



Highline Public Schools Athletics - RETURN THIS FORM

Notice of Concussion to Parent/Guardian Physician Referral for Concussion, RTP Test Record and Home Care Instructions

To Parent(s)/Guardian(s) Of: _____ Sport: _____ Date: _____

This notice is to inform you that your student athlete has sustained a concussion. As part of the school district clearance process for athletics, you have signed the Emergency Information and Consent for Care Form that allows me to work with your child. As a licensed and certified school district athletic trainer, I am trained to work with your child to improve his/her condition. **I am also trained to refer individuals to a physician and/or specialist as needed, and in the case of a concussion, referral to a physician is required.**

Please see the physician's report on the next page as it must be completed, signed and returned to the referring athletic trainer as the first step in the school district's return to play process. In addition, the return to play progression steps outlined in the document entitled Post-Concussion Home Care Instructions will be administered by the District Athletic Trainer prior to clearance.

Please sign and return this form to acknowledge receipt of this information. I can be reached at the email and/or phone number below if you have questions.

Note: Students not cleared by an athletic trainer before the end of the current season must be cleared through this process prior to the next season played.

Highline Public Schools Certified Athletic Trainer

- Lara D'Orvilliers, M.ED, ATC, LAT 206-631-6787 lara.dorvilliers@highlineschools.org
- Jenn Mackenzie, MS, ATC, LAT, NREMT-B 206-631-7019 jennifer.mackenzie@highlineschools.org
- Corinne Schneider, MS, ATC, LAT 206-631-6159 corinne.schneider@highlineschools.org

DISTRICT ATHLETIC TRAINER REPORT

Nature of Concussion:

Initial Symptoms Present:

THINKING/REMEMBERING	PHYSICAL	EMOTIONAL/MOOD	SLEEP DISTURBANCE
<input type="checkbox"/> Difficulty thinking clearly <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering new information	<input type="checkbox"/> Headache <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Balance problems <input type="checkbox"/> Dizziness <input type="checkbox"/> Fuzzy or blurry vision <input type="checkbox"/> Feeling tired, having no energy <input type="checkbox"/> Sensitivity to noise or light <input type="checkbox"/> Pressure in head <input type="checkbox"/> Neck pain	<input type="checkbox"/> Irritability <input type="checkbox"/> Sadness <input type="checkbox"/> More emotional <input type="checkbox"/> Nervousness or anxiety	<input type="checkbox"/> Sleeping more than usual <input type="checkbox"/> Sleeping less than usual <input type="checkbox"/> Trouble falling asleep

Other Notes/Observations:

PARENT SIGNATURE INDICATING RECEIPT OF INFORMATION: _____ DATE: _____

2151P – 08/9/17



Concussion Referral and Physician Clearance

TO: **PHYSICIAN** DATE: _____

FROM: HIGHLINE PUBLIC SCHOOLS ATHLETIC TRAINER

- Lara D'Orvilliers, M.ED, ATC, LAT 206-631-6787 lara.dorvilliers@highlineschools.org
- Jenn Mackenzie, MS, ATC, LAT, NREMT-B 206-631-7019 jennifer.mackenzie@highlineschools.org
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_____ sustained a concussion on _____. As part of our school district required Return to Play Protocol, please review my assessment below, complete your portion of the form, and return to the student athlete and his/her parent/guardian. Please contact me at the number or email above should you have questions.

Post-Concussion Symptoms from District Athletic Trainer Assessment

THINKING/REMEMBERING	PHYSICAL	EMOTIONAL/MOOD	SLEEP DISTURBANCE
<input type="checkbox"/> Difficulty thinking clearly <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering new information	<input type="checkbox"/> Headache <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Balance problems <input type="checkbox"/> Dizziness <input type="checkbox"/> Fuzzy or blurry vision <input type="checkbox"/> Feeling tired, having no energy <input type="checkbox"/> Sensitivity to noise or light <input type="checkbox"/> Pressure in head <input type="checkbox"/> Neck pain	<input type="checkbox"/> Irritability <input type="checkbox"/> Sadness <input type="checkbox"/> More emotional <input type="checkbox"/> Nervousness or anxiety	<input type="checkbox"/> Sleeping more than usual <input type="checkbox"/> Sleeping less than usual <input type="checkbox"/> Trouble falling asleep

