



SPRING BRANCH ISD CONCUSSION EDUCATIONAL HANDOUTS

PARENTS' CONCUSSION MANAGEMENT INSTRUCTIONS

Dear Parent or Guardian:

Your child sustained a head injury while participating in athletics. Please be observant for the following signs and symptoms:

DANGER SIGNS AND SYMPTOMS SEEK IMMEDIATE MEDICAL ATTENTION

- ▶ Headache that increases in intensity
- ▶ Deterioration of neurological function (weakness, numbness, decreased coordination, unsteadiness with movement)
- ▶ Loss of consciousness or noticeable change in level of consciousness (athlete has difficulty awakening or responding, increasing drowsiness or lethargy)
- ▶ Moderate to severe nausea or repeated and uncontrollable vomiting
- ▶ Increasing mental confusion, restlessness, agitation, irritability
- ▶ Unusual changes in behavior or personality
- ▶ Convulsions or seizure activity
- ▶ Slurred speech
- ▶ Blurry or double vision
- ▶ Difference in pupil shape or size from right to left eye, dilated or unreactive pupils
- ▶ Decreased or irregular respirations or pulse
- ▶ Notable increase or decrease in blood pressure

COMMON SIGNS AND SYMPTOMS MONITOR FOR CHANGES

- ▶ Headache
- ▶ Mild to moderate nausea or vomiting (not repeatedly)
- ▶ Feeling "foggy" or "slowed down"
- ▶ Difficulty remembering, concentrating, or focusing on tasks
- ▶ Amnesia – Does not remember either a portion of time before the impact or immediately following the injury
- ▶ Dizziness, balance problems, ringing in the ears
- ▶ Sensitivity to light and/or noise
- ▶ Fatigue
- ▶ Drowsiness, sleeping more or less than normal, or trouble falling asleep
- ▶ Visual problems
- ▶ Irritability, sadness, emotional, nervousness, or anxious

The best guideline is to note symptoms that worsen and behaviors that seem to represent a change in your child. If you have any question or concern about the symptoms that you are observing, contact your family physician, emergency room, or urgent care clinic. Otherwise, you can follow the instructions outlined below.

It is OK to...

- ✓ Use acetaminophen (Tylenol®) for headaches only if directed by physician
- ✓ Use ice packs on head and neck as needed for comfort and relief
- ✓ Eat a light diet (Avoid spicy foods)
- ✓ Go to sleep
- ✓ Rest (NO strenuous activity or sports)

Limit or Restricted use of...

- Cell phone, especially texting
- Computer work and e-mail
- TV, video games
- Large screen projectors

There is NO need to...

- ◆ Check eyes with a flashlight
- ◆ Wake athlete up every hour
- ◆ Test reflexes
- ◆ Stay in bed

Do NOT...

- ✗ Drink alcohol
- ✗ Drive until medically cleared
- ✗ Exercise or lift weights until medically cleared
- ✗ Take ibuprofen, aspirin, naproxen or any other form of NSAIDS, (i.e., Advil, Aleve, Motrin IB, Aspirin, Excedrin, etc.), unless authorized by a physician
- ✗ Take any form of sleep aids

Please remind your child to check with an athletic trainer or school nurse **BEFORE** going to class.

If you have any questions with regards injury reporting or concussion management policy, please call your campus athletic trainer(s) or school nurse.

GUIDE FOR REFERRAL TO PHYSICIAN

WHEN IN DOUBT, REFER THE ATHLETE TO THE NEAREST HOSPITAL EMERGENCY DEPARTMENT, URGENT CARE CLINIC OR THE ATHLETE'S PERSONAL PHYSICIAN.

