

# Eanes ISD Concussion Management Packet

## INTRODUCTION

A concussion, or mild traumatic brain injury (MTBI), is caused by a force applied directly or indirectly to the skull that results in the rapid acceleration and/or deceleration of the brain. This sudden change in cerebral velocity creates the mechanism of injury that leads to altered neurological functioning, commonly associated with a concussion. The Westlake High School Sports Medicine Department, under the direct supervision of a licensed physician by the state of Texas, strives to provide student-athletes with the highest quality of health care. As licensed medical professionals, athletic trainers receive comprehensive didactic and clinical training in concussion management. Therefore, our athletic training staff are responsible for managing the cases of all student-athletes suffering from a concussion.

Concussions have a variety of signs and symptoms which can range from mild to debilitating and may manifest differently in each individual case. Common signs and symptoms of a concussion may include, but are not limited to; headache, nausea, dizziness, sensitivity to light/noise, fatigue, difficulty concentrating, and trouble sleeping. For a more comprehensive list, please see the post concussion symptom score (PCSS) sheet at the end of this packet.

## PURPOSE

The Eanes ISD Concussion Management Policy is designed to streamline the safe, effective, and objective management of all concussions sustained by student-athletes, regardless if the concussion occurred as a result of sports participation. By following this protocol, Eanes ISD aims to provide a standardized method of managing concussions in order to prioritize student-athlete healthcare, ensure a safe return-to-play, and to support the student-athlete in their academic pursuits, while also recognizing that each concussion, as well as each student-athlete, is unique and individualized in nature. By managing concussions individually, and considering each athlete's medical history, it allows the supervising physician and athletic trainer to ensure the safety and well-being of each student athlete while they are participating in athletics at Westlake High School.

Through continually evaluating concussion management best practice, Eanes ISD aims to prioritize the health, safety, and welfare of its student-athletes. In addition, this protocol complies with HB 2038, the UIL's concussion management protocol, and TEC Section 38.153.

## CONCUSSION MANAGEMENT TEAM (CMT)

<b>Cody Watkins, M.Ed, LAT, ATC</b>	<b>Colin Drinkard, MS, LAT, ATC</b>	<b>Michael Reardon, MD</b>
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## STUDENT & FAMILY EXPECTATIONS

If you have received this paperwork, your student has been evaluated for a MTBI by an Eanes ISD allied healthcare professional and is believed to have sustained a concussion. As a result, please read the following information to learn (1) how to best navigate the Eanes ISD Concussion Protocol and (2) how to best support your student in their recovery.

- A. Your student **must** see a neurologist or physician trained in concussion management (not a pediatrician). The athletic training staff can recommend several physicians, neurologists, and therapists who routinely provide excellent care to our students.
  - a. Eanes ISD will **not** accept medical clearances from an emergency room or urgent care facility.
  - b. Please bring this packet to your physician appointment in order for the physician to complete the “**Eanes ISD Concussion Academic Support Form**”, or a similarly formatted medical note that includes the same information. Upon being received, this form will be sent out to your student’s teachers, guidance counselor, and assistant principal.
  - c. Please complete the necessary signatures on Page 4 in order to consent to your student-athlete’s participation in the Eanes ISD return-to-play and return-to-learn protocols.
- B. If your student misses school as a result of their concussion, please email your school's attendance office (WHS: [whsattendance@eanesisd.net](mailto:whsattendance@eanesisd.net); WRMS: [wrmsattendance@eanesisd.net](mailto:wrmsattendance@eanesisd.net); HCMS: [hcmsattendance@eanesisd.net](mailto:hcmsattendance@eanesisd.net)) and include a school excuse note from the treating physician.
- C. It is important for students to focus primarily on their academics throughout the return-to-play process. Students must be cleared to progress to full days of school and show adequate progress on their academic workload before they will be allowed to return to athletics participation.
  - a. Students should consistently communicate with their teachers about their academic progress and plans to complete any missing assignments.
  - b. If your student continues to struggle with their school work, please contact their guidance counselor to discuss.
- D. Students are expected to check in with the athletic training staff on a daily basis upon arriving at school. Report times and expectations will change throughout the recovery process, so it is important for the student to see the athletic trainer daily and as instructed.
- E. Students are also expected to communicate with their coaches on a daily basis to discuss expectations during their recovery process. Attendance of typically mandatory practices, competitions, and conditioning / weight room sessions will be made at the discretion of the athletic training staff and coaching staffs.
- F. If your student experiences a prolonged recovery from their concussion we require you to follow up with the treating physician at minimum every four weeks. This is required in order to re-evaluate your child’s concussion care plan and to update/maintain their academic supports.

