



Sweet Home Central School District Head Injury Information

What is a Head Injury?

A **Head Injury** is an injury to the brain caused by a direct or an indirect blow to the head.

- It results in your brain not working, as it should.
- It may or may not cause you to lose consciousness.
- It can happen from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have (my child) has a Head Injury?

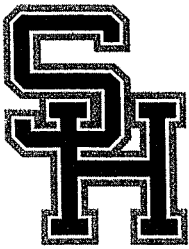
There are many signs and symptoms that a student-athlete may have following a Head Injury. A Head Injury can affect your thinking, the way your body feels, your mood, or your sleep.

Here is what to look for:

Thinking/Remembering	Physical	Emotions/Mood	Sleep
<ul style="list-style-type: none">• Confusion• Unable to quickly answer simple questions• Concentration or focusing problems	<ul style="list-style-type: none">• Headache• Balance difficulties• Dizziness• Vomiting/Nausea• Sensitivity to light and/or sound	<ul style="list-style-type: none">• Irritability• Sadness• Changes in personality or uncharacteristic actions	<ul style="list-style-type: none">• Sleeping more or less than usual

If a student-athlete has any of these signs/symptoms listed above, you should tell your coach, certified athletic trainer, school nurse, or Health Care Provider so they can get you the help you need.

**If at any time, head injury symptoms worsen,
contact your Health Care Provider.
You should not have any symptoms at rest
or during/after activity when you return to play,
as this is a sign that your brain has not recovered from the injury.**



Sweet Home Central School District Head Injury Management

Sweet Home Central School District will manage all students with head injuries in accordance with the Berlin Consensus Statement on Concussion in sport 5Th International Conference. This policy is in compliance with the National Federation of State High School Associations.

When a student has been removed from a practice or game and/or has any head injury symptoms they must be cleared by a Health Care Provider in order to return to sport participation.

What can I look for during the recovery process?

Symptoms may persist, but should start to improve.

Contact your Health Care Provider [HCP] if you have any questions or concerns, or if your son/daughter experiences:

- Worsening of symptoms.
- Difficulties in school: difficulty concentrating, slipping grades.

How can my son/daughter get better?

While symptoms persist, the athlete should rest both physically and cognitively. Activities that require attention and concentration such as working on a computer and playing video games may delay recovery. Monitor activities that require concentration and only participate when asymptomatic (symptom free).

When can my son/daughter return to sports?

Once the athlete has medical clearance from a Health Care Provider, the athlete will begin the Return to Play Protocol, and may resume physical education activities and sports participation once cleared by our Medical Director or delegate.

The **Return To Play Protocol** is as follows:

- Phase 1:** Symptom-limited activity: daily activities that do not provoke symptoms
- Phase 2:** Light aerobic exercise: walking or stationary cycling at slow to medium pace
- Phase 3:** Sport specific exercise: skating drills, running drills, no head impact activities
- Phase 4:** Non-contact training drills: progress to harder training drills; may start progressive resistance training.
- Phase 5:** Full contact practice: following medical clearance, may participate in normal training activities
- Phase 6:** Return to sport; normal game play.

As recommended by the New York State Public High School Association (NYSPHAA), the athlete who sustains a head injury must complete all six phases of the Return To Play Protocol in order to return to play. An athlete may progress to the next phase of the protocol provided he or she stays asymptomatic. If symptoms return, the athlete must stop activity. The athlete will return to the previous phase of the protocol. The athlete only advances or progresses to complete the next phase if he or she is asymptomatic for 24 hours.



Sweet Home Central School District
Student-Athlete & Parent/Guardian Head Injury Statement

*[This form must be completed by each student-athlete,
 even if there are multiple student-athletes in a household.]*

Student-Athlete Name: _____ **Sport** _____

Please check box to acknowledge that both student-athlete and parent have read the following.

We have read the attached Student-Athlete & Parent/Guardian information sheets listed below:

- Head Injury Information Sheet
- Head Injury Management Sheet

After reading the attached information sheets, each student-athlete and parent must initial the sections below to indicate that they are aware of the following head injury statements:

Student Initials	Head Injury Statements	Parent Initials
	A head injury can affect the ability to perform everyday activities, such as the ability to think, balance, and perform in the classroom.	
	A head injury cannot be 'seen.' Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	Based on the latest data, most head injuries take days or weeks to get better. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	After a head injury, the brain needs time to heal. I understand that I am/my child is much more likely to have another head injury or more serious brain injury if return to play or practice occurs before head injury symptoms go away.	
	Sometimes, repeat head injuries can cause serious and long-lasting problems.	
	I will/my child will tell the coach, certified athletic trainer, school nurse, and/or a Health Care Provider if I have hit my head or am experiencing any head injury symptoms from any injury that has occurred at any time (during school-related activities or activities outside of school).	
	If I think a teammate may have a head injury, I should tell my coach, parent/legal guardian, school nurse, certified athletic trainer or a Health Care Provider about the injury.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any head injury-related symptoms.	N/A
	My child will need medical clearance from a Health Care Provider, complete Return To Play Protocol, and be cleared by Sweet Home's Medical Director or delegate in order to resume activities	

Please sign and return this statement to the student's coach before the student-athlete will be permitted to participate in practice or competition. Thank You.

