

FREWSBURG CENTRAL SCHOOL DISTRICT

CONCUSSION MANAGEMENT PROCEDURE

COMMITTEE MEMBERS

Danielle Cook	District Superintendent
Tami McKotch	Director of Pupil/Personnel Services
Dr. Khan	School Physician
Sarah Olson	MS/HS Principal
Terry Gray	PE Instructor / Athletic Director
Deb Peterson	MS/HS Nurse
Jenna Walker-Moore	RHJ Elementary Nurse
Adam Loftus	Coach
Charlie Palmer	Athletic Trainer/Impact Administer

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Concussion Management Team

The district will assemble a Concussion Management Team (CMT). The district's CMT will be comprised of:

- High School Principal
- Elementary School Principal
- Athletic Director
- Coach
- School Nurse
- School Physician
- Athletic Trainer

The CMT will coordinate training for all administrators, teachers, coaches, parents, and students. Training is mandatory for all physical education teachers, coaches, assistant coaches, and volunteer coaches.

The CMT will develop the training and materials needed to educate all stakeholder groups.

The CMT will develop a testing schedule annually for Neurocognitive Testing.

The CMT will review the adherence and implementation of this plan. The CMT will review individual cases, including data and documentation to make recommendations for updates and revisions to the plan.

Concussion Education

The Committee recognizes that all students have the potential to sustain a concussion. Therefore, the following groups will receive training annually.

- Students (Primary, Intermediate, Middle School, High School)
- Parents of students participating in sports
- Athletic Director, Physical Education Teachers, Nurses, Coaches, Assistant Coaches, Volunteer Coaches
- Administrators, School Counselors
- Faculty and Staff working directly with students

Training on concussions will include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, school policy and procedures, and available resources for concussion management and treatment.

Information related to concussions will be present at the Mandatory Parent Meeting held in June of each year for participation in sports. The information will be available on the district's website and in the fall edition of the District Newsletter.

Concussion information including the definition, signs and symptoms, how such injuries may occur, and the guidelines for the return to school will be included in any permission form or parent consent form required for a student's participation in interscholastic sports and shall also include how to obtain such information from the department and the department of health website

Included in at least 2 practices, the coach of a contact sport will instruct athletes on ways in which concussion can be avoided.

Baseline Testing

The Impact Neurocognitive Test will be administered to all students in grades 7, 9, and 11. If a student is participating in a sport, their ImPact test must be completed prior to the beginning of the first practice. If a student has an Individual Education Program (IEP), accommodations may be provided as listed. Accommodations are not intended to give a student an unfair advantage, only to ensure that he/she understands the task at hand. No home based testing will be allowed.

Results will be utilized for two years. All testing information will be kept on file in the student's permanent health file.

All identified staff to administer The Impact Neurocognitive Test will complete the required training module prior to administering the assessment.

Post-Injury Testing

Any student believed to have sustained a concussion will be immediately removed from athletic activities. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that he or she has been injured until proven otherwise. Students are prohibited from returning to play the day the concussion is sustained.

A student with a concussion should be assessed by a medical provider within 24-72 hours of the injury. It is recommended the student see their own primary care provider. Post injury impact testing following day 4 of the return to play protocol. Results will be shared with the parent/guardian/physician.

No such pupil shall resume athletic activity until he or she shall have been symptom free for no less than 24 hours, and has been evaluated by and received written and signed authorization from a licensed physician. The district Chief Medical Officer will review all documentation and make the final determination for Return to Play. Such authorization will be kept on file in the student's permanent health file.

Once a student diagnosed with a concussion experiences lessening symptoms, they may start with light aerobic activity, as long as it does not worsen the symptoms. A licensed physician still will need to clear the student to begin graduated return to activities protocol. If the district has concerns or questions about the licensed physician's orders, the district medical director should contact that licensed physician to discuss and clarify. Additionally, the medical director has the final authority to clear students to participate in or return to extra-class physical activities in accordance with 8 NYCRR 135.4(c)(7)(i), (provided there are no other mitigating circumstances).

Day 1: Light aerobic activity
Day 2: Sport-specific activity
Day 3: Non-contact training drills
Day 4: Non-contact training drills*
Day 5: Full contact practice
Day 6: Return to play

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student will drop back to the previous asymptomatic level and progress again after a further 24 hour period of rest has passed.

Students may be required after Day 4 of the Return to Play Progression to complete post ImPact Testing as determined by the district's Chief Medical Officer. No students may participate in contact practice or a game until the student is symptom free and has authorization from the Chief Medical Officer.