IMMEDIATE EMERGENCY REFERRAL SYMPTOMS

(The athlete needs to be transported to the nearest hospital ER or urgent care clinic)

1. Deterioration of neurologic function – reports loss of sensation, difficulty moving a limb, numbness, or decreased coordination
2. Loss of consciousness or notable change in level of consciousness – has difficulty awakening or responding
3. Moderate to severe nausea or repeated, uncontrollable vomiting
4. Decreased or irregular respirations
5. Decreased or irregular pulse
6. Unequal, dilated or unreactive pupils or changes in pupil shape or size from right to left eye
7. Any signs or symptoms of associated with neck or spine injury spine, skull fracture or severe bleeding
8. Mental confusion, restlessness, increased agitation, lethargy, or demonstrates any unusual behavior changes
9. Convulsions or seizure activity

DAY-OF-INJURY REFERRAL SYMPTOMS

(If these symptoms are observed later in the day on the same day that the injury occurred, seek medical attention)

1. Increased amnesia
2. Notable increase or decrease in blood pressure
3. Increased nausea and vomiting
4. Balance deficits
5. Any post-concussion symptoms that worsen or intensify
6. Additional concussion symptoms that are observed as compared with sideline examination following injury
7. Athlete is symptomatic one hour after initial evaluation following injury

DELAYED REFERRAL SYMPTOMS

(If these symptoms are observed on the day after the injury, seek medical attention)

1. Any of the findings from the DAY-OF-INJURY symptoms listed above
2. Post-concussion symptoms have become worse or increase in intensity
3. Increase in the number of symptoms reported by the athlete
4. Post-concussion symptoms that begin to interfere with daily activities

CONCUSSION FACT SHEET

What is a concussion?

A concussion is an injury to the brain. Concussions are caused by a bump, blow or jolt to the head or body. Even a “ding,” “getting your bell rung” or what seems to be a mild bump to the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of a concussion can appear immediately after the injury or may not appear or be noticed until days after the injury. If your student athlete reports one or more of the symptoms listed below, or if you notice the symptoms yourself, keep your student athlete out of practice and play, and seek medical attention immediately.

OBSERVABLE SIGNS

- ▶ Appears dazed or stunned
- ▶ Confused about assignments or position
- ▶ Forgets an instruction
- ▶ Unsure of game, score, opponent
- ▶ Moves clumsily
- ▶ Answers questions slowly
- ▶ Loses consciousness (even briefly)
- ▶ Can’t recall events prior to hit or fall
- ▶ Can’t recall events after a hit or fall

SYMPTOMS REPORTED BY ATHLETE

- ▶ Headache or “pressure in head”
- ▶ Nausea or vomiting
- ▶ Dizziness, balance problems
- ▶ Double or blurry vision
- ▶ Sensitivity to light or noise
- ▶ Feeling sluggish, hazy, foggy or groggy
- ▶ Concentration or memory problems
- ▶ Confusion
- ▶ “Not feeling right” or “feeling down”

DANGER SIGNS

Be alert for symptoms that worsen over time. The student athlete should be seen in an emergency department right away if she or he has:

- ▶ One pupil larger than the other
- ▶ Drowsiness or cannot be awakened
- ▶ A headache that gets worse and does not go away
- ▶ Repeated vomiting or nausea
- ▶ Slurred speech
- ▶ Convulsions or seizures
- ▶ Difficulty recognizing people or places
- ▶ Increasing confusion, restlessness or agitation
- ▶ Unusual behavior
- ▶ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

POST-CONCUSSION COGNITIVE RECOMMENDATIONS / MODIFICATIONS

Some individuals may be able to attend school without increasing their post-concussion symptoms. However, most students will require some academic modifications, depending on the nature of their symptoms, to allow for the best recovery potential.

