

West Irondequoit CSD Concussion Information Sheet for Athletes

Concussion – a reaction by the brain that changes the way the brain normally works. A bump, blow, jolt, or other force to the head or body that causes rapid movement of the head and brain. This rapid movement of the head causes the brain to move back and forth, twist, or bounce within the skull. A concussion results from the rapid movement of the brain.

Symptoms

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time. However, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults take to recover.

Symptoms include, but are not limited to, the following:

- Decreases or absent memory of events prior to or immediately after the injury, or difficulty retaining new information.
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness, or other changes in personality
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

RED FLAG SIGNS AND SYMPTOMS

Athletes who develop any of the following signs (or if previously observed signs and symptoms worsen) should immediately be taken to the nearest hospital emergency room.

- Headache that worsens
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in the arms or legs, facial drooping
- Unsteady gate
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for a skull fracture: blood draining from ear or clear fluid from the nose

Following a Concussion

It is crucial that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports). The student must remain out of these activities until evaluated and cleared to return to activity by a physician.

It is important that your student athlete:

1. Avoid prescription or non-prescription drugs without medical supervision; no sleeping tablets, aspirin, and anti-inflammatory medications unless directly by the athletes doctor.
2. The athlete must see their primary care physician. New York State does require a clearance note from a physician (MD or DO) to start the return to play protocol. Emergency Department and Urgent Care notes will not be accepted.
3. The athlete will check in every day with their nurse and with the athletic trainer to report any symptoms.
4. During this time the athlete needs to follow the guidelines for rest found on the back of this sheet.
5. We will follow the providers orders on return to play, in some cases this will require 24 hours symptom free before starting the return to play protocol.

***If the athlete obtains a note from their doctor stating that they have no concussion and may return to regular activities, the athlete still must go through the school's return to play protocol.**

West Irondequoit Concussion Management Team

- Athletic Director
- School Physician
- Athletic Trainer
- IHS School Nurse
- Dake School Nurse
- Physical Education Teacher
- School Counselor

Relative Rest

Following a concussion, it is important for the athlete to rest from physical and cognitive activities. It is encouraged to return to activities of daily living provided symptoms are no more than mild and briefly increased.

Cognitive Activities –

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Taking a test or multiple significant projects
- Loud music
- Bright lights

Physical Activities –

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

The athlete is excused from gym until they have completed the return to play. The athlete may have make up assignments, but these will not be given until the athlete has completed the return to play.

What is the Impact Test?

The Impact Test is a computerized neurocognitive tool. We utilize this tool at West Irondequoit when assessing an athlete after a concussion. This test helps us determine if an athlete is ready to return to play from a neurocognitive aspect. This test is meant to be used as one of many tools in concussion management.

Other Resources

- New York State Education Department
<https://www.p12.nysed.gov/sss/documents/concussion-management-guidelines.pdf>
- New York State Department of Health
https://www.health.ny.gov/prevention/injury_prevention/concussion.htm
- New York State High School Athletic Association
<https://nysphsaa.org/sports/2021/6/8/safety.aspx>
- Center for Disease Control and Prevention
<https://www.cdc.gov/headsup/index.html>
- New York State Athletic Trainers Association
<https://www.gonysata2.org/concussion-management>

Return to Play

We will follow the return to play protocol directed by the athlete's physician. In some cases, the athlete may be directed to wait until they are 24-hour symptom free before starting the return to play progression.

- Phase 1- Symptom Limited Activity. The athlete will participate in daily work and/or school activities that do not provoke symptoms.
- Phase 2 –Aerobic Exercise. The athlete will ride the stationary bike under the supervision of the athletic trainer. Step 2A and 2B may be completed in the same day.
 - 2A- Light Aerobic Exercise
 - 2B- Moderate Aerobic Exercise
- Phase 3 – Sports Specific Exercise – The athlete will complete exercise specific to their sports away from the team environment.

***The Athlete must be 24-hour sign and symptom free and receive MD clearance before progressing to step 4-6. ***

- Phase 4 – Non-Contact Practice. The athlete will complete a full practice, with the exception of any contact activities.
- Phase 5 – Full-Contact Practice. The athlete will complete a normal full practice with no limitations.
- Clearance from School Medical Director – The school's own physician must clear the athlete before the athlete can fully return to play. The athletic trainer will coordinate on a case-by-case basis.
- Phase 6 – Return to Play. Once the athlete has successfully completed the return to play progression symptom free and has been cleared by the school physician, the athlete can fully return to play. At this time, the athlete can return to competitions.

The above steps do not have to be completed on consecutive days. For example, if the athlete completes phase 1 on Friday, phase 2 can be completed on Monday. Phases cannot be combined into one day. Each phase must be its own day, separated by approximately 24 hours minimum.

The total amount of time before an athlete will fully return to play varies. How long the athlete is experiencing symptoms, if the return to play phases are completed on consecutive days, and if symptoms reoccur during the return to play phases are a few factors that affect the time it takes to fully return to play.