

MAGNOLIA ISD

CONCUSSION MANAGEMENT
PROTOCOL

IN COORDINATION WITH H.B. 2038

Pages 9 and 11 are to be reviewed and signed by the parent and returned to the campus Athletic Trainer.

Page 16 needs to be reviewed by the treating physician and returned to the campus Athletic Trainer.

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Texas HB 2038, Tasha's Concussion Law, Summary:

- The bill defines who the licensed healthcare professionals are that will participate in the development and implementation of the concussion oversight team in schools.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student must have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment and oversight, and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.
- The bill will mandate a Concussion Oversight Team chosen by each school district or charter school, headed by at least one physician with concussion management training.
- The bill requires students who are suspected of having sustained a concussion to be removed from the activity immediately.
- The student suspected of sustaining a concussion must be evaluated by a physician of his or her choosing.
- The school district shall verify the student has successfully completed each requirement of the return-to-play protocol necessary for the student to return to play, as established by the Concussion Oversight Team.
- The treating physician shall sign a written statement indicating that, in his or her professional judgment, it is safe for the student to return to play.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student acknowledges in writing:
 - They have been informed concerning, and consent to, the student's participation in returning to play in accordance with the return-to-play protocol;
 - They understand the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - They consent 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 regarding the return-to-play recommendations of the treating physician;
 - They understand the immunity provisions included in HB 2038.
- If the school district or charter school employs an athletic trainer, he or she is responsible for the athlete's compliance with the return-to-play protocol.
- A coach of an interscholastic athletics team may not authorize a student's return to play.
- The school district superintendent or the superintendent's designee – or, in the case of a home-rule school district or open-enrollment charter school, the person who serves the function of superintendent or that person's designee – shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. The person who has supervisory responsibilities may not be a coach of an interscholastic athletics team.
- The bill establishes an education course for coaches. It also establishes continuing education requirements in concussion management for athletic trainers, which can be met in the two-year cycle. It is recommended that physicians serving on the concussion oversight team take continuing education in concussion management.

- The bill provides for immunity from liability for school districts or members of the concussion oversight team complying with this act.
- The bill will allow the commissioner of education to develop rules to implement the bill.
- There should be no fiscal impact in the next biennium attached to the implementation of the bill.

Legal Disclaimer: The purpose of this summary is to inform its readers of relevant information pertaining to recent state legislation. It is not intended nor should it be used as a substitute for legal interpretation, advice or opinion which can be rendered only by your legal counsel as the legislation relates to specific fact situations.

Magnolia ISD Concussion Management Protocol

BACKGROUND

MAGNOLIA ISD Athletic Trainers has developed and implemented the following concussion management guidelines for the student athletes in MAGNOLIA ISD. These comprehensive guidelines are consistent with current standards of care and appropriate medical practices for the student athlete who suffers a concussion in sports. Developed and implemented by the Concussion Oversight Team (COT) illustrated below, the following guidelines are designed to facilitate a safe return to athletic activities for the student athletes of MAGNOLIA ISD. The COT is committed to utilizing current standards and methods in its multidisciplinary approach to concussion management, including: ImPACT™ pre- and post-injury neurocognitive testing (if utilized), a symptom assessment tool that utilizes subjective and objective testing and a progressive return-to-play protocol.

Introduction

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 MAGNOLIA ISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

MAGNOLIA ISD is coordinated with HB 2038. Any student athlete removed from an interscholastic athletics off season practice, in-season practice or competition due to the recognition of concussion-related symptoms will not be allowed to return to any participation that day. If the student athlete is diagnosed to have sustained a concussion, he or she must be cleared to resume participation by one of the following healthcare professionals:

- M.D.
- D.O.
- Advanced Practice Nurse (N.P.)
- Physician Assistant (P.A.)

The athlete must provide written documentation from the treating physician showing that the athlete is cleared to participate. The athlete's parent or guardian and the athlete must then sign and return to the school district designee the approved form indicating the following: They have been informed and consent to the policies established under the Return-to-Play (RTP) Protocol; they understand the risks associated with the student athlete's returning to play; they agree to comply with any requirements outlined by the concussion policy; they consent to the physician's disclosure of health information that was related to the concussion and treatments; and they understand the district's and school's immunity from liability.