PHYSICIAN: Based upon the Return to Play Protocol noted below please indicate current level of clearance for this athlete

_____ Cognitive rest only: limited school attendance, computer, television, and phone time. **Step 1**

_____ Cleared to return to school with no physical activity. **Step 2**

_____ Cleared to begin "Return to Activity Plan." **Step 3**

If current clearance level is Step 1 or Step 2, please indicate when this athlete may begin Step 3 "Return to Activity Plan"

_____ After follow-up visit to you and cleared by District Athletic Trainer.

_____ On or after this date: _____ and cleared by District Athletic Trainer.

_____ As soon as symptoms are gone and cleared by District Athletic Trainer.

Physician Name Printed: _____ Physician Signature _____

Date: _____ Phone: _____

RETURN TO PLAY PROTOCOL

Step 1. Complete Cognitive Rest. This may include staying home from school or limiting school hours for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2. Return to School Full-Time.

Step 3. Light Aerobic Exercise. Walking or riding an exercise bike. No helmet or other equipment. No weightlifting.
 **This step may not begin until athlete is symptom-free and cleared by a physician.

Step 4. Heavy Aerobic Exercise. Running and/or sprinting activities. No helmet or other equipment. No weightlifting.

Step 5. Sports Specific Training. Running, sprinting, body weight exercises. No helmet or other equipment. No weightlifting.

Step 6. Non-Contact Practice. Full equipment. Weight training can begin.

Step 7. Full Contact Practice.

Step 8. Play in game.

NOTE: Must successfully complete post-injury ImPACT test prior to full clearance.



Highline Public Schools Athletics

Concussion Clearance and Return to Play Protocol

RETURN TO PLAY TEST RECORD

Student Name: _____ **Grade:** _____ **Sport:** _____

Date of Concussion: _____ **School:** _____

Date of Physician Clearance: _____

Activity	Date Completed	Supervised by
Step 1: Complete Cognitive Rest		
Step 2: Return to School Full-Time		
Step 3: Light Aerobic Exercise		
Step 4: Heavy Aerobic Exercise		
Step 5: Sports Specific Training		
Step 6: Non-Contact Practice		
Step 7: Full Contact Practice		
ImPACT Test Retake		

Date Cleared by Athletic Trainer for Return to Play and Physical Education Class(es): _____

District Athletic Trainer Signature: _____

Athletic Director Signature: _____ **Date:** _____

Final Step: Athletic Director notifies coach verbally and in writing and verifies with District Athletic Trainer that all documents have been saved and posted per school district procedures.

Athletic Trainer: Send completed form to parent, coach, counselor, nurse, and building AD.



Highline Public Schools Athletics

Concussion Home Care Instructions

A concussion is a disturbance in brain function caused by a direct or indirect force resulting from a blow or whiplash to the head, face, neck, or body resulting in a jarring of the brain within the skull. Concussions result in clinical signs and symptoms that may or may not involve loss of consciousness.

Symptoms of a concussion generally fall into one or more of the categories noted below. Some symptoms may appear right away. Others may occur over the 24-48 hours following the concussion or when resuming everyday activities.

