

Fort Worth ISD Concussion Management

Step-by-Step

STEP 1

Injury occurs and, if school related, the appropriate on-site management process is implemented. The parent/guardian contacts the athletic trainer(s) at the high school ASAP for further instructions (middle school athletes contact the high school that is responsible for supervising your middle school). Follow the information provided on “Concussion Information for Athletes and Parent/Guardian”. A follow up time will be set up to be evaluated by the high school athletic trainer(s) and to review the FWISD Concussion Management Plan.

STEP 2

Meet with the athletic trainer(s) to have the athlete evaluated and discuss next appropriate action steps. If the student athlete has been to the emergency department or a doctor prior to this meeting, any paperwork from providers should be given to athletic training staff. A clearance will not supersede the state law governing concussions and the completion of the RTS strategy (HB 2038 – Natasha’s Law).

The following forms and documents will be utilized and references in this step:

- Daily symptom checklist
- Concussion Management Step-by-Step
- Referral information for concussion physician(s)
- FWISD student insurance claim form

STEP 3

The student athlete will work with the athletic trainer to monitor symptoms and gradually reintroduce them to work/school activities. Accommodations and appropriate injury information will be sent to school nurse, classroom teachers, counselors, coaches, and school administrator. Stage 1 of the RTS strategy may begin prior to physician evaluation/clearance, after initial improvement in concussion symptoms.

Stage 1 – return to daily activities that do not exacerbate symptoms (i.e. light walking, gradual reintroduction of school/work/cognitive demands).

***Athlete must be cleared by treating physician in order to move into step 4 – return to sport strategy.**

STEP 4

Once cleared by treating physician, the athlete completes the Graduated Return to Sport Strategy (RTS) under supervision of the athletic trainer(s):

Stage 2 – Aerobic exercise

2a- 10 minutes of light aerobic exercise (i.e. stationary bike or walking)

2b- 15-20 minutes of moderate aerobic exercise (i.e. alt. walk/jog pattern, light jog)

Stage 3 – Individual sport-specific exercise (running, change of direction, individual drills apart from team)

Prior to beginning stage 4, athlete must be symptom free and returned to pre-injury cognitive function (CVS testing)

Stage 4 – Non-contact training drills (high intensity exercise, multiplayer training, challenging drills with team)

Stage 5 – Full contact practice

Only one stage of the RTS may be completed each day. Mild and brief exacerbation of symptoms (≤ 2 points overall) will be tolerated in stages 1-3. Symptom exacerbation > 2 points will necessitate ceasing exercise and attempting the current stage the following day. Recurrence of symptoms in stages 4-5 will necessitate returning to stage 3 until full resolution is achieved.

STEP 5

After completion of Stage 5, the “UIL Concussion Management Return to Play Form” will be sent home and must be returned to the pyramid athletic trainer(s) prior to resuming competition/game play.