine	and related compounds
meclufenoxate	
methamphetamine	

**(b) Anabolic Agents:
anabolic steroids**

androstenediol	methyltestosterone
androstenedione	nandrolone
boldenone	norandrostenediol
clostebol	norandrostenedione
dehydrochlormethyl- testosterone	oxandrolone
dehydroepiandro- sterone (DHEA)	oxymesterone
dihydrotestosterone (DHT)	oxymetholone
dromostanolone	stanozolol
	testosterone ²
	tetrahydrogestrinone (THG)

epitrenbolone	trenbolone
fluoxymesterone	and related compounds
gestrinone	
mesterolone	
methandienone	other anabolic agents
methenolone	clenbuterol

(c) Substances Banned for Specific Sports:

Rifle:

alcohol	pindolol
atenolol	propranolol
metoprolol	timolol
nadolol	and related compounds

(d) Diuretics:

acetazolamide	hydrochlorothiazide
bendroflumethiazide	hydroflumethiazide
benzhiazine	methylclothiazide
bumetanide	metolazone
chlorothiazide	polythiazide
chlorthalidone	quinethazone
ethacrynic acid	spironolactone
flumethiazide	triamterene
furosemide	trichlormethiazide
	and related compounds

(e) Street Drugs:

heroin	tetrahydrocannabinol
marijuana ³	(THC) ³

(f) Peptide Hormones and Analogues :

- corticotrophin (ACTH)
- human chorionic gonadotrophin (hCG)
- leutenizing hormone (LH)
- growth hormone(HGH, somatotrophin)
- insulin like growth hormone (IGF-1)

All the respective releasing factors of the above-mentioned substances also are banned:

erythropoietin (EPO)	sermorelin
darbypoetin	

(g) Definitions of positive depends on the following:

- ¹for caffeine—if the concentration in urine exceeds 15 micrograms/ml.
- ²for testosterone—if the administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.
- ³for marijuana and THC—if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.

Nutrition

Nutritional Considerations

-Eating a well-balanced diet can positively contribute to the development of strength, flexibility, and cardio-respiratory endurance.

-There are 6 classes of nutrients:

1. Carbohydrates
2. Fats
3. Proteins
4. Vitamins
5. Minerals
6. Water

-Nutrients are necessary for 3 major roles: growth, repair, and maintenance of all tissues; regulation of body processes; and providing energy.

-Nutrient dense foods are those that supply adequate amounts of vitamins and minerals in relation to their caloric value. "Junk foods" provide excessive amounts of calories from fat and sugar in relation to vitamins and minerals and therefore are not nutrient dense.

-Carbohydrates are the body's most efficient source of energy and should be relied on to fill that need. For athletes, carbohydrates should account for 55%-60% or more of total caloric intake.

-Carbohydrates are classified into 2 forms: simple (sugars) and complex (starch and most forms of fiber). Sugar eaten should account for less than 15% of the total caloric intake. Complex carbohydrates include starches such as rice, potatoes, and breads. Fiber is not digested by humans and aids in normal elimination by reducing the amount of time required for wastes to move through the digestive tract. This is believed to reduce the risk of colon cancer and coronary heart disease.

-Fat is used by the body as the primary source of energy. Saturated fats are derived mainly from animal sources and unsaturated fats are from plants.

-Proteins are needed for growth, maintenance, and repair of all body tissues. Proteins also are needed to make enzymes, many hormones, and antibodies that help fight infection. Protein intake should be around 12%-15% of total calories consumed in one day. There is no advantage to consuming more protein via

supplements because more protein supplied than used will be converted to fat for storage. This can cause excess water to be removed from cells, leading to dehydration and possible damage to the kidneys or liver. Osteoporosis has been linked to a diet that contains too much protein.

-Water is the most essential of all nutrients. Water makes up approximately 60% of the body weight. It is needed for all the chemical processes that occur in the body, and an adequate supply of water is necessary for energy production and normal digestion of other nutrients. Water is also needed for temperature control and for elimination of waste products of nutrients and body metabolism. The average adult requires a minimum of 2.5 liters of water per day. (See athlete fluid replacement form). Symptoms of dehydration include fatigue, vomiting, nausea, exhaustion, fainting, and possibly death.

