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DISTRICT 155 CENTER FOR EDUCATION
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www.d155.org

Josh Nobilio, Assistant Superintendent, Human Resources

Community High School District 155
CONCUSSION MANAGEMENT PROCEDURES

District Concussion Oversight Team

Dr. Anthony Rizzo, MD	Mercy Health System Physician
Mr. Josh Nobilio	District 155 Assistant Superintendent – Human Resources
Mr. Dave Shutters	Crystal Lake Central High School Athletic Director
Mr. Ryan Ludwig	Cary-Grove High School Athletic Director
Mr. Jason Bott	Crystal Lake South High School Athletic Director
Mr. Chris Schremp	Prairie Ridge High School Athletic Director
Ms. Dannielle Koran	Mercy Health Athletic Training Supervisor
Ms. Rachel Keesey	District 155 Assistant Superintendent - Special Education and Student Services

Crystal Lake Central Oversight Team

Mr. Carson Sterchi	Principal
Mr. Dave Shutters	Athletic Director
Ms. Andrea Miculinich, RN	Nurse
Ms. Jessica Galla	Assistant Principal - Student Services
Ms. Shannan McNamara	Psychologist
Ms. Danielle Tebbe	Athletic Trainer

Cary-Grove Oversight Team

Ms. Rebecca Saffert	Principal
Mr. Ryan Ludwig	Athletic Director
Ms. Suzanne Blohm, RN	Nurse
Ms. Emily Schnake	Assistant Principal - Student Services
Ms. Ellen Lada	Psychologist
Ms. Cindy Hernandez	Athletic Trainer

Crystal Lake South Oversight Team

Ms. Kimberly Bromley	Principal
Mr. Jason Bott	Athletic Director
Ms. Colleen Wing, RN	Nurse
Ms. Anna Carroll	Assistant Principal - Student Services
Mr. Todd Evans	Psychologist
Ms. Erin Martin	Athletic Trainer

Prairie Ridge Oversight Team

Dr. Steve Koch	Principal
Mr. Chris Schremp	Athletic Director
Ms. Sarah Folkening, RN	Nurse
Mr. Matt Koll	Assistant Principal - Student Services
Ms. Christina Brown	Psychologist
Ms. Anna Naranjo	Athletic Trainer



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The following Community High School District 155 Concussion Evaluation and Management procedure is an outline for the recognition and treatment of suspected mild traumatic brain injury, or concussion. The procedure follows the National Athletic Trainers' Association position statement for managing sports concussions, as well as the Youth Sports Concussion Safety Act. The Certified Athletic Trainer (ATC) and members of the coaching staff should be familiar with proper procedures regarding management of a sports concussion.

According to the Mayo Clinic, a concussion is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination. Although concussions usually are caused by a blow to the head, they can also occur when the head and upper body are violently shaken. These injuries can cause a loss of consciousness, but most concussions do not. Because of this, some people have concussions and do not realize it. Concussions are common, particularly if you play a contact sport, such as football. Every concussion injures your brain to some extent. This injury needs time and rest to heal properly. Most concussions are mild, and people usually recover fully.

<https://www.mayoclinic.org/diseases-conditions/concussion/symptoms-causes/syc-20355594>

1. Preseason Planning and Concussion Education

Prior to participation, all student athletes and parents or guardians receive concussion education materials and sign a concussion awareness statement form acknowledging that both parent or guardian and student athlete have read and understand the information and that they understand their responsibility to report their injury and illness to the athletic trainer or coach, including signs and symptoms of concussion.

In the preseason, the student athlete is administered the ImPACT Baseline Concussion Test. Student athletes are required to establish a baseline prior to being eligible for competition. Parents/guardians can opt their child out of baseline testing by signing a waiver. This test is valid for two years.

