



**KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION
RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD
INJURY PREVENTION ACT AND IMPLEMENTATION OF THE NATIONAL FEDERATION
SPORTS PLAYING RULES RELATED TO CONCUSSIONS**

The following language appears in all National Federation sports' rules books:

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The Kansas Legislature has enacted the School Sports Head Injury Prevention Act (hereinafter the “Kansas Act”) effective July 1, 2011:

Sec. 72-135. (a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) “School” means any public or accredited private high school, middle school or junior high school.

(2) “Health care provider” means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete’s parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the healthcare provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.

The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:

1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) an urgent referral to a health care provider should be arranged (if not already onsite). The student may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student **should not** be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
2. *What are the “signs, symptoms, or behaviors consistent with a concussion”?* The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Cannot recall events prior to hit • Cannot recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

These lists may not be exhaustive

3. What is a “*Health Care Provider*”? The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
4. The first step to concussion recovery is cognitive rest. Students may need their academic workload modified or even be completely removed from the classroom setting while they are initially recovering from a concussion as they may struggle with concentration, memory, and organization. Students should also limit the use of electronic devices (computers, tablets, video games, texting, etc.) and loud noises, as these can also impair the brain’s recovery process. Trying to meet academic requirements too early after sustaining a concussion may exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

5. Return to Play or Practice Clearance Requirements:
 - A. The clearance must be in writing and signed by a health care provider.
 - B. The National Federation and the KSHSAA recommend the clearance should not be issued on the same day the athlete was removed from play.
 - C. The National Federation and the KSHSAA recommend that a student who has been removed from a practice or competition because the student suffered, or was suspected of suffering, a concussion or head injury **should complete a graduated return to play protocol following medical clearance before returning to unrestricted practice or competition.** In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below **following medical clearance**:

Step 1: Symptom-limited activity – daily activities that do not provoke symptoms.

Step 2: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

Step 3: Sport-specific exercise – running or skating drills. No head impact activities. No helmet or other equipment.

Step 4: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Step 5: Full contact practice or training.

Step 6: Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

This is simply a suggested protocol. The appropriate health care provider who issues the written clearance may wish to establish a different graduated protocol.

6. Parents and students **ARE REQUIRED** to complete a Concussion & Head Injury Information Release Form and turn it into their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition.

The KSHSAA Sports Medicine Advisory Committee continually reviews current sports related concussion research and information and makes updates to these guidelines as appropriate.

REFERENCES

McCroly P, Meeuwisse WH, Dvorak J, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017;51(11):838-847.

National Federation of State High School Associations Sports Medicine Advisory Committee. Suggested guidelines for management of concussion in sports. April 2017.

SHAWNEE MISSION SCHOOL DISTRICT
CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM
2024-2025

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech 	<ul style="list-style-type: none"> • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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 student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/index.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-Athlete Printed Name

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date