

## Concussion Management and Return to Ride Guidelines

The Horseracing Integrity and Safety Authority's Racetrack Safety Rule 2192 requires the implementation of a Concussion management program for Jockeys. Consistent with those requirements, licensed racing associations and jockeys are responsible for the following:

1. Identifying an individual professionally trained in concussion testing to perform baseline concussion assessment of all jockeys and training the on-site medical team in return to ride guidelines.
2. Ensuring that staff and officials are trained in the identification of a potential concussion and ensuring the written protocols are available.
3. Confirming that all jockeys, prior to riding at a meet, have a baseline concussion assessment administered by a health care provider. Baseline concussion assessments must be completed prior to July 1, 2022, and annually thereafter barring a head injury within that time. If the baseline assessment has not been performed at the current track or completed at another track within 12 months, a baseline assessment is required prior to riding.
4. All jockeys should maintain an active account in the Jockey Health Information System (JHIS). A Jockey's Guild representative or member of the Jockey Club's InCompass staff can assist in providing the jockey a username and password to create an account. A track representative and/or medical health care provider(s) should also be given login credentials to access jockey health information. It is the jockey's responsibility to maintain his/her personal information and update injuries including race and non-race related incidents. The association should confirm that each jockey riding at its meet has his/her baseline assessment on file in the JHIS.
5. Establishing that the baseline assessment consists of a symptoms checklist and the Sport Concussion Assessment Tool -5<sup>th</sup> Edition (SCAT-5) Standardized Cognitive and Balance Assessment.
6. Ensuring that if an accident occurs in which a concussion is possible, the jockey should be immediately evaluated by the health care provider, who is professionally trained in concussion management, to determine the extent of the injury and whether or not emergency management transportation to a trauma center is necessary.
7. Requiring the jockey to undergo an evaluation prior to returning to ride after any incident where a jockey sustains a fall or exhibits signs, symptoms, or behaviors consistent with a concussion. A fall includes, but is not limited to, a jockey falling from a horse and landing on any body part other than his or feet or falling from a horse at any speed faster than a trot.
8. Ensuring that a fallen rider who does not follow up with a physician, or refuses care altogether, they will lose their riding privileges at the track.
9. Establishing Concussion protocols that include but are not limited to:
  - a. The concussion evaluation: (Should be evaluated in a quiet environment, i.e. First Aid room)
    - i. Symptom assessment
    - ii. Physical and neurological examination

- iii. Administration of SCAT-5 and compared to baseline for cognitive assessment and balance exam
    - iv. Clinical/physical assessment for cervical spine trauma, skull fracture, and intracranial hemorrhage (bleeding)
  - b. The evaluation shall be administered by the medical advisor or health care professional who has been trained in the evaluation and management of concussion.
  - c. If after assessment of the athlete, the medical advisor does not think or suspect that a concussion has occurred a recommendation may be made for the jockey to return to ride.
  - d. If after assessment of the jockey, the medical advisor or paramedic suspects that further evaluation and time is needed to make a decision, the jockey will be held out until further evaluation can occur and medical judgement can be made whether to return to ride. The diagnosis of a concussion will be made if the Glasgow Coma Score is less than 15, the athlete exhibits any symptoms, signs or behaviors consistent with concussion, the SCAT-5 is abnormal compared to the baseline or the diagnosis is in doubt. The jockey will be removed from competition until evaluated by a concussion specialist and managed until the concussion has resolved. Repeat SCAT-5 testing will also be administered and used to help manage the concussion. The jockey will not return to ride until receiving a written release from the health care provider with experience in concussion evaluation and management. The medical advisor or paramedic may determine at any time that the jockey requires further assessment at a hospital.
10. Ensuring that a jockey replaces his or her helmet in the event of impact to the helmet, regardless of whether or not a concussion is ultimately diagnosed.
  11. Annually requiring each jockey to acknowledge in writing that they are aware of the Concussion protocols in place for the facility at which they are riding.
  12. Providing standardized "Return to Ride Guidelines" to the jockey following the diagnosis of a concussion.
  13. Requiring use of a "Return to Ride Authorization Form" signed by a medical professional in order for a jockey to return to ride after being removed due to a suspected concussion.
  14. Notifying stewards when a jockey is not permitted to ride and when a Jockey has been authorized to return to riding.

# RETURN TO RIDE AUTHORIZATION FORM

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|---------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A JOCKEY HAS BEEN REMOVED DUE TO A<br/>SUSPECTED CONCUSSION OR INJURY</b> |
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This form shall serve as the authorization that the physician or licensed medical professional has examined the jockey and has cleared the jockey to return to participation. The location of the incident was \_\_\_\_\_ and the date of the incident was \_\_\_\_\_. The physician or licensed medical professional must complete this form and submit to the medical personnel or stewards at the returning racetrack prior to the jockey's resumption of participation in practice and/or competition.