Academic Support and Accommodations

Students recovering from concussion can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms such as headache and fatigue, which in turn can prolong recovery. Accordingly, academic accommodations should be available to the student recovering from concussion both to ensure academic progress and to set the conditions for optimal medical recovery. Academic stress and a sense that teachers or school staff do not understand the student's concussion-related problems can complicate recovery.

Ensuring adequate rest, avoiding overexertion and overstimulation, reducing risk of re-injury and providing academic accommodations are the essential components of a return to school plan after concussion. If concussion symptoms have resulted in a student unable to participate in academic activities for more than two weeks, the District will implement a temporary Section 504 plan utilizing the Return to Learn form located at the end of this plan.

Concussion Recovery Timeline

Stage	Description	Expected Duration	School's Action	Student's Action
I	<ul style="list-style-type: none"> • Complete rest 	2-6 days	<ul style="list-style-type: none"> • Contacted by school nurse • Explanation of injury and current plan of care 	<ul style="list-style-type: none"> • Out of school • Strict limits for use of computer, cell phone, texting, video games, etc.
II	<ul style="list-style-type: none"> • Significant deficits in processing and concentration • Cognitive activity as tolerated 	2-14 days	<ul style="list-style-type: none"> • Hold Educational Team Meeting and develop three categories for all assignments: <ol style="list-style-type: none"> 1.) Excused; Not to be made up 2.) Accountable; Responsible for content not process. May be notes or work shared by a classmate, or may be covered in a review sheet 3.) Responsible; must be completed by the student and will be graded. 	<ul style="list-style-type: none"> • In school as tolerated • When present, observing not participating. Get copies of notes, handouts, etc. • Communicate with teachers about progress/challenges • Be patient with slow recovery, just do your best • No physical/sports activity
III	<ul style="list-style-type: none"> • Gradual increase of time and energy, slowly resuming full workload 	3-7 days; Variable	<ul style="list-style-type: none"> • Prioritize assignments with student, both make-up work and new work • Continue to use lists with the three categories for assignments until all work is completed, and assist with setting a timeline for completion of assignments 	<ul style="list-style-type: none"> • In class/school full-time • Communicate with teachers on your progress with assignments • Communicate with teachers and parents on the pace of resuming a full workload and completing make-up work • No physical/sports activity (including PE class)
IV	<ul style="list-style-type: none"> • Complete resumption of normal activities 		<ul style="list-style-type: none"> • Monitor completion of assignments • Communicate with parents and staff as to when student is caught up with assignments and working at the same pace as his/her classmates • Communicate with Guidance Office as grades are updated 	<ul style="list-style-type: none"> • Resume all normal activities • Progress with coach – supervision resumption of participation in athletics • Assist with setting a timeline for completion of assignments

Return to Play Decisions

A student may return to play when a physician has reviewed the results of updated neurocognitive testing and has provided signed documentation that the student may return to the sport. Return to Play decisions are complex and will be based on the student's concussion history, severity of the injury, and results of neurocognitive testing. Final authorization will be given by the district's Chief Medical Officer in consultation with the Concussion Management Team. The district's Chief Medical Officer must make the final approval and clear the athlete to play.

The student will be symptom free and have completed the 6 Phase Post-Injury Progression prior to resuming full participation in a sport.

Frewsburg Central School District Concussion Return to Play (RTP) Protocol Clearance Form

Name: _____ **Sport:** _____ **Injury Date:** _____

PCP Clearance Date: _____ **School Medical Director Clearance Date:** _____

	<u>Shut-Down</u>	<u> </u> <u>Date Completed</u>	Full Cognitive and physical rest with signs and symptoms monitoring for at least 48 to 72 hours following injury Clearance by Primary Care Physician is needed before progressing to next step
1	<u>Symptom Limited Activity</u>	<u> </u> <u>Date Completed</u>	(30- 40 % MHR) - Complete 20 minutes of very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes No Resistance/Weight Training
2	<u>Light Intensity/ Aerobic Exercise</u>	<u> </u> <u>Date Completed</u>	(50-60% MHR)- 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training No Resistance/ Weight Training Notes -----
3	<u>Moderate Intensity/ Sport Specific Exercise</u>	<u> </u> <u>Date Completed</u>	(70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training Sport Individual Skills Drills No Head Impact Activities May begin resistance/ weight training (No overhead free weights)
4	<u>High Intensity/ Non -Contact Training Drills</u>	<u> </u> <u>Date Completed</u>	(70 -80% THR) - 30 minutes minimal of aerobic exercise, Aggressive sport specific non -contact activities Practice with teammates but NO CONTACT Progression of resistance/weight training Post -Injury Impact Test Complete
		<u> </u> <u>Date Completed</u>	School Medical Director Clearance Needed before progressing to the final step.
5	<u>Full Exertion/ Full Contact Practice</u>	<u> </u> <u>Date Completed</u>	(80 -90% THR) - Contact sport/position-specific training at THR of 80-90% with bouts of 90-100% Full Participation in contact practice Weight/Resistance Training w/o Limitations