The following is a list of suggested modifications that may be requested by the treating physician, neurologist or neuropsychologist for the student athlete to fully recover from a concussion:

SCHOOL ATTENDANCE

- ▶ Half days of classes depending upon the severity
- ▶ Allow student to have access to an elevator pass to avoid taking the stairs if at all possible
- ▶ Homebound instruction, if deemed necessary per neuropsychologist or treating physician

DRIVING RESTRICTIONS

- ▶ Student may need to be driven to school and avoid walking to school due to symptoms especially in regards to inhibited reaction times

ACADEMIC MODIFICATIONS

- ▶ Postpone examinations
- ▶ Limit the number of exams or quizzes in a week
- ▶ Allow for untimed tests and assignments
- ▶ Reduce the workload of assignments to allow completion of only ½ of assigned problems
- ▶ Reduction of class time spent on reading or writing assignments
- ▶ Allow frequent breaks throughout school day which may require a quiet area separate from others, i.e. with the school nurse or athletic trainer, if convenient and accessible with supervision
- ▶ Provide student with pre-printed class notes or allow student to obtain notes from peers
- ▶ Allow additional time to make up missed assignments gradually
- ▶ Provide tutoring as needed

CLASSROOM / ENVIRONMENT

- ▶ Reduction of time spent on computer
- ▶ Minimize viewing classroom instruction on large screen projectors, TVs or SmartBoards

GYM / PHYSICAL EDUCATION / ATHLETICS

- ▶ Allow student not to participate in athletics, gym, or physical education classes until deemed appropriate by neuropsychologist or treating physician
- ▶ Once student has been released to participate in athletics, gym, or physical education classes, the student must maintain participation based upon the Post-Concussion Return-to-Play protocol

SIGNS AND SYMPTOMS COMMONLY REPORTED BY TEACHERS OF CONCUSED STUDENTS

- ▶ Increased problems paying attention, focusing on tasks, or concentrating
- ▶ Increased problems remembering or learning new information
- ▶ Difficulty organizing tasks and staying on tasks
- ▶ Inappropriate or impulsive behavior or outbursts during class
- ▶ Greater irritability, frustration, restlessness, nervousness
- ▶ Ability to cope with stress is reduced or more emotional than usual
- ▶ Answers questions slowly
- ▶ Forgets class schedule or work assignments



UNIVERSITY INTERSCHOLASTIC LEAGUE

Request For Accommodation

Section 504 of the Rehabilitation Act and/or Title II of the Americans with Disabilities Act (ADA)

SECTION I: STUDENT RECORD INFORMATION

Type or Print Student's Name _____

Date of Birth _____ Male ☐ Female ☐ Current Year in School 9 ☐ 10 ☐ 11 ☐ 12 ☐

Parent or Guardian's Name _____ Email address _____

Mailing Address _____

City/Zip _____ Home Phone # _____

Name/Address of High School _____

Principal's Name _____ School Phone # _____ Email address _____

Name/address of ISD _____

Superintendent's Name _____ Email address _____

SECTION II: INSTRUCTIONS TO COMMITTEE

This form is to be completed by a properly constituted Sec. 504 Committee and/or A.R.D. Committee. Following the Committee's determinations, the superintendent of schools is to review the results and sign the request. By signing this form, the superintendent of schools verifies that a properly constituted 504 Committee and/or A.R.D. Committee has made the required determinations in reference to the physical impairment that leads to the request for accommodation.

Superintendent should review the following documents:

- Current accommodation plan and/or I.E.P.;
- 504 Committee and/or A.R.D. Committee notes/reports on initial eligibility and placement;
- Current 504 accommodation plan or report of Committee meeting where student was dismissed from 504;
- Documentation substantiating the physical or mental impairment;
- Documentation supporting the finding of substantial limitation;

No records are to be submitted to UIL. The only required submission to UIL is the signed application form.

SECTION III: SPECIFIC ACCOMMODATION(S) REQUEST

Please provide a detailed explanation of the UIL activities in which the student participates and the specific accommodation(s) requested to applicable UIL contest rules or playing rules for those activities (attach separate sheet if necessary): _____

SECTION IV: SUPERINTENDENT'S STATEMENT

Please check:

☐

I certify that I have been provided documentation which verifies that this student is a student with disabilities as defined by Section 504 of the Rehabilitation Act and/or Title II of the Americans with Disabilities Act, and is currently being served under either of those Acts.

