

National Basketball Association Concussion Policy Summary – 2022-23 Season

Understanding that concussions are diverse injuries that may have significant long-term consequences, the NBA Concussion Policy is designed to maximize the health and safety of NBA players by providing a framework of education and clinical management that best reflects the current scientific understanding of the injury. Prior concussion history, genetic predisposition, a history of learning disorder, ADHD, migraines, and mood disorder have all been suggested, among other things, to affect the risk of sustaining a concussion or having a more protracted or complicated course. The policy was created, therefore, under the core principle that each concussion, and each athlete, is unique. Accordingly, optimal medical care depends on an individualized and comprehensive approach to concussion management.

- 1. Definition of Concussion:** For the purposes of this policy, the definition of “concussion” is taken from the 2017 Consensus Statement from the Concussion in Sport Group – <http://dx.doi.org/10.1136/bjsports-2017-097699>.
- 2. Education:** Providing players, coaches, and medical staff with a foundation of concussion knowledge is essential to proper diagnosis and management. Every player, coach, and health care provider is required to receive concussion education, appropriate for their role, on an annual basis. Topics will include information on the underlying mechanism of concussion, common and uncommon presentations of concussion, appropriate management strategies, and possible complications or long-term manifestations of the injury.
- 3. Baseline Evaluation:** Prior to each season, each player must undergo a review of his neurological history and a baseline neurological evaluation including testing of brain function, via a neurological and cognitive assessment. The NBA’s concussion assessment tool is modified from the SCAT5 (published by the Concussion in Sport Group, 2017) to meet the specific needs of NBA players and medical staffs.
- 4. Acute Evaluation and Management:**
 - a. Concussion Evaluation. If a player is suspected of having a concussion, or exhibits the signs or symptoms of a concussion, he must be removed from participation by either a team physician, or an athletic trainer for the player’s team, and undergo evaluation in a quiet, distraction-free environment conducive to conducting a neurological evaluation. Prior to a player being allowed to return to game participation, the evaluating physician (or athletic trainer) is required to review video to assess mechanism.
 - b. Serial Evaluation and Monitoring. If a player undergoes a concussion evaluation and is not diagnosed with a concussion, the team’s medical staff must continue to monitor the player, and the player must undergo at least another concussion evaluation by the team’s medical staff prior to the team’s next game or practice or approximately 24 hours after the initial concussion evaluation (whichever is first). If the player subsequently develops any signs or symptoms of a concussion, the player must immediately be removed from participation and undergo an additional concussion evaluation.
 - c. Prohibition from Participation. If a player is diagnosed with a concussion, he cannot return to participation: (i) for at least 48 hours, including the date of diagnosis; and (ii) until after he completes the required return-to-participation process.
 - d. Limiting Exertion and Promoting Recovery. A player who is diagnosed with concussion should have his physical and cognitive exertion limited under the direction of his team’s medical staff. After a brief period of rest (24-48 hours) after injury, the player can be encouraged, under the direction of

a team physician, to become gradually and progressively more active, so long as the activity level does not bring on or worsen the player's symptoms. Accordingly, a player who is diagnosed with concussion should consider limiting his use of electronic games and devices, be educated by a member of the team's medical staff about the need for appropriate sleep, nutrition, and hydration, and limit his exposure to large groups of people until he is cleared by a member of the team's medical staff to do so (e.g., refrain from any post-game fan appreciation activities or media availability).

- e. Coordinated Care. Whether or not a player who undergoes a concussion evaluation is diagnosed with a concussion, the absence or presence of concussion in such a player must be reviewed by a physician with training and experience in the management of concussion within 24 hours of the injury. A physician must ultimately confirm the presence or absence of concussion and be involved in the management plan for the injury. A member of the team's medical staff must inform the Director of the NBA Concussion Program (Dr. Jeffrey Kutcher) as soon as possible (but in every case within 24 hours of the injury) that a concussion evaluation was performed and the result of such concussion evaluation. Members of the team's medical staff may consult with the Director of the NBA Concussion Program as often as desired during the concussion evaluation and/or recovery period.

5. Return-to-Participation Decisions:

- a. Timing of Return-to-Participation Exertion Process. A player diagnosed with a concussion should be regularly monitored for 24 hours for the evolution of symptoms. The player may not begin the return-to-participation exertion process until 24 hours after the time of injury. Initiation of the return-to-participation exertion process is determined by a team physician.
 - i. The return to participation process involves several steps of increasing exertion – from a stationary bike, to jogging, to agility work, to non-contact team drills.
 - ii. Each exertion stage must be directly monitored by a member of the team's medical staff. With each step, a focused neurological examination is performed, and a player must be symptom free to move to the next step. If a player is not symptom free after a step, he stops until he is symptom free and begins again at the previous step of the process (i.e., the last step he passed without any symptoms).
 - iii. It's important to note that there is no timeframe to complete the process. Each injury and player is different and recovery time can vary in each case.
- b. Return to Participation Requirements. A player who had a concussion may not return to participation until:
 - i. He is without concussion-related symptoms at rest;
 - ii. He has been evaluated by a physician with training and experience in the management of concussion;
 - iii. He has successfully completed the NBA return-to-participation exertion process; and
 - iv. A team physician has discussed the return-to-participation process and decision with the Director of the NBA Concussion Program. Note that, to promote the consistency of player care, the final return-to-participation decision is to be made by the player's team physician.