THINKING REMEMBERING	PHYSICAL	EMOTIONAL/MOOD	SLEEP DISTURBANCE
<ul style="list-style-type: none"> • Difficulty thinking clearly • Feeling slowed down • Difficulty concentrating • Difficulty remembering new information 	<ul style="list-style-type: none"> • Headache • Nausea or vomiting • Balance problems • Dizziness • Fuzzy or blurry vision • Feeling tired, having no energy • Sensitivity to noise or light • Pressure in head • Neck pain 	<ul style="list-style-type: none"> • Irritability • Sadness • More emotional • Nervousness or anxiety 	<ul style="list-style-type: none"> • Sleeping more than usual • Sleeping less than usual • Trouble falling asleep

SEEK IMMEDIATE MEDICAL ATTENTION FOR THE FOLLOWING

<ul style="list-style-type: none"> • Headache that gets worse and does not go away • Weakness, numbness, or decreased coordination • Looks very drowsy or cannot be awakened • Has one pupil larger than the other • Cannot recognize people or places • Increasingly more confused, restless, or agitated 	<ul style="list-style-type: none"> • Unusual behavior • Loss of consciousness • Repeated vomiting or nausea • Slurred speech • Convulsions or seizures • Any sign or symptom that worsens
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IT IS OK TO	THERE IS NO NEED TO	DO NOT
<ul style="list-style-type: none"> • Use acetaminophen (Tylenol) for headaches • Use ice packs on head/neck for comfort • Eat a light diet • Go to sleep • Rest (physical and cognitive) • Limit TV/phone/computer/video game time 	<ul style="list-style-type: none"> • Check eyes with a flashlight • Wake up every hour • Test reflexes • Stay in bed 	<ul style="list-style-type: none"> • Drink alcohol • Drive • Take Ibuprofen or Aspirin unless directed otherwise by physician • Exercise or lift weights • Participate in sports or any physical activity • Participate in physical education class(es)

Concussions and Academics

It is common for student-athletes sustaining a concussion to have difficulty in school 24-72 hours after the initial injury. A concussion can temporarily affect an individual cognitively and cause difficulty concentrating, remembering, and/or thinking clearly, and can cause one to feel mentally foggy and/or slowed down.

Please note that the student-athlete's school counselor will be notified by the athletic trainer following a concussion. The counselor will be advised of required learning accommodations in accordance with the school district's Learning Accommodations Protocol and will in turn notify teachers. Questions regarding learning accommodations should be directed to the student's counselor.

The following learning accommodations may be advisable for 24-72 hours following the injury:

- May need to be excused from school.
- May need to have half-days of school.
- NO physical education classes as this can exacerbate and extend concussion signs and symptoms.
- May need to postpone scheduled tests.
- May need extra time on homework and assignments.
- Refrain from television, computer, and video equipment.
- May need rest breaks.
- May need to see the nurse during the school day.

Return to Play Protocol

Your child will need to complete each of the following steps before returning to full activity. Please be aware there will be missed practices and games. This plan is in place to ensure the health and safety of your child. Your child must also check in daily with his/her Certified Athletic Trainer to ensure the most expeditious and compete return to play opportunity.

1. Must have written physician clearance and be symptom-free for 24 hours before proceeding to Step 3 in the Return to Play Protocol listed below.
2. Must complete the following steps without return of signs or symptoms AND with completion of no more than one step per day.
 - Step 1. Complete Cognitive Rest.** This may include staying home from school or limiting school hours for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
 - Step 2. Return to School Full-Time.**
 - Step 3. Light Aerobic Exercise.** Walking or riding an exercise bike. No helmet or other equipment. No weightlifting. **This step may not begin until athlete is symptom-free and cleared by a physician.
 - Step 4. Heavy Aerobic Exercise.** Running and/or sprinting activities. No helmet or other equipment. No weightlifting.
 - Step 5. Sports Specific Training.** Running, sprinting, body weight exercises. No helmet or other equipment. No weightlifting.
 - Step 6. Non-Contact Practice.** Full equipment. Weight training can begin.
 - Step 7. Full Contact Practice.**
 - Step 8. Play in game.**

In Addition, your child must successfully complete a post-injury ImPACT test prior to full clearance.

In order to better manage concussions sustained by our student-athletes, ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), a computerized exam, is used to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury, ImPACT is used to help determine the severity of injury and when the injury has fully healed. Baseline ImPACT testing is completed early in the season prior to the first contest. Students sustaining a concussion will be required to re-take the ImPACT test prior to completing the above-noted steps and returning to full participation.