2. Recognition

When a coach, nurse, official, parent, or student athlete observes a concussive mechanism, and a student athlete demonstrates signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems), they must immediately inform the coach and/or ATC of the suspected injury. The student athlete will be immediately removed from the game or practice. If the ATC is not on site, it is the responsibility of the highest member of the Sports Medicine team present to contact the ATC for further instruction. If at any time the student athlete loses consciousness, activate EMS. If at any time the student athlete's symptoms significantly increase, activate EMS.



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3. Evaluation

It is the ATC's primary objective to rule out cervical spine involvement and determine the severity of the head injury. If at any time the student athlete loses consciousness, activate EMS. If at any time the student athlete's symptoms significantly increase, activate EMS. The ATC will evaluate the integrity of the student athlete's cranial nerve function and cervical myotomes. Evaluate the student athlete using a validated concussion assessment tool that includes a post concussion symptom checklist. Once the evaluation is complete and assessment is made, the ATC will contact the parent/guardian of the student athlete to inform them of the situation and medical treatment options or home care instructions. The student will be sent home with/the parent will be provided with a copy of the Mercyhealth Concussion Protocol and a concussion education sheet.

4. Post-Injury/Follow-up Care

A student athlete who is thought to be concussed by the ATC must receive an evaluation and diagnosis from a physician. If the student was not diagnosed with a concussion, the concussion protocol does not apply and the student athlete must provide a doctor's note specifically stating they do not have a concussion. If the student is diagnosed with a concussion, the concussion protocol will be initiated. The high school athletic trainer may administer a post-injury impact test after a student athlete sustains a concussion. The student athletes baseline results will be compared to the post injury results and forwarded to the student athletes primary care physician to assist in overall return to play decisions and treatment plan.

After being diagnosed with a concussion by a physician, a physician must provide clearance to begin the step-wise protocol. 24 hours must lapse between each stage of the protocol. Prior to each stage, the student must check-in with the ATC to complete a Symptoms Checklist. Each stage must be directed by the ATC. After each stage, the student must check-in with the ATC to complete a Symptoms Checklist. The student is discouraged from repeating stages or completing additional workouts. Repeating stages or completing additional workouts will not advance the student through the protocol faster. 24 hours must lapse between each stage. If the onset of any post-concussion symptoms occurs at any point during the return to play process, the parents will be notified; the student must rest for 24 hours and resume the return to play protocol at the athletic trainers recommended Step. If symptoms arise again (a second failure), the clearing physician will be notified and the student will need physician clearance again before beginning the return to play protocol.

Youth Sports Concussion Safety Act

"SB007, effective August 3, 2015, mandates that the governing body of each public or charter school and the appropriate administrative officer of a private school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. The concussion oversight team must include to the extent practicable at least one physician.



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If the school employs an Athletic Trainer, or Nurse, they must be a member of the school concussion oversight team to the extent practicable. In addition, at a minimum, the school shall appoint a person who is responsible for implementing and complying with the Return-to-Play and Return-to-Learn protocols adopted by the concussion oversight team.

The Athlete may return to play when the following have been completed:

- Signed Parental Post Concussion Consent form to athletic trainer
- Written Clearance from a physician stating athlete is cleared to begin return to play/learn protocols
- Have completed both the Return-to-Learn and Return-to-Play programs

The Superintendent or the District's Designee shall be responsible for the compliance of the Return-to-Learn and Return-to-Play policies. In addition, the District's Designee may not coach any interscholastic sport."

Illinois High School Association Return to Play Policy

"House Bill 200, which recognizes the dangers associated with head injury and concussion, became effective on July 1, 2011. The legislation also requires IHSA member schools to adopt a policy regarding student-athlete concussions and head injuries that is in compliance with the protocols, policies, and bylaws of the IHSA. Information on the school's concussion and head injury policy must be a part of any agreement contract, code, or other written instrument [...]

A student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from participation or competition at that time.

A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury cannot return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.

If not cleared to return to that contest, a student athlete cannot return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois."

