

# RSU 5 Student Athletic Incident Report

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

School/Location: \_\_\_\_\_ Coach: \_\_\_\_\_ Sport: \_\_\_\_\_

<b><u>Nature of Injury:</u></b>	
Abrasion/Skin	Puncture
Bone/Joint	Sprain
Breathing	Strain
Bump/Bruise	
Cut/Laceration	
Foreign Body	
Head Injury: Level of Consciousness _____	
How/Other: _____	

<b><u>Part of Body Injured:</u></b>	
Head/Face	L/R Ear
Abdomen	R/L Eye
Chest/Rib	R/L Arm/Elbow
Nose	R/L Shoulder
Mouth	R/L Knee
Teeth	R/L Hip
Back/Neck	R/L Foot/Ankle
Other: _____	

<b><u>First Aid Administered:</u></b>
Evaluated/Treated by Athletic Trainer _____
Ice _____
Compression _____
Wound Care _____
Fluids Administered _____
Elevation _____
Other: _____

<b><u>Disposition/Determination:</u></b>
Removal from Play _____
Returned to play _____
Called 911 _____
Transported by Ambulance _____
Accompanied by: _____
Left Game/Practice with Parent _____
Referred to Physician _____
Other: _____

Parent/Guardian Notified: YES NO      Name of Parent/Guardian: \_\_\_\_\_

Name of Person Notifying: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Trainer/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy Sent To:**

- \_\_\_\_ Athletic Trainer
- \_\_\_\_ School Nurse
- \_\_\_\_ Athletic Director
- \_\_\_\_ Superintendent's Office

If a concussion is suspected:  
 the Concussion Management Protocol and  
 The Return-To-Play Progressions must be  
 activated, implemented, and followed.

## RSU 5 Student Athletic Incident Report INJURY & RETURN TO PLAY PROTOCOL

If a student-athlete is injured during a game or practice and is taken to see a doctor (physician or physical therapist), a note from the doctor approving the student's return to play must be provided to the school. The note should be directed to the athletic director, coach, or athletic trainer. Return to play will be granted when the athlete completes the following guidelines as determined by the certified athletic trainer and/or team physician:

The athlete has regained range of motion to within normal limits, no outstanding neurological deficits are noted, movement has been regained, and he/she has successfully completed a series of functional tests and strength measures. These requirements are to be determined by the certified athletic trainer and/or the team physician.

The athlete must demonstrate that all appropriate medical protective and/or prophylactic equipment/devices are easily accessible during activity before being cleared. The athlete must seek a follow-up with the certified athletic trainer before returning to play. Full return to play will only be allowed after the athlete has successfully participated in a modified practice, to be followed by a full practice.

### CONCUSSION MANAGEMENT PROTOCOL

Athletes participating in contact and collision sports will be administered a baseline neurocognitive exam. At this time, Freeport High School will be utilizing ImPACT™ for both baseline testing and as a post-concussive tool for return to play. Any athlete suspected of sustaining a concussion will not return to play that day. Parents of any athlete suspected of sustaining a concussion will be notified by attending athletic trainer or coach.

Any athlete suspected of sustaining a concussion will be referred to a physician, preferably an ImPACT™ familiar physician. Once asymptomatic and neurocognitive scores return to normal, the athlete will begin a graduated return-to-play protocol. The athlete must be cleared by physician for return to full athletic participation.

### RETURN-TO-PLAY ACTIVITY PROGRESSION RECOMMENDED ACTIVITY LEVEL FOR EACH STAGE

Generally, each stage should take 24 hours; so an injured athlete will take approximately one week to proceed through the full rehabilitation protocol, assuming that the athlete remains asymptomatic at rest and with provocative exercise.

#### **STAGE**

1. No activity
2. Low levels of aerobic physical activity provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes)
3. Moderate physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate intensity stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes)
4. Heavy, non-contact physical activity provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sport-specific drills, agility training, plyometrics, and repetitive jumping drills for 45-60 minutes)
5. Full contact in controlled practice or scrimmage; game simulation
6. Full contact in game play

\*If symptoms are provoked at any given stage, stop exercising that day, rest for 24 hours, and attempt a return at the same level.