CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Physician Letter to School

To Whom It May Concern:

Student Name: _____ DOB: _____

INJURY STATUS

Date of Concussion Diagnosis by MD/DO: _____

Date of Injury: _____

__ Has been diagnosed by a MD/DO with a concussion and is currently under our care.
Medical follow-up evaluation is scheduled for *(date)*: _____

__ Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

ACADEMIC ACTIVITY STATUS *(Please mark all that apply)*

__ **This student is not to return to school.**

__ This student may begin to return to school based on graduated progression through the ***CIF Concussion Return to Learn Protocol.***

__ This student requires the necessary school accommodations set forth on the ***Physician (MD/DO) Recommended School Accommodations Following Concussion*** form.

__ This student may be released to full academic participation.

Comments: _____

PHYSICAL ACTIVITY STATUS *(Please mark all that apply)*

__ **This student is not to participate in physical activity of any kind.**

__ This student is not to participate in recess or other physical activities except for untimed, voluntary walking.

__ This student may begin a graduated return to play progression (see ***CIF Concussion RTP Protocol*** form).

__ This student has medical clearance for unrestricted athletic participation (Has completed the ***CIF Concussion RTP Protocol***).

Comments: _____

Physician *(MD/DO)* **Signature**: _____ **Exam Date**: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____ **Date**: _____

Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: _____ Date: _____

I, _____, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date of Injury: _____ Date of Concussion Dx: _____

Physician Name/Signature: _____ Exam Date: _____

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional support are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. *Accommodations can be modified as the student's symptoms improve/worsen.*

Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/ Clarifications
Attendance	☐ No School ☐ Partial School day as tolerated by student – emphasis on core subject work *Encouraged Classes:* _____ *Discouraged Classes:* _____ ☐ Full School day as tolerated by student ☐ Water bottle in class/snack every 3-4 hours	
Breaks	☐ If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home ☐ *Mandatory Breaks:* _____ ☐ Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	☐ Enlarged print (18 font) copies of textbook material / assignments ☐ Pre-printed notes (18 font) or note taker for class material ☐ Limited computer, TV screen, bright screen use ☐ Allow handwritten assignments (as opposed to typed on a computer) ☐ Allow student to wear brimmed hat in school; seat student away from windows and bright lights ☐ Reduce brightness on monitors/screens ☐ Change classroom seating to front of room as necessary	
Auditory Stimulus	☐ Avoid loud classroom activities ☐ Lunch in a quiet place with a friend ☐ Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) ☐ Allow student to wear earplugs as needed ☐ Allow class transitions before the bell	
School Work	☐ Simplify tasks (i.e. 3 step instructions) ☐ Short breaks (5 minutes) between tasks ☐ Reduce overall amount of in-class work ☐ Prorate workload (only core or important tasks) /eliminate non-essential work ☐ No homework ☐ Reduce amount of nightly homework *_____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes* ☐ Will attempt homework, but will stop if symptoms occur ☐ Extra tutoring/assistance requested ☐ May begin make-up of essential work	
Testing	☐ No Testing ☐ Additional time for testing/ untimed testing ☐ Alternative Testing methods: oral delivery of questions, oral response or scribe ☐ No more than one test a day ☐ No Standardized Testing	
Educational Plan	☐ Student is in need of a formal site-based academic support plan	
Physical Activity	☐ No physical exertion/athletics/gym/recess ☐ Untimed walking in PE class/recess only ☐ May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	• Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes *(min)* of brisk walking or stationary biking • **Must be performed under direct supervision by designated individual**	• Increase heart rate to ≤ 50% of perceived maximum *(max)* exertion (e.g.,< 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity *(Light resistance training)*	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total	• Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity *(Moderate resistance training)*	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight	• Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills *(No restrictions for weightlifting)*	• Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat	• Add total body movement • Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. *You must be symptom-free prior to beginning Stage III.*				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice *(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)*				
	IV	Return to play (competition)	• Normal game play (competitive event)	• Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Injury** _____ **Date of Concussion Diagnosis:** _____