<https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>



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RETURN TO PLAY PROTOCOL

These are only recommendations for types of activities that fall into each category. Each individual case is unique and the athletic trainer should use discretion when returning an athlete to play.

	Light Aerobic	Sports Specific	Non-Contact Drills	Full Contact Drills	Return to Play
Baseball	Warm-ups only, thrower's ten	Warm ups, side pitching (no batter), moderate conditioning	Warm ups, conditioning, fielding practice (grounders, fly balls), on the side pitching	Full practice, live hitting, live pitching	Game
Basketball	Warm-ups and light conditioning	Light conditioning, stationary ball handling, form shooting	Conditioning, all shooting/passing drills, walk throughs, half court scrimmage	Full practice with full court scrimmage	Game Play
Football	Warm-ups, dynamic stretching, walk/light jog around field	Cone drills, bag drills, backpedaling, bounding, carioca, lateral shuffling, diagonal running, exploding out of stance	Conditioning, running routes (WR, TE, RB), chutes and blocking progressions (lineman)	Full practice; hitting drills, blocking drills, fumble recovery drills, live team practice	Normal Game Play



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Lacrosse	Warm-ups, dynamic stretching, walk/light jog.	Partner/Wall passing, Stationary Drills. Shooting exercises	Warm ups, conditioning Girls: All drills minus stimulated play drills, Shooting exercises Boys: Non-contact Drills, Shooting exercises .	Full practice, including all drills (boys can make contact) Shooting exercises.	Game
Soccer	Warm-ups, light conditioning, interval walk/job around field	Cone drills, footwork skills, ball dribbling drills, backpedaling, bounding, carioca, lateral shuffle, pivoting and cutting	Passing/shooting drills, light contact, half field scrimmage	Full practice with full field scrimmage	Game Play
Softball	Warm-ups, dynamic stretching, thrower's ten	Pitching/catching (no batter), base running (no sliding/tags), Soft toss	All conditioning, fielding, protected pitching	Full practice, live hitting/pitching, base running, slides and tags	Game Play
Swimming	Light dry land activity, warm-ups, dynamic stretching, walk/light job	Easy distance swims, no intervals. Kick sets. No starts or turns.	Warm up, sets with rest intervals, no race pace sets. Kick and pull sets. No starts or turns.	Full practice, including starts and turns. Include intervals/sets at race pace	Full Meet



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Tennis	Warm-ups, dynamic stretching, walk/light jog	Controlled volley, partner passing, serving	Warm up, volley/return, individual or partner drills, serving, single returns	Full practice, live serve and return game speed	Normal Match Play
Track	Warm-ups, dynamic stretching, interval jog/walk ~ 1 mile	Light resistance training ~50% 1 RM, long-slow distance run	Hurdle walk throughs, block starts, form jumping/throwing	Full practice and conditioning	Full Meet
Tumbling Sports	Warm-ups, dynamic stretching	Ground-based cheering, bounding, hurdles, cardio, core work, balance training	Pikes, toe touches, handstand, cartwheel, back handspring, tucks, round off	Full practice, tumbling, stunting, flying	Normal competition
Volleyball	Warm-ups only	Warm-ups, passing with a partner (no diving, controlled), moderate conditioning	Warm-ups, passing, conditioning, individual skill drills	Full practice, scrimmage, live drills	Game
Wrestling	Warm-ups and core work	Warm-ups and light resistance training ~50% 1 RM	All drills and conditioning, NO TAKEDOWNS	Full practice with takedowns	Full Meet