-Electrolytes include sodium, chloride, potassium, magnesium, and calcium. Electrolyte losses are primarily responsible for muscle cramping and intolerance to heat. Sweating results not only in body water loss but in some electrolyte loss as well. (see fluid replacement form).

-Large amounts of caffeine cause nervousness, irritability, increased heart rate, and headaches.

-Alcohol causes decreased physical coordination, slowed reaction times, and decreased mental alertness. It increases the production of urine, resulting in body water losses and dehydration.

-Healthy weight gain/loss should not exceed 1 lb. to 2 lbs. per week.

Concussion Information Sheet

Common Signs and Symptoms of a Concussion

Signs observed	Signs reported by athlete
Appears to be dazed or stunned	Headache
Is confused about assignment	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness (even temporarily)	Feeling "foggy"
Shows behavior or personality change	Change in sleep pattern
Forgets events prior to hit (retrograde amnesia)	Concentration or memory problems
Forgets events after hit (anterograde amnesia)	

In a University of Pittsburgh Medical Center (UPMC) study of high school and college athletes with concussion, **on-the-field amnesia, not loss of consciousness, as long thought, was predictive of post-injury symptom severity and neurocognitive deficits.**

Post-Concussion Syndrome

Although the majority of athletes who experience a concussion are likely to recover, an unknown number of these individuals may experience chronic cognitive and neurobehavioral difficulties related to recurrent injury. Symptoms may include:

- Chronic headaches
- Fatigue
- Sleep difficulties
- Personality changes (e.g. increased irritability, emotionality)
- Sensitivity to light or noise
- Dizziness when standing quickly
- Deficits in short-term memory, problem solving and general academic functioning

This constellation of symptoms is referred to "Post-Concussion Syndrome" and can be quite disabling for an athlete. In some cases, such difficulties can be permanent and disabling.

In addition to Post-Concussion Syndrome, suffering a second blow to the head while recovering from an initial concussion can have catastrophic consequences as in the case of "Second Impact Syndrome," which has led to approximately 30-40 deaths over the past decade.

Concussion Assessment

Upon ruling out more severe injury, acute evaluation continues with assessment of the concussion. First, the clinician should establish the presence of any loss or other alteration of consciousness (LOC). LOC is relatively rare and occurs in less than 10% of concussions.

The identification of LOC can be very tricky, as the athlete may lose consciousness very briefly and this event may not be directly observed by others. By definition, LOC represents a state of brief coma in which the eyes are typically closed and the athlete is unresponsive to external stimuli. LOC is most obvious when an athlete makes no attempt to

brace his or her fall following a blow to the head. Any athlete with documented LOC should be managed conservatively, and return to play is contraindicated.

Although helpful in identifying more serious concerns (e.g. skull fracture, hematoma, contusion), traditional neurological and radiologic procedures, such as CT, MRI, and EEG, are not useful in identifying the effects of concussion. Such tests are typically unremarkable or normal, even in athletes sustaining a severe concussion. The reason for this issue is that concussion is a metabolic rather than structural injury. Thus, structural neuroimaging techniques are insensitive to the effects of concussion.

Concussion Recommendations

According to the Vienna Concussion Conference Recommendations, athletes should complete the following step-wise process prior to return to play following concussion:

- Removal from contest following signs and symptoms of concussion
- No return to play in current game
- Medical evaluation following injury
- Rule out more serious intracranial pathology
- Step-wise return to play
 1. No activity - rest until asymptomatic
 2. Light aerobic exercise
 3. Sport-specific training
 4. Non-contact drills
 5. Full-contact drills
 6. Game play

In the event that your athlete has sustained a concussion at a school event, you will be notified by the Athletic Trainer and a evaluation/treatment plan will be implemented. Some concussion may become evident after the fact that the event is over, or that the athlete did not notify the Athletic Trainer. If this occurs, please seek medical attention and notify the athletic trainer as soon as possible.