CONCUSSION OVERSIGHT TEAM

M.D.'s: Edward Terrason, M.D.

D.O.'s:

N.P.

P.A.

A.T.C., L.A.T.'s: Jessica Bates, Tina Thompson

L.V.N., R.N.

Prevention Strategies

1. All headgear must be NOCSAE certified.
2. Make sure the headgear fits the individual.
3. 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 it is in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times.
6. Neurocognitive testing on students who participate in contact sports prior to season (high school only) is recommended, but not required.

Evaluation for Concussion/MTBI

1. At time of injury, administer both of these assessment tests:
 - a. Subjective Testing
 - b. Objective Testing
2. Observe athlete 15 to 20 minutes and re-evaluate.
3. **Athlete does not return to a game or practice if he or she has any symptoms.**
4. Provide a doctor referral.
5. Provide home instructions.
6. Provide Return-to-Play Guidelines for Parents.
7. Perform ImPACT retest 48 hours after injury (high school only, if utilizing ImPACT).
8. **Note - If in doubt, athlete is referred to a doctor and must be cleared for return to play.**

Concussion Management

1. School modifications
 - a. Provide the student athlete's assistant principal, counselor and the school nurse with a sheet outlining the signs and symptoms of concussion.
 - b. Notify the student athlete's assistant principal, counselor and the school nurse that the student that has suffered an MTBI. This should be done the next school day.
 - c. The student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc., until symptoms subside.
 - d. The student may only be able to attend school for half-days or may need daily rest periods until symptoms subside.
2. The student must be cleared by one of the previously named, approved medical professionals before beginning the return-to-play (RTP) process.

Recovery and Safe Return to Play

It is crucial to allow enough healing and recovery time following a concussion or MTBI to prevent further damage. Research has shown that damage from repeated concussions is cumulative. Most athletes who experience an initial concussion/MTBI can recover completely as long as they do not return to play too soon. Following a concussion/MTBI, there is a period of change in the function of the brain that can last from 24 hours to months. During this time, the brain is susceptible to more severe and/or permanent injury.

Return-to-Play Guidelines

1. Physician clearance for return to play is required, and must be confirmed by a note.
2. Component scores of ImPACT test must be normal (if using ImPACT).
3. Parent information and Return-to-Play Release Letter must be signed and on file.
4. Activity progression is to be monitored by a licensed athletic trainer (LAT). If an LAT is not available, the athlete may have RTP progression monitored by a school district employee that is approved by the superintendent's designee (this can be a coach employed by the district or school). Per HB 2038, a coach is not permitted to clear an athlete for participation following a concussion/MTBI. The steps of RTP progression are as follows:
 - a. Athlete must be symptom free.
 - b. Light aerobic exercise with no resistance training; 10-20 minutes.
 - c. Sport-specific activity, non-contact. No head impact activities.
 - d. Non-contact training drills with resistance training allowed.
 - e. Full contact practice.

Note – Athlete progression continues as long as the athlete is asymptomatic at the current level of activity. If the athlete experiences any post-concussion symptoms, he or she must wait 24 hours and be asymptomatic before resuming. The athlete will start the progression again at the level of the program where he or she was last symptom free.

5. Clearance from the athletic trainer is required for full, unrestricted participation.
6. Middle-school athletes will complete the RTP Protocol under the guidance of the athletic trainer(s) of the high school that they feed into. If no athletic trainer is available, the superintendent's designee will oversee the RTP Protocol.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SYMPTOMS?

Signs and symptoms of a concussion are typically noticed immediately after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances and aggression. The individual may or may not have lost consciousness.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

Students who may have suffered a concussion should be removed immediately from the athletic practice or game. The student should be evaluated by a licensed athletic trainer of MAGNOLIA ISD as well as by a licensed physician. Students suspected of a concussion should not be allowed to return to play until appropriate medical clearance has been obtained and return-to-play guidelines have been followed. The permission for a return to play will come from appropriate healthcare professionals. You should also inform your child’s coach, athletic trainer, school nurse and/or school administrator if you think that your child may have a concussion. When in doubt, the athlete sits out.