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Return to Learn

Step	Progression	Description/Accommodations
1	Stay Home Physical and Cognitive Rest	<ul style="list-style-type: none"> ● Minimal academic/mental activity ● Minimal homework, reading or TV ● No video games, computer, texting or loud music ● No driving ● Stay home ● Communication to teachers and concussion team
2	Stay Home Light Academic/Mental Activity	<ul style="list-style-type: none"> ● 30 minutes of light academic/mental activity at home (i.e. homework) ● Minimize screen time ● Frequent rest breaks ● No driving ● Stay home
Progress to Step 3 when able to handle 30 minutes of academic/mental activity with pacing breaks and no worsening of symptoms		
3	Back to School – part time with Maximum Accommodation: - Shortened days; build in breaks - Try to alternate morning and afternoon classes	<ul style="list-style-type: none"> ● 45 minutes of light academic/mental activity ● Provide quiet place for mental rest ● No tests, quizzes or standardized testing ● Eliminate non-essential assignments or classes ● Adjusted academics and accommodations as appropriate (see attached)
Progress to step 4 when able to handle 45 minutes of academic/mental activity with pacing breaks and no worsening of symptoms		
4	Back to School – part time with Moderate Accommodation: - Try to alternate morning and afternoon classes	<ul style="list-style-type: none"> ● 60 minutes of light academic/mental activity ● No tests, quizzes or standardized testing ● Eliminate non-essential assignments or classes

		<ul style="list-style-type: none"> Adjusted academics and accommodations as appropriate (see attached)
Progress to step 5 when able to handle 60+ minutes of academic/mental activity with pacing breaks and no worsening of symptoms		
5	Back to School – full time with Accommodations	<ul style="list-style-type: none"> Attends all classes (physical activity only as prescribed by doctor) No standardized testing Classroom testing OK Gradually increase length of time and difficulty of academic requirements as long as symptoms do not worsen Prioritize tests, assignments and projects May require more support in academically challenging subjects
Progress to step 6 when able to handle a full school day without worsening of symptoms		
6	Back to School – Full Time Full Academics – Typical academic load	<ul style="list-style-type: none"> Communication to teachers and concussion team Attends all classes Full homework and tests Develop a plan to complete missed academic work with an extended period of time to minimize stress

Possible Classroom Accommodations

The list below gives you some examples of possible academic strategies for concussed students returning to the classroom. Please note that the strategies utilized with each student will be individualized based on the student needs. Those needs and the corresponding strategies will be determined by the return to learn concussion team.

- Preferential seating
- Reduce distractions
- Allow breaks, as needed, especially with reading and screen time
- Shorten the school day
- Consider the time of day when a particular subject is taught
- Allow extra time for in class assignments and homework or grade completed work, and do not penalize for unfinished work



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- Modify length of an assignment
- Reduce homework assignments to the least amount possible to demonstrate mastery learning concept; eliminate “busy work”
- Issue a second set of books for home use
- Allow dictation for writing assignments
- Develop a cueing system for when the student is not paying attention
- Break down large projects and instructions into smaller parts
- Increase time for tests to allow for slower reading and processing
- Modify the amount of test questions
- Allow for a test reader/facilitator to provide support for strategy use
- Limit tests to one per day; work with student to reschedule test if needed
- Provide study guides
- Enlarge font on handouts/tests
- Tutoring
- Provide detailed class notes, a peer note taker, or powerpoint presentation to allow student to listen and not be consumed with note-taking during class
- Allow student to turn in hand written assignments rather than computer based
- Adjust 1:1 learning assignments to eliminate the use of a computer

References:

Lurie Children’s Hospital: Return to Learn after a Concussion: A Guide for Teachers and School Professionals

[Return to Learn after a Concussion: A Guide for Teachers and School Professionals](#)

National Athletic Trainers Positional Statement: Management of Sport Concussion:

<https://www.ihsa.org/documents/sportsMedicine/Concussion%20Protocols.pdf>

IHSA Concussion Protocols:

<https://www.ihsa.org/documents/sportsMedicine/Concussion%20Protocols.pdf>

Illinois General Assembly regarding student athletes and concussion and head injuries:

<https://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=91&GA=100&DocTypeId=SB&DocNum=1692&GAID=14&LegID=104528&SpecSess=&Session=>