Commerce ISD Guidelines for Sports Concussion Management

What is a Concussion?

Concussion - A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and are secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.

Evaluation for Concussion

1. The Graded Symptom Checklist will be utilized for on-field and post incident concussion testing.
2. **Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. **Re-Evaluation**
4. Doctor Referral
5. Home Instructions
6. Return to Play Guidelines for Parents
7. Parent Informed Consent and Athlete's Participation Form
8. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

Concussion Management

1. School modifications
    a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
    b. Notify teachers of post concussion symptoms.

   c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
   d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
2. Student must be symptom free for one week before begin return to play protocol.

Return to Play Guidelines

1. Activity progressions
   a. No activity for one week
   b. Athlete must be symptom free
   c. Light aerobic exercise with no resistance training
   d. Sport specific activity
   e. Non-contact training drills with resistance training
   f. Full contact training drills (must have physician clearance)
   g. **Note – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, you wait 24 hours and start the progressions again at the beginning.**
2. Physician clearance
3. Athletic Trainer clearance

Concussion Facts

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American high School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to CISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

References

1. McCrory, Paul, et al. Summary & Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004; Clinical Journal of Sports Medicine, March 2005
2. Guskiewicz, Kevin M, et al. National Athletic Trainers Association Position Statement: Management of Sport-Related Concussion; Journal of Athletic Training, Sept. 2004
3. www.ImPacttest.com
4. www.healthsystem.virgina.edu/internet/neurogram
5. www.cdc.org
6. www.brainline.org
7. www.momsteam.com./healthsafety/concussion
8. Presbyterian Sports Network, Sports Concussion Management Protocol

General Information for Parents

Teach it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Commerce ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:
    a. No activity for one week after injury & athlete is symptom free
    b. Physician clearance to begin activity
    c. Light aerobic exercise with no resistance training
    d. Sport specific activity
    e. Non-contact training drills with resistance training
    f. Full contact training drills
    g. **Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.**
5. **Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician's professional judgment it is safe for the athlete to return to play.**
6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

Home Instructions for Concussions

_____ has sustained a concussion during _____ today. To make sure he/she recovers please follow the following important recommendations:

1. Please review the items outlined on the **Physician Referral Checklist.** If any of these problems develop, please call 911 or your family physician.
2. Things that are OK to do:
    a. Take acetaminophen (Tylenol) after 24 hours
    b. Use ice packs on head or neck as needed for comfort
    c. Eat a light diet
    d. Go to sleep (rest is very important)
    e. No strenuous activity or sports
    f. Return to school
3. Things that should not be allowed:
    a. Eat spicy foods
    b. Watch TV
    c. Listen to ipod or talk on telephone
    d. Read
    e. Use a computer
    f. Bright lights
    g. Loud noise
    h. Drink alcohol
4. Things there is no need to do:
    a. Check eyes with a flashlight
    b. Wake up every hour
    c. Test reflexes
5. Have student report to clinic or athletic training room at _____ tomorrow for a follow-up exam

Further recommendations:

Instructions provided to: _____

Signature: _____

Instructions provided by:_____

Signature: _____

Date: _____ Time: _____

Contact Number: _____

Commerce ISD Return to Play Guidelines

Information for Treating Physician

Commerce ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
    a. No activity for one week after injury & athlete is symptom free
    b. Physician clearance to begin activity
    c. Light aerobic exercise with no resistance training
    d. Sport specific activity
    e. Non-contact training drills with resistance training
    f. Full contact training drills
    g. **Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.**
4. **Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician's professional judgment it is safe for the athlete to return to play.**
5. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

Commerce ISD Concussion Management Protocol and Return to Play Release Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 © of The Texas Education Code).

Name: _____ School: _____ Date: _____

Sex: Male Female (Circle) Age: _____ DOB: _____ Date of Injury: _____

Sport: _____ Position: _____ Grade: _____

Complaint: _____ New Injury Re-Injury (Circle) Follow-up

Diagnosis: _____

Patient is allowed to begin the Stepwise Return-to-Play Progression program of the Commerce ISD concussion protocol. He or she may return to sports after successfully completing the protocol requirements.

Physician Signature: _____ Date: _____

_____ _____

Printed Physician Name Physician Address Phone

Designated School District Official Verifies:

- ☐ The student has been evaluated and by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- ☐ The student has completed the Return to Play protocol established by the Commerce ISD Concussion Oversight Team.
- ☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

Athlete Trainer Signature/ (Print): _____ / _____ Date: _____

Parent/Guardian with legal authority to make medical decisions for the student certifies by signing this form he/she

has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Commerce ISD Concussion Oversight Team. Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol. Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Furthermore, I understand the dangers related of returning to soon after a sport-related concussion. I certify that the above athlete has successfully completed the Commerce ISD Concussion return to play protocol and has been released by a licensed Physician to return to play. I understand that upon my signature and return of this release form to the Commerce ISD athletic trainer the above athlete will be allowed to return to full participation in practice and competition.

If you have any questions please do not hesitate to call the Commerce ISD Athletic Trainer.

Parent/Legal Guardian: _____ Date: _____
(Printed Name)

Parent/Legal Guardian (signature): _____

Commerce High School Athletic Training
Post Sports-related Concussion Doctor Visit Form

The Commerce High School Athletic Training staff would like you to complete this form so our office has documentation of the athletes visit as well as any related recommendation you have for his/her return to participation.

Date of Injury: _____ Name: _____ Sport:_____

Current Symptoms: _____
_____
Current Progress: _____
_____
_____

ATC Signature: _____ Date: _____

1. **Diagnosis:**_____

2. **Is the athlete cleared for:**
   a. Full academic course load **YES NO**
   If NO, please specify any accommodations needed: _____
   _____
   _____

3. **Is the athlete cleared for:**

a. Stationary Bike	**YES**	**NO**	e. Non-contact activity	**YES**	**NO**
b. Elliptical Machine	**YES**	**NO**	f. Full contact activity	**YES**	**NO**
c. Heavy Weight Lifting	**YES**	**NO**	g. Full Game Participation	**YES**	**NO**
d. Running and agilities	**YES**	**NO**	Other _____		

4. **Requested follow up date if desired:** _____

Physician Name: _____ Physician Phone#:_____

Physician Address: _____

Physician Email: _____ Physician Fax#: _____

Physician Signature: _____ Date: _____

Return Form to:
Amanda Parsley MS, ATC, LAT
Head Athletic Trainer / Commerce High School
903-886-3756 (office) / 903- 886-6209 (Fax)
amanda.parsley@commerceisd.org