WHAT IF MY CHILD KEEPS PLAYING WITH A CONCUSSION?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second-impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under-report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for a student-athlete’s safety.

Please see the reverse side of this form for the MAGNOLIA ISD concussion management protocol and return-to-play guidelines. This form must be signed by the parent/guardian and the student athlete prior to any athletic participation.

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve, followed by a program of gradual exertion prior to medical clearance and return to play. During this period of recovery, while observing the symptoms of an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. Activities that require concentration and attention (e.g., scholastic work, videogames, text messaging, etc.) may exacerbate symptoms and possibly delay recovery. In such cases, the MAGNOLIA ISD sports medicine staff will work in conjunction with the athlete, teachers and parents to ensure appropriate accommodations according to physician recommendations and observations.

In the event a student athlete is suspected of having a concussion the student will be:

- 1. Removed from athletic participation immediately**
- 2. Evaluated by a MAGNOLIA ISD athletic trainer if possible**
- 3. Referred to a licensed physician for further evaluation**
- 4. Administered post-concussion ImPACT test (if utilizing ImPACT)**
- 5. Progressed through the Return-to-Play Protocol under the direction of a licensed physician**
- 6. Released to participation with written clearance from physician, athletic trainer and parents**

GRADUATED RETURN-TO-PLAY PROTOCOL

The Return-to-Play Protocol following a concussion is a stepwise process progressing from rest to full-contact training. This progression has been developed and is managed by the licensed athletic trainers of MAGNOLIA ISD under the supervision of its Concussion Oversight Team led by a licensed physician. The athlete will proceed to the next level in this stepwise progression only if he or she is asymptomatic at the current level. Generally, each step should take 24 hours, so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

Athlete's Name (print) _____ Date _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____

Athlete's Signature _____

Post-Concussion Management Guide

PHYSICIAN RELEASE

Any student who is suspected of sustaining a concussion must be evaluated and released by a licensed physician. The student must also successfully complete the Return-to-Play Protocol and post-concussion ImPACT test (if utilizing ImPACT) as defined by the MAGNOLIA ISD Concussion Oversight Team. In addition, the parent/guardian will be required to sign a UIL Return-to-Play Authorization Form before the athlete is allowed full unrestricted participation.

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve, followed by a graded program of exertion prior to medical clearance and return to play. During this period of recovery, while observing the symptoms of an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. **If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please transport the athlete to the nearest hospital emergency department immediately. Contact the MAGNOLIA ISD athletic trainer or school nurse as soon as possible.**

GRADUATED RETURN-TO-PLAY PROTOCOL

The Return-to-Play Protocol following a concussion follows a stepwise process as outlined below. The athlete will proceed to the next level in this stepwise progression only if he or she is asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once he or she is asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed and the athlete has no symptoms.

Rehabilitation Stage (Day)	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. Light aerobic exercise	Walking, swimming or stationary cycling, keeping intensity at or below 70% MPPHR; no resistance training	Increase HR
2. Sport-specific exercise	Pass routes in football, running drills in soccer; no head impact activities	Add movement
3. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
4. Full-contact practice	Following medical clearance, participate in normal skills by coaching staff	Restore confidence and assess functional training activities
5. Return to normal game play		

ACKNOWLEDGEMENT

The student athlete listed below has completed the MAGNOLIA ISD Return-to-Play Protocol after sustaining a concussion. By signing this form, I acknowledge that I understand the dangers associated with returning to play prematurely following a concussion. I agree that I have provided a signed release from the treating physician authorizing the student athlete’s return to play. Furthermore, I certify that the student athlete has successfully completed the MAGNOLIA ISD Return-to-Play Protocol and I give my permission for him or her to return to sports competition. In addition, I agree to comply with any ongoing requirements in the Return-to-Play Protocol.

