

HEAD INJURY INFORMATION SHEET

Date:		
Dear Parent/Guardian,		
letter is to alert you to the possibility that such an injury. Symptoms may show up immediately listed below are seen in the athlete, then seek in	njury during practice, competition, or play that may an injury occurred. Below is a list of signs and sympt following the injury or in some cases several hours I mmediate medical attention. If you are unsure of a sourt oerror on the side of caution with any possible	oms that can occur after sustaining such ater. If any of these signs and symptoms sign or symptom, please do not hesitate
When do I need to seek medical attention	?	
*Headaches that significantly worsen	*Looks very drowsy/can't be awakened	*Neck pain
*Can't recognize people or places	*Repeated vomiting	*Seizures
*Increasing confusion or irritability	*Unusual behavioral change	*Focal neurologic signs
*Change in state of consciousness	*Weakness or numbness in arms/legs	*Slurred speech
*Blood or watery fluid from ears or nose	*Unequal or dilated pupils	*Asymmetry of the face
How can I help the athlete?		
< Rest. Please do not have the athlete	participate in ANY activities if signs or symptoms are	present. Sufficient sleep.
•	e excessive thinking or concentration (cognitive rest e: texting, computer usage, watching television, play	·
< Second-Impact Syndrome is a very se to fully recover prior to continued part	rious condition that can lead to severe consequence icipation in their sport.	es. To avoid it, we must allow the athleto
Return to Play/Return to Learn		
education course in which the student is enro Board and District's return-to-play and return-t your student's ability to return to play and ret receive from the School District regarding the	y in any interscholastic sports or participate in the led until the student has completed all requireme o-learn policies. This includes evaluation by a physic curn to learn. You should provide a copy of this less incident to the physician conducting the evaluation and return-to-learn policy can be found or the physician conduction to the physician conduction the evaluation and return-to-learn policy can be found or the physician conduction.	nts of the Argo Community High Schoolian of your choice, who must sign off or etter and any other documentation you tion for return-to-play/return-to-learn
If you have any questions, please contact me.		
Sincerely,		
, ATC	Phone Number:	

Dates of Concussion Policy Checklist Name	:	
Complete SCAT 3	Date	Athlete Subjective Report & Daily Monitoring
Injury Report Form		
Submit Log Entry		
Parent Contact & Handout Sent Home		
Email Concussion Oversight Team (COT)		
ImPact Test (After 24 Hours Symptom Free)		
Multiple ImPact Tests (If Necessary)		
Start Return to Play Policy		
Graded Return to Play Policy		
Step 1: Date: No Activity – Cognitive Rest (Recovery)		
Once 24 Hours Symptom Free, Progress to Step 2		
ATC:		
Step 2: Date: Light Aerobic Activity		
Walking, swimming or cycling [<70% of max HR] (Increase Heart Rate)		
ATC: Exercise:		
Step 3: Date: Sport-specific training + Aerobic Activity		
[NO Head Impact!!!] (Add movement)		
ATC: Exercise:		
Step 4: Date: Non-contact training drills		
More complex drills [start resistance training allowed] (coordination)		
ATC: Exercise:		
Step 5: Date: Full contact practice		
Following medical clearance (Restore confidence & assess function)		
ATC: Exercise:		
Step 6: Date: Full Clearance		
Finish Return to Play Policy		
Call Parents Final Time for Clearance		
Doctor Note: Cleared (Y/N) IHSA Post Concussion Consent Form Returned to ATC		

Initial Evaluation of a suspected concussion/Mild traumatic brain Injury, MTBI:

- If athlete is suspected of a concussion, the athletic trainer will perform an on-field concussion exam
 - o i.e. SCAT (standardized concussion assessment tool), SCAT2, or King-Devick Test
- If athlete shows signs/symptoms of a concussion the athlete will be removed from play immediately
 - Athletic trainer will notify the coach that the athlete has been removed from participation
 - Athlete will remain under the direct supervision of athletic trainer until a parent/guardian or a team doctor can be notified
 - It will be the athletic trainers' recommendation to have the athlete be referred for further medical treatment Athlete will complete a post-concussion computerized neurocognitive assessment within 24-48hrs of initial injury
- If athlete shows NO signs/symptoms of a concussion
 - Athletic trainer can return the athlete to play at his/her discretion

Return to learn policy:

Argo Athletic Training Staff has final decision in return to play policy and when athlete can return to competition even in the event of clearance from a medical doctor. Athletic trainer can say "No" to student athlete clearance if parent/M.D. say "Yes," but athletic trainer cannot say "Yes" to clearance if parent/M.D. say "No."

Acceptable Concussion Management Physicians

INCLUDE LIST OF DOCTORS FAMILIAR WITH CONCUSSION TREATMENT

Modifications not accommodations

- When an athlete returns from a doctor with a diagnosis of a concussion the following guidelines will be administered:
 - o Athletic trainer will recommend complete physical and cognitive rest.
 - No activities that increase heart rate Running, jumping, practices or games
 - No activities that increases brain activity Stay home from school, limit homework, limit video games and texting
 - Once athlete is 24 hours sign/symptom free, the athlete will take a post-concussion computerized neurocognitive assessment.
 - If athlete is within normal limits, athlete will continue to be progressed through a series of stages to return to play based off the International Conference on Concussion in Sport
 - If the athlete is not with in normal limits, athlete will return to both physical and cognitive rest.
 - After 3 failed computerized neurocognitive assessment, athlete will be advised for further medical attention
 - o 1st stage No Activity
 - Athlete will have symptoms limit their physical and cognitive rest
 - If athlete completes stage without any return of sign/symptom for 24 hours, move to next stage
 - o 2nd stage
 - Athlete will perform light aerobic exercise, consisting of walking, swimming or cycling on a stationary bike. No resistance training is allowed.
 - If symptoms return athlete is to stop immediately and return to previous stage the next day
 - If athlete completes stage without any return of sign/symptom for 24 hours, move to next stage
 - o 3rd stage
 - Athlete will perform sport specific drills, including running for soccer or swimming for water sports.
 - If symptoms return athlete is to stop immediately and return to previous stage the next day
 - If athlete completes stage without any return of sign/symptom, move to next stage
 - o 4th Stage
 - Athlete will perform Non-contact training drills, including passing (more complex decisions). Resistance training can begin.
 - If symptoms return athlete is to stop immediately and return to previous stage
 - If athlete completes stage without any return of sign/symptom, move to next stage

- o 5th stage
 - After medical clearance, athlete will be release back into full contact practice
 - If symptoms return athlete is to stop immediately and return to previous stage the next day
 - If athlete completes stage without any return of sign/symptom for 24 hours, move to next stage
- o 6th/final stage Athlete will return to normal play
- Students that participate in a High-Risk/High-Impact sport will be baseline tested using a computerized neurocognitive exam. Once an athlete has concussion like symptoms that athlete is then post-tested and the data will be compared. All other sports can still gain functional testing data by comparing their results to that of statistical norms that have been generated through the computerized neurocognitive exam.