## RETURN TO PLAY GUIDELINES

When a student-athlete is diagnosed with a concussion, the following return to play protocol will be followed as agreed upon by the CMT. The protocol will utilize two supervised phases, advancing no faster than one stage per day. If at any point during this process the student-athlete experiences a prolonged increase in symptoms, they must wait at least 24 hours before resuming the progression. However, it is important to note that symptoms may become mildly aggravated during the prescribed exercise(s). The general course for return to play will follow this basic sequence:

- Phase 1 (Non-Symptom Provocative / Therapeutic Phase) – the primary goal of this phase is to facilitate a student-athletes acute recovery in order to begin attending full days of school and to tolerate their activities of daily living. During this stage, student-athletes should be focused on completing their academic work on an “as tolerated” basis and may complete low-threshold cardiovascular exercise (i.e. walking, stationary bike) under the supervision/recommendation of the athletic training staff and/or treating physician.
  - Prior to progressing to Phase 2, you must provide the athletic training staff with written medical clearance from a neurologist or physician trained in concussion management (not a pediatrician) on the **“Eanes ISD Concussion Academic Support Form”**, or a similarly formatted medical note that includes the same information.
- Phase 2 (Return to Play) – the primary goal of this phase is to increase the student athlete’s physical activity in a stepwise manner, ultimately leading to a safe and efficient full return to play. Progress during this stage will be based on the ability to handle increased physical stress without experiencing a prolonged increase in symptoms.
  - Stage 1 – Light Aerobic Activity
  - Stage 2 – Moderate-High Aerobic Activity
  - Stage 3 – Non-Contact Practice / Weight Room & Conditioning.
  - Stage 4 – Full Contact Practice or Training – Prior to a full return to play, the **“UIL Concussion Management Protocol Return to Play Form”** must be completed and returned to the athletic training staff.
  - Stage 5 – Full Return to Play

## RETURN TO LEARN GUIDELINES

The return-to-learn protocol follows a similar stepwise progression, in which students will gradually increase their academic workload on an “as tolerated” basis. It is important for students to focus primarily on their academics throughout the return-to-play process. The general course for return to learn will follow this basic sequence:

- Stage 1 – Cognitive Rest – No electronics, reading, or homework
- Stage 2 – Dosed Homework – Dosed Homework (5-15 min. interval work, increase to 25-30 min. intervals)
- Stage 3 – Partial School Day – Increase from 1-2 periods to half day as tolerated
- Stage 4 – Full School Day with Academic Supports
- Stage 5 – Full School Day without Academic Supports
- Stage 6 – Full classroom participation, cleared of academic supports, begin making up all work

It is important to note that students do not need to begin in Stage 1 of the return-to-learn protocol. Students will begin at the highest stage that they can tolerate. Upon reaching Stage 6, students will be granted a specified period of time to complete any missing assignments resulting from their concussion diagnosis.

**EVOLUTION & FUTURE CONSIDERATIONS** *(Policy last updated: October 2019)*

This policy as well as the issue of sports concussion management is continually evolving and will be updated in accordance with the best, evidence-based guidelines and standards.

**LIABILITY PROVISIONS**

The student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student-athlete understands this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
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;
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.

**By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Eanes ISD return-to-play and return-to-learn protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.**

Student’s Name: (print) \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s or Guardian’s Name: (print) \_\_\_\_\_

Parent’s or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Eanes ISD Concussion Academic Support Form

Teachers, \_\_\_\_\_ has suffered a concussion. Please allow for the following checked items of support to ensure the academic success and healing of this student.