INFORMATION DISCLOSURE

The Family Educational Right to Privacy Act Of 1974 (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians.

This authorization permits the athletic trainers, school nurse and team physicians of the MAGNOLIA ISD to obtain and disclose information concerning the student athlete’s medical status, medical condition, injuries, prognosis, diagnosis and related personal identifiable health information to the authorized parties listed: Healthcare providers, athletic governing bodies. This information includes injuries or illnesses relevant to past, present or future participation in athletics. I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer or school nurse for MAGNOLIA ISD.

IMMUNITY PROVISION

I do hereby agree to indemnify and save harmless the MAGNOLIA ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Furthermore, I understand this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school, or of district or charter school officers or employees. This includes private and parochial schools.
2. Create any liability for a cause of action against a school district or open-enrollment charter school, or against district or charter school officers or employees. This includes private and parochial schools.
3. Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code.
4. Create any liability for a member of a Concussion Oversight Team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the Concussion Oversight Team.

Athlete’s Name (print) _____ Date _____

Parent/Guardian’s Name (print) _____

Parent/Guardian’s Signature _____

Athlete’s Signature _____ Student ID # _____

Parents' Concussion Management Instructions

Parents keep

Dear Parent or Guardian:

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

1. Headache that increases in intensity*
2. Nausea or vomiting*
3. Difference in pupil size from right to left eye, dilated pupils*
4. Mental confusion or behavior changes
5. Dizziness
6. Memory Loss
7. Ringing in the ears
8. Changes in gait or balance
9. Blurry or double vision*
10. Slurred speech*
11. Noticeable changes in level of consciousness (difficulty awakening or sudden loss of consciousness)*
12. Seizure activity*
13. Decreased or irregular pulse or respirations*

*** Seek medical attention at the nearest emergency room.**

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 or go to the emergency room. Otherwise, you can follow the instructions outlined below.

It is OK to:	There is NO Need to:	Do Not:
<ul style="list-style-type: none">• Use acetaminophen (Tylenol®) for headaches	<ul style="list-style-type: none">• Check eyes with a flashlight	<ul style="list-style-type: none">• Drink alcohol
<ul style="list-style-type: none">• Use ice pack on head and neck as needed for comfort	<ul style="list-style-type: none">• Wake up every hour	<ul style="list-style-type: none">• Drive while symptomatic
<ul style="list-style-type: none">• Eat a light diet	<ul style="list-style-type: none">• Test reflexes	<ul style="list-style-type: none">• Exercise or lift weights
<ul style="list-style-type: none">• Go to sleep	<ul style="list-style-type: none">• Stay in bed	<ul style="list-style-type: none">• Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications
<ul style="list-style-type: none">• Rest (no strenuous activity or sports)		

Please remind your child to check with the athletic trainer(s) or nurse BEFORE going to class.

If you have any questions, please call your campus' athletic trainer(s).

Guide for Referral to Physician

Immediate Emergency Referral Symptoms

(The athlete needs to be transported to the nearest emergency department.)

1. Deterioration of neurologic function (loss of sensation, difficulty moving limb)
2. Loss of consciousness or decreasing level of consciousness
3. Decreased or irregular respiration
4. Decreased or irregular pulse
5. Unequal, dilated or unreactive pupils
6. Any signs or symptoms of associated injuries: spine or skull fracture, severe bleeding
7. Mental status changes: lethargy, confusion, agitation
8. Seizures

Day-of-Injury Referral Symptoms

1. Amnesia
2. Increased blood pressure
3. Vomiting
4. Balance deficits
5. Post-concussion symptoms that worsen
6. Additional concussion symptoms as compared with sideline examination
7. Athlete is symptomatic one hour after initial evaluation

Delayed Referral Symptoms (after the day of the injury)

1. Any of the findings from the Day-of-Injury group above
2. Symptoms have become worse
3. Increase in the number of symptoms reported
4. Symptoms begin to interfere with daily activities