Signature of Superintendent _____

Date _____

Instructions for submission: When completed and signed by the all applicable parties, this application form should be submitted to the UIL Office. *No accommodations to UIL contest or playing rules requested in this application will be provided unless and until approved by University Interscholastic League.*

University Interscholastic League
Attention: Disability Accommodations Request
Box 8028
Austin, TX 78713

Phone: 512-471-5883; Fax: 512-471-6589

Email: athletics@uiltexas.org

SECTION V: BASIS FOR DECISION

The ADA and Section 504 require that accommodations be provided to individuals with disabilities when certain conditions are satisfied. Guidance in addressing this requirement is provided in the case of *PGA Tour, Inc. v. Martin*, 532 U.S. 661, 121 S. Ct. 1879 (2001). The Court set forth three questions to be addressed when determining whether an accommodation is to be provided: "the statute contemplates three inquiries: whether the requested modification is "reasonable," whether it is "necessary" for the disabled individual, and whether it would "fundamentally alter the nature of" the competition. 42 U.S.C. § 12182(b)(2)(A)(ii)." *Id.* at 683, n. 38, 121 S. Ct. at 1894.

The Court gave further guidance with regard to the third inquiry; that is, whether the requested accommodation would "fundamentally alter the nature of" the competition, as follows:

It might alter such an essential aspect of the game of golf that it would be unacceptable even if it affected all competitors equally; changing the diameter of the hole from three to six inches might be such a modification. Alternatively, a less significant change that has only a peripheral impact on the game itself might nevertheless give a disabled player, in addition to access to the competition as required by Title III, an advantage over others and, for that reason, fundamentally alter the character of the competition.

Id. at 683, 121 S. Ct. at 1893.

As such, the basis for decision with regard to this request for accommodation(s) to applicable contest rules or playing rules rests upon:

1. whether the requested accommodation(s) is "reasonable";
2. whether the requested accommodation(s) is "necessary,"; and
3. whether the requested accommodation(s) would "fundamentally alter the nature of" the competition, either because it would alter an "essential aspect of the game" or activity or give the student an "advantage over others and, for that reason, fundamentally alter the character" of the competition.

Support for Students with Temporary Physical/Medical Conditions

Who Should Use This Form?

This form should be used only to request testing support for **students with temporary impairments** (caused by injury, accident, etc.) who cannot postpone their tests. Use for the SAT, SAT Subject Tests, and AP Exams.

- Students seeking testing supports for impairments that are not temporary must use SSD Online or complete the College Board's Student Eligibility Form to receive approval for testing accommodations.
- For students taking AP Exams, if the temporary impairment will be resolved by the late testing dates, the AP Coordinator should not seek temporary support. Instead, go to www.collegeboard.com/school and order an alternate exam for the student (note ordering deadlines). In such cases, there is no additional charge for late testing.
- Temporary support on the SAT is available only to seniors.

Important: If a student uses extended testing time or any other testing support without first receiving written authorization from the College Board's SSD office, that student's test score(s) will not be reported.

Directions for SSD Coordinator (or other appropriate school official)

1. Complete Part 1. You will need information from the student's doctor and teachers.
2. Enter your school code on all pages.
3. Give the student a copy of this form. The student must obtain written confirmation from his/her doctor regarding the needed supports. Remind the student that the doctor must provide information pertaining to all items in Part 3 and that the student and parent or guardian must sign Part 2. The student should return the signed form and documentation to you.
4. Collect a completed Teacher's Survey Form (Part 4) from the student's teacher(s). If the student is taking an AP Exam, collect a Teacher's Survey from each of the AP teachers in whose subject the student is taking an AP Exam. For the SAT, include a Teacher's Survey from the student's core teachers. (Teachers may respond on a separate sheet as long as it contains all information requested in Part 4, including the student's name.)
5. Depending on the student's physical/medical condition, additional documentation may be needed. **Note:** If the student is requesting testing assistance for a concussion or head injury, copies of medical evaluation(s) and testing (e.g., ImPACT testing or neuropsychological evaluation) must be included.
6. Fax the completed request form along with any attachments to (973) 735-1900. If you are unable to fax, mail the request form and documents to:

College Board Services for Students with Disabilities - Temporary Supports
Educational Testing Service
1425 Lower Ferry Road
Ewing, NJ 08618

Time Frame

Submit this form and documentation as soon as the temporary impairment has been medically verified. The College Board will expedite processing of temporary support forms. However, an appropriate review and determination cannot occur instantaneously. Individuals who submit requests or information shortly before a scheduled College Board test should be prepared to be informed that there was insufficient time to make a determination on their request. The College Board will reply by email or fax as soon as possible.

Support for Students with Temporary Physical/Medical Conditions

PART 1: To Be Completed by School Official

Student Name: _____ Date of Birth: _____

Expected Date of Graduation (month/year): _____ School Code: _____

If you don't know your school's code, look it up at <http://sat.collegeboard.org/register/sat-code-search>.

School Name: _____

City: _____ State: _____

Specify the tests(s) and date(s) for which the student needs support (for SAT Subject Tests and AP Exams, indicate subject as well):

Exam Name: _____ Exam Date: _____ Exam Subject: _____

Exam Name: _____ Exam Date: _____ Exam Subject: _____

Exam Name: _____ Exam Date: _____ Exam Subject: _____

Exam Name: _____ Exam Date: _____ Exam Subject: _____

Describe the specific support requested:

Describe the injury/medical condition, including date of onset:

Name of school official completing form: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

What is the best way to contact you? ☐ Telephone ☐ Fax ☐ Email

Signature of School Official: _____ Date: _____

PART 2: Student and Parent/Guardian Signatures

Agreement below must be signed by the student and, if the student is under 18, the student's parent/guardian before the request can be processed.

I wish to request support on College Board test(s) for a temporary physical/medical condition. I give the College Board permission to receive and review my records and to discuss my physical/medical condition and needs with school personnel and other professionals.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Support for Students with Temporary Physical/Medical Conditions

PART 3: Doctor's Confirmation

Return to school official: _____ by _____ (date). School Code: _____

Attach a letter from the doctor that responds to **ALL** of the following statements (this request for support cannot be considered unless each of the following items has been addressed):

- 1) Description of injury and degree of impairment.
- 2) Date of injury/onset of condition.
- 3) Expected date of recovery.
- 4) For students with hand/arm/wrist injuries:
 - a. If the student is in a cast or restraining device:
 - Indication of the area covered (a picture can be substituted).
 - The anticipated date of removal of the cast/device.
 - If the cast/device is removable, indicate when it must be worn and any restrictions during removal periods.
 - If the cast involves the hand, the degree of movement that is possible with the hands and fingers.
 - b. If a hand or arm is affected, is this the dominant hand/arm (i.e., the one with which the student customarily writes)?
- 5) For students who are requesting testing assistance for a concussion/head injury, you **must** include:
 - a. Copies of a medical evaluation.
 - b. Copies of testing that has been completed (e.g., ImPACT testing or neuropsychological evaluation). Please note that ImPACT testing is a brief screening measure, not a diagnostic instrument, and without other measures is not sufficient to establish a need for support. If this is the only testing available, be sure to provide a detailed medical evaluation.
 - c. Information regarding the student's current condition, including:
 - i. Full description of the injury, including how the student was injured and whether the student lost consciousness.
 - ii. Description of **current** symptoms, including frequency, intensity, and duration of current symptoms.
 - iii. Description of current medical restrictions, if any.
 - iv. If extended time is requested, information about the student's ability to perform timed tasks.

Please note that concussions have a normal course of recovery and, therefore, documentation should include symptom progression during and after the recovery phase.

The doctor's confirmation must clearly indicate the doctor's name, specialty, address, and phone number and must be signed and dated by the doctor.