This protocol is being managed by a Westlake High School Athletic Trainer: \_\_\_\_\_

### Classroom Supports

<input type="checkbox"/>	Rest
<input type="checkbox"/>	Minimize Multitasking
<input type="checkbox"/>	Minimize Computer use
<input type="checkbox"/>	Written Instructions for homework as needed
<input type="checkbox"/>	Printed Classroom notes as needed
<input type="checkbox"/>	Present and repeat new information slowly
<input type="checkbox"/>	Allow to wear sunglasses
<input type="checkbox"/>	Allow rest time/Put head on desk
<input type="checkbox"/>	Allow student to visit Athletic Trainer/Nurse if symptoms worsen
<input type="checkbox"/>	Share progress and difficulties with Athletic Trainer

### Assignments

<input type="checkbox"/>	Extended time to complete assignments if needed
<input type="checkbox"/>	Minimize sustained reading
<input type="checkbox"/>	Reduce homework to tolerated levels

### Testing

<input type="checkbox"/>	Extended time to make up homework
<input type="checkbox"/>	May attempt Testing/Quizzes at this time
<input type="checkbox"/>	No Standardized testing, tests, or quizzes

### Other

<input type="checkbox"/>	Allow student to leave class 2-3 minutes before bell
<input type="checkbox"/>	Leave Class to ATR or Nurse if noise becomes bothersome
<input type="checkbox"/>	No Electronics (ipad, phone, computer, TV)

### Attendance

<input type="checkbox"/>	Sent home by Athletic Trainer
<input type="checkbox"/>	Doctor ordered half days
<input type="checkbox"/>	Doctor ordered No School

### Return to Learn Progress (Current stage highlighted in red)

- \*Stage 1: Cognitive Rest (No electronics, reading, or homework)
  - \*Stage 2: Dosed Homework (5-15 min. interval work, make sure symp. recover ; Increase to 25-30 minutes)
  - \*Stage 3: Partial School day: 1-2 periods, increasing to half day with academic supports above
  - \*Stage 4: Full school days with academic support
  - \*Stage 5: Full school day without academic support (after this is completed they are cleared of academic support)
  - Stage 6: Cleared of academic support, full classroom participation, begin making up all work
- \*Students may still need flexibility with deadlines for stages 1-5

Protocol Begin Date:

Support last Updated:

Protocol End Date:

Physician Signature \_\_\_\_\_

**(Please Check the release or follow up box below)**

Student is released to RN or AT care

Student must follow up  Date of follow up:



# Concussion Management Protocol Return to Play Form

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

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## **Designated school district official verifies:**

*Please Check*

- The student has been evaluated 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 school district 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.

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

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## **Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:**

*Please Check*

- 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 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.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*

<b>Name:</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>
<b>Sport:</b>									
<b>Grade:</b>									
<b>Migraine/Physical Symptoms</b>									
Headache									
Nausea									
Vomiting									
Balance Problems									
Dizziness									
Sensitivity to light									
Sensitivity to noise									
Numbness or tingling									
Visual Problems									
<b>Score:</b>									
<b>Cognitive</b>									
Fatigue									
Drowsiness									
Feeling slowed down									
Feeling mentally foggy									
Difficulty concentrating									
Difficulty remembering									
<b>Score:</b>									
<b>Sleep</b>									
Trouble falling asleep									
Sleeping more than usual									
Sleeping less than usual									
<b>Score:</b>									
<b>Neuropsychiatric</b>									
Irritability									
Sadness									
Nervousness									
Feeling more emotional									
<b>Score:</b>									
<b>Symptom Score:</b>									

<b>Name:</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>	<b>Date/Time</b>
<b>Sport:</b>									
<b>Grade:</b>									
<b>Migraine/Physical Symptoms</b>									
Headache									
Nausea									
Vomiting									
Balance Problems									
Dizziness									
Sensitivity to light									
Sensitivity to noise									
Numbness or tingling									
Visual Problems									
<b>Score:</b>									
<b>Cognitive</b>									
Fatigue									
Drowsiness									
Feeling slowed down									
Feeling mentally foggy									
Difficulty concentrating									
Difficulty remembering									
<b>Score:</b>									
<b>Sleep</b>									
Trouble falling asleep									
Sleeping more than usual									
Sleeping less than usual									
<b>Score:</b>									
<b>Neuropsychiatric</b>									
Irritability									
Sadness									
Nervousness									
Feeling more emotional									
<b>Score:</b>									
<b>Symptom Score:</b>									

Post Concussion Symptom Scale