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

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	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or “pressure in head”
Confused about assignments or position	Nausea or vomiting
Forgets an instruction	Dizziness, balance problems
Unsure of game, score, opponent	Double or blurry vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish, hazy, foggy or groggy
Loses consciousness (even briefly)	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after a hit or fall	“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)

Cognitive Modifications

Responsibilities of the Student's Teachers and Administration

Some individuals may be able to attend school without increasing their symptoms. Some students may require some modification, depending on the nature of their symptoms. Trial and error may be needed in order to discover what they can and cannot do. The following is a list of suggested modifications that may be appropriate for a student athlete recovering from a concussion:

1. Half day of classes depending on the severity of symptoms
2. Frequent rests or breaks in the health center during the school day
3. Alternating a class with a rest period
4. Some students may need to be driven to school and avoid walking to school
5. Elevator pass and avoidance of stairs
6. Not attending physical education class or workout classes
7. Workload and homework reduction
8. Extra time or postponement of tests and quizzes
9. Reduction of time spent on computer, reading or writing
10. Be aware of the following signs and symptoms that are often reported by teachers who have worked with students recovering from concussions:
 - A. Increased problems paying attention or concentrating
 - B. Increased problems remembering or learning new information
 - C. Difficulty organizing tasks
 - D. Inappropriate or impulsive behavior during class
 - E. Greater irritability.
 - F. Ability to cope with stress is reduced or more emotional than usual.
 - G. Answers questions slowly
 - H. Forgets class schedule or work assignments

Concussion Management Physician Clearance Form

Doctor fill out, sign and return

Date: _____

Athlete's Name: _____

The above named athlete is being referred due to signs/symptoms of a mild traumatic brain injury (MTBI). Please have the athlete/parent/guardian return the completed form to the school designee. Once cleared, under HB 2038, the athlete is required to complete a Return-to-Play Protocol before full unrestricted participation is allowed.

_____ Athlete is NOT cleared.

_____ Athlete is cleared to begin the required Return-to-Play Protocol. Once the athlete completes the protocol, the athlete is cleared for full participation.

_____ Athlete is cleared to begin the required Return-to-Play Protocol. Once the athlete completes the protocol, he or she must return to my office for re-evaluation before being cleared for full participation.

Physician Signature: _____

Date: _____ Phone #: _____

RETURN-TO-PLAY PROTOCOL:

Per HB 2038, a coach is not permitted to clear an athlete for participation following a concussion/MTBI. The stages of the Return-to-Play Protocol are as follows:

- a. Athlete must be symptom free.
- b. Light aerobic exercise with no resistance training; 10-20 minutes.
- c. Sport-specific activity, non-contact. No head impact activities.
- d. Non-contact training drills with resistance training allowed.
- e. Full contact practice.

Note – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, he or she must wait 24 hours and be asymptomatic before resuming. The athlete will start the progression again at the level of the program where he or she was last symptom free.

Athletic trainer clearance required for full unrestricted participation.

Magnolia ISD Return to Play Documentation

Please place a check in the appropriate box if you experienced any of the following symptoms during school or with the exercise you completed today.

Symptom DATE →	Day 1		Day 2		Day 3		Day 4	
	Yes	No	Yes	No	Yes	No	Yes	No
	Trouble concentrating							
Trouble remembering								
Drowsiness								
Feeling “in a fog”								
Feeling like your brain is slowed down								
Balance problems								
Blurry vision								
Dizziness								
Headache								
Nausea/vomiting								
Neck pain								
Numbness or tingling								
Sensitive to light								
Sensitive to noise								
More irritable								
Initials	Student Athlete	Athletic Trainer/Coach	Student Athlete	Athletic Trainer/Coach	Student Athlete	Athletic Trainer/Coach	Student Athlete	Athletic Trainer/Coach

This athlete has completed the return to play protocol for Magnolia ISD for his sport. To the best of my knowledge, the student is symptom free at rest and did not experience any return of symptoms while progressing through the various stages of activity.

Licensed Athletic Trainer for Magnolia ISD

- This athlete is cleared for participation This athlete requires a visit prior to clearance