*Head Injury (e.g., Concussion)*

I, \_\_\_\_\_, have examined the following jockey, \_\_\_\_\_, who was removed from riding due to exhibiting signs/symptoms/behaviors consistent with a concussion. I have examined this athlete, provided an appropriate return to riding, if necessary, and determined that the jockey is cleared to resume participation on this date \_\_\_\_\_.

*Other Injury (e.g., Orthopedic, Internal, Neurological, Ophthalmology)*

I, \_\_\_\_\_, have examined the following jockey, \_\_\_\_\_, who was removed from riding due to an injury to \_\_\_\_\_. I have examined this athlete, provided an appropriate return to riding, if necessary, and determined that the jockey is cleared to resume participation on this date \_\_\_\_\_.

Signature of Medical Professional: \_\_\_\_\_

Date: \_\_\_\_\_

# CONCUSSION INFORMATION and PROTOCOLS FOR LICENSED JOCKEYS

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Each jockey, licensed to ride in the State, shall be provided a copy of this document to read and sign, acknowledging he or she has been advised of the protocols in place regarding Concussion Management.

All licensed jockeys shall have a baseline concussion assessment annually, to be administered by a recognized health care provider. Additionally, in the event of an injury, a jockey shall provide an updated baseline concussion assessment.

## CONCUSSION FACTS

- Concussion is a brain injury that alters the way your brain functions
- Concussion can occur from a blow to the head/or body:
  - following a fall from horse and hitting your head or even from a whiplash motion
- Most concussions occur without being knocked unconscious
- Severity of injury depends on many factors and is not known until symptoms resolve and brain function is back to normal
- All concussions are not created equally. Each rider is different, and all injuries should be evaluated by your team medical staff.

## CONCUSSION SYMPTOMS

- Different symptoms can occur and may not show up for several hours. *Symptoms may worsen with physical or mental exertion (e.g. lifting, computer use, reading, etc.)*

Common symptoms include:

- |                                   |                                      |                                   |
|-----------------------------------|--------------------------------------|-----------------------------------|
| ○ Confusion                       | ○ Difficulty                         | ○ Slowed Reaction Time            |
| ○ Headache                        | ○ Concentrating                      | ○ Feeling More                    |
| ○ Amnesia/ difficulty remembering | ○ Feeling Sluggish, Foggy, or Groggy | ○ Emotional                       |
| ○ Balance Problems                | ○ Nausea                             | ○ Sleep Disturbance               |
| ○ Irritability                    | ○ Sensitivity to Noise               | ○ Loss of Consciousness           |
| ○ Dizziness                       | ○ Sensitivity to Light               | ○ Double, Blurry, or Fuzzy Vision |

## WHY SHOULD I REPORT MY SYMPTOMS?

- Your brain is the most vital organ in your body
- Riding while still experiencing symptoms can prolong the time it takes to recover, and could put you or other riders at risk of a significant injury due to difficulty making good decisions and having slower reaction time
- Unlike other injuries, there may be significant consequences to “riding through” a concussion
- Repetitive brain injury, when not managed promptly and properly, may cause permanent damage to your brain

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## WHAT SHOULD I DO IF I THINK I HAVE HAD A CONCUSSION?

1. **REPORT IT.** Never ignore symptoms even if they appear mild. Look out for your fellow jocks. Tell your Race Track Physician if you think you or another rider may have a concussion
2. **GET CHECKED OUT.** Your team medical staff has your health and well-being as its first priority. They will manage your concussion according to best practice standards which include being fully asymptomatic, both at rest and after exertion, and having a normal neurologic examination, normal neuropsychological testing, and clearance to play by the team medical staff.
3. **TAKE CARE OF YOUR BRAIN.** According to the CDC, “traumatic brain injury can cause a wide range of short or long term changes affecting thinking, sensation, language, or emotions.” These changes may lead to problems with memory and communication, personality changes, as well as depression and the early onset of dementia. Concussions and conditions resulting from repeated brain injury can change your life and your family’s life forever.

## **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR MEDICAL PROVIDER**

In the event there is reason to believe you suffered a concussion, you and your family will be provided with additional take home instructions. In order to insure a safe return to ride, you will need to comply with the Return to Ride Protocol. It is a protocol made of 5 steps that makes sure that your brain recovers appropriately. These steps may vary slightly, but essentially after you are symptom free for 24-72 hours, depending on severity, you may start “Return to Ride” protocol.

Additionally, before returning to ride, all jockeys who have been diagnosed with a concussion must have written clearance from a medical health care provider, trained in concussion management.

***I \_\_\_\_\_ have read and understood this concussion form that is presented to me today. I am aware that at the conclusion of reading this form that I have the opportunity to ask the medical staff any questions/concerns I may have.***

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Print Name

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Signature

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Date

Adapted from [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). For more information about concussion, please visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)