Support for Students with Temporary Physical/Medical Conditions

Part 4: Teacher Survey Form

Student Name: _____ Return To: _____

Teacher Name: _____ Subject/Class: _____ School Code: _____

To the teacher: The student named in Part 1 has requested temporary assistance for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision making process.

1. How long has the student been in your class? _____
2. **OBSERVATION:** Briefly describe your observations of the student's condition and its impact during your class. Where possible, provide specific examples. Include the frequency and severity of symptoms displayed during class.

3. **SUPPORTS USED:** What specific temporary supports are used by the student during classroom testing? Please indicate which of these supports are used on a consistent basis.

4. **EXTENDED TIME USED:** If the student is provided extended time for classroom tests, how much additional time does he/she generally use (e.g., 50%) to complete each of the following question types? (Note: Indicate time actually used, not the time approved.)

- a. Multiple-choice test items: _____
- b. Other question types, such as short-answer questions, essays, and math problems (Indicate the amount of additional time used for each applicable type):

- c. How does the student generally use the extended time (e.g., to complete test questions, to review completed test questions, to take breaks, etc.)?

5. **IMPACT:** Describe the impact of the provided supports on the student's performance. Does the student use the temporary supports effectively? How does it change his/her performance on tests? What happens if supports are not provided?

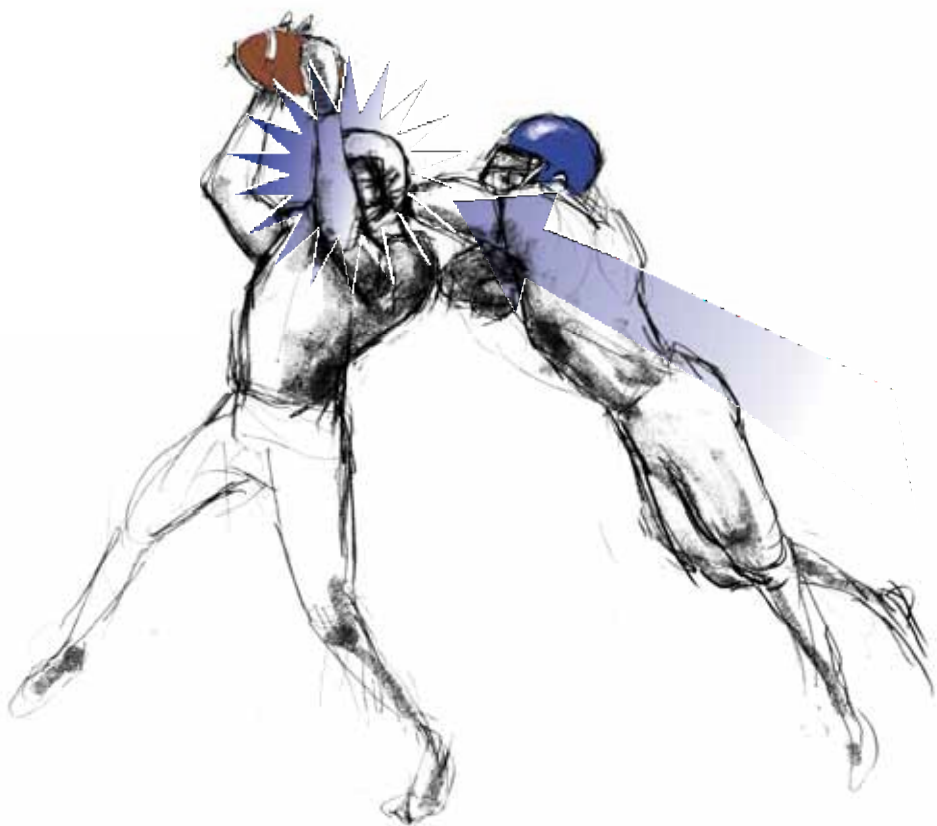
Signature: _____

Date: _____

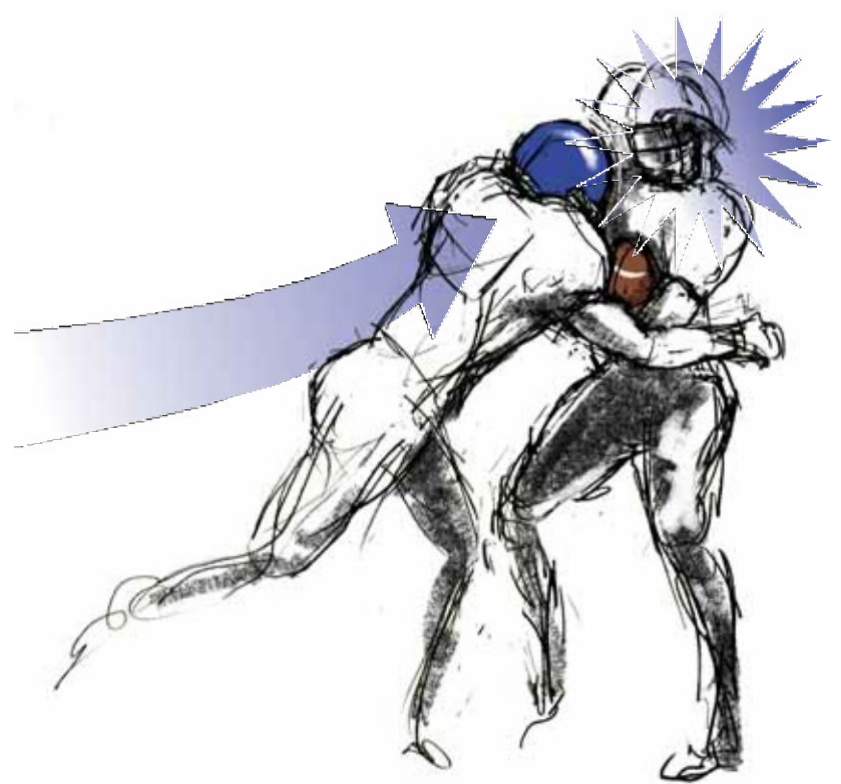
PROTECT YOUR HEAD AND NECK!

Don't punish yourself, your team, or your opponent...

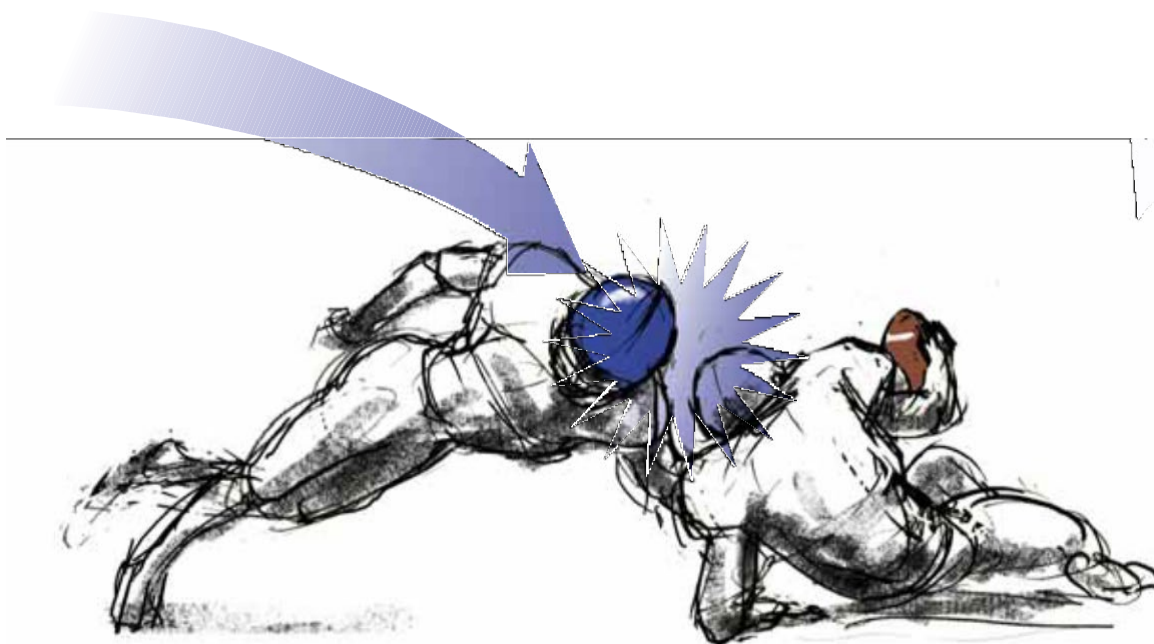
Striking your opponent with your helmet can be a 15-yard penalty and may result in serious injury to both you and your opponent!