Parent/Guardian Name: _____

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

Student-Athlete Signature: _____ **Date:** _____



Sweet Home Central School District Health Care Provider Evaluation of Head Injury

Name _____ Sport _____ Date _____

Symptoms Observed:

Retrograde Amnesia	Yes	No
Anterograde Amnesia	Yes	No
Neck Pain	Yes	No
Headache	Yes	No
Dizziness	Yes	No
Confused/Disoriented	Yes	No
Lightheaded	Yes	No
Blurry Vision	Yes	No
Nausea	Yes	No
Vomiting	Yes	No
Tinnitus	Yes	No
Tired	Yes	No
Agitated/Hostile	Yes	No
Rhomberg	+ --	

Sweet Home Central School District
Return to Play Protocol is as follows:

Phase 1: Symptom-limited activity: daily activities that do not provoke symptoms

Phase 2: Light aerobic exercise- walking or stationary bike.

Phase 3: Sport specific exercise- skating drills, running drills, no head impact activities

Phase 4: Non-contact training drills- progress to harder drills; may start progressive resistance training.

Phase 5: Full contact practice- following medical clearance, may participate in normal training activities

Phase 6: Return to sport- normal game play.

Did the athlete sustain a CONCUSSION?

- No** The athlete may return to physical education activities and sports.
- Yes** The athlete is asymptomatic and is ready to begin the **Return to Play Phase Check Protocol** monitored by our Athletic Trainer Marcy Gerlach. Once Return to Play Protocol is completed, reviewed and authorized by Sweet Home Central School District Medical Director or delegate, the athlete may return to physical education activities and sports.
- Yes** The athlete is still symptomatic and is NOT cleared to begin the Return to Play Protocol, and may NOT resume physical education activities or sports at this time.

* * * * *

Sweet Home Central School District [SHCSD] will follow approved guidelines from the American Academy of Pediatrics in accordance with the Berlin Consensus Statement on Concussion in Sport 5th International Conference.

As recommended by New York State Public High School Association (NYSPHAA), the athlete must have completed all six phases of the protocol in order to return to play. The athlete can progress to the next phase of the return to play protocol provided they stay asymptomatic. If symptoms return, the athlete must stop activity. They will return to the previous phase of the protocol after they are asymptomatic for 24 hours.

The SHCSD Medical Director has ultimate charge and final responsibility in clearing a student for physical activity/sports participation. The Medical Director remains the final authority and any memorandum does not negate this responsibility.

Health Care Provider Signature _____

Date _____

Print or Stamp Name _____

Phone _____



Sweet Home Central School District
**Head Injury Return to Play
Medical Director Authorization**

Student Name

Date of Birth

Date of Initial Injury

Date of Head Injury Return to Play Phase Check by Marcy Gerlach, Athletic Trainer:

____ **Phase 1:** Symptom-limited activity: daily activities that do not provoke symptoms

____ **Phase 2:** Light aerobic exercise: walking or stationary cycling at slow to medium pace

____ **Phase 3:** Sport specific exercise: skating drills, running drills, no head impact activities

____ **Phase 4:** Non-contact training drills: progress to harder training drills; may start progressive resistance training.

____ **Phase 5:** Full contact practice: following medical clearance, may participate in normal training activities

____ **Phase 6:** Return to sport: normal game play.

Marcy Gerlach, Athletic Trainer Signature

Date

_____ Date of Return to Play
--

Head Injury Return to Play Authorization Approved

Phase 6: Return to play: normal game play.

Phases 1-5 criteria met and student demonstrates ability to return to play.

Print Name

Medical Director Registered Nurse

Date

Signature



Baseline Concussion Testing for Athletes:

Baseline (impact) testing is no longer required as a routine concussion test for athletes. Due to the frequency of inconsistent tests across school age groups, it is not considered to provide an accurate baseline. Sweet Home Central School District (SHCSD) will follow approved guidelines from the American Academy of Pediatrics in accordance with the Berlin Consensus Statement on Concussion in Sport 5th International Conference.

A handwritten signature in black ink that reads "Robert Kaplan, MD". The signature is written in a cursive style with a large initial 'R' and a long, sweeping tail.

Dr. Robert Kaplan
Sweet Home C.S.D. Medical Director