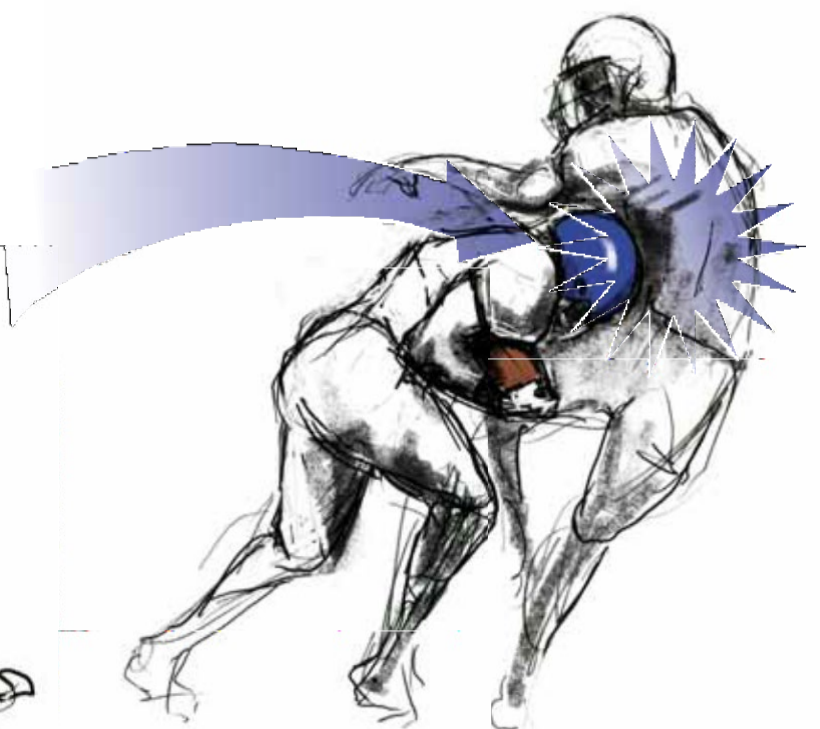
Targeting Defenseless Opponent



Helmet-to-Helmet



Launching



Offensive

NCAA® 2008 Rule Changes

9-1-2-1

- a) No player shall initiate contact and target an opponent with the crown of his helmet.
- b) No player shall initiate contact and target a defenseless opponent ABOVE THE SHOULDERS (i.e., whether or not with the helmet.)

*Even though rare, an offensive player can be penalized should he use his helmet to punish a player.



FIT AND FASTEN!

Buckle Up Completely.



Loss of Helmet During Play.

If a player's helmet comes off during play, he must not continue to participate in the play to prevent injury. If the helmet comes off other than as the direct result of an opponent's foul, the player must also leave the game and is not allowed to participate for the next play.



- Snug, comfortable fit.
- Should not wobble, tilt or rotate when twisted.
- Check air inflation daily.
- Follow manufacturer's guidelines for fit and care.

WARNING

Do not use this helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

Supplement H2

No helmet can prevent all concussions, head or any neck injuries a player might sustain while participating in football.

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