Comments: _____

Athletic Trainer: _____ Date: _____

School Nurse: _____ Date: _____

SHUT DOWN

Name: _____ DOB _____

	<u>Shut-Down</u>	<u>Date Completed</u>	Full Cognitive and physical rest with signs and symptoms monitoring for at least 48 to 72 hours following injury Clearance by Primary Care Physician is needed before progressing to next step
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		Mild		Mod		Severe	
		1	2	3	4	5	6
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slow Down	0	1	2	3	4	5	6
Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

TOTALS:

Total Number of Symptoms
/24

Symptoms Severity Total
/144

Do Symptoms worsen with Physical Activity
YES/NO

Do Symptoms worsen with Mental Activity
YES/NO

Comments: _____

***Based on these and other clinical findings,
the following is recommended for this athlete***

- Progress to the Next Step of RTP
- Return to Asymptomatic Phase of RTP
- Physician Referred

Athletic Trainer: _____ Date: _____

DAY ONE:

Name: _____ DOB _____

1	<u>Initiation/ Symptom Limited Activity</u>	<u>Date Completed</u>	(30- 40 % MHR) - Complete 20 minutes of very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes No Resistance/Weight Training Notes:_____
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		Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slow Down	0	1	2	3	4	5	6
Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

TOTALS:

Total Number of Symptoms
/24

Symptoms Severity Total
/144

Do Symptoms worsen with Physical Activity
YES/NO

Do Symptoms worsen with Mental Activity
YES/NO

Comments:_____

**Based on these and other clinical findings,
the following is recommended for this
athlete**

- Progress to the Next Step of RTP
- Return to Asymptomatic Phase of RTP
 - Physician Referred

Athletic Trainer: _____ Date: _____

DAY TWO :

Name: _____ DOB _____

2	<u>Light Intensity/ Aerobic Exercise</u>	<u>Date Completed</u>	(50-60% MHR)- 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training No Resistance/ Weight Training Notes ----- -----
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		Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slow Down	0	1	2	3	4	5	6
Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

TOTALS:

Total Number of Symptoms
/24

Symptoms Severity Total
/144

Do Symptoms worsen with Physical Activity
YES/NO

Do Symptoms worsen with Mental Activity
YES/NO

Comments: _____

***Based on these and other clinical findings,
the following is recommended for this
athlete***

- Progress to the Next Step of RTP
- Return to Asymptomatic Phase of RTP
- Physician Referred

Athletic Trainer: _____ Date: _____

DAY THREE :

Name: _____ DOB: _____

3	<u>Moderate Intensity/ Sport Specific Exercise</u>	<u>Date Completed</u>	<p>(70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training</p> <p>Sport Individual Skills Drills</p> <p>No Head Impact Activities</p> <p>May begin resistance/ weight training (No overhead free weights)</p> <p>Note: -----</p>
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		Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slow Down	0	1	2	3	4	5	6
Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

TOTALS:

Total Number of Symptoms /24

Symptoms Severity Total /144

Do Symptoms worsen with Physical Activity YES/NO

Do Symptoms worsen with Mental Activity YES/NO

Comments: _____

- Based on these and other clinical findings, the following is recommended for this athlete**
- Progress to the Next Step of RTP
 - Return to Asymptomatic Phase of RTP
 - Physician Referred

Athletic Trainer: _____ Date: _____

DAY FOUR :

Name: _____ DOB _____

● **SCHOOL MEDICAL DIRECTOR CLEARANCE:** _____

5	<u>Full Exertion/ Full Contact Practice</u>	<u> </u> Date Completed	(80 -90% THR) - Contact sport/position-specific training at THR of 80-90% with bouts of 90-100% Full Participation in contact practice Weight/Resistance Training w/o Limitations Notes: _____
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		Mild		Mod		Severe		
Headache	0	1	2	3	4	5	6	<div style="text-align: center; font-weight: bold; font-size: 0.8em;"><u>TOTALS:</u></div> Total Number of Symptoms /24 Symptoms Severity Total /144 Do Symptoms worsen with Physical Activity YES/NO Do Symptoms worsen with Mental Activity YES/NO Comments: _____ _____ _____ _____ _____ _____ _____ _____
Pressure in Head	0	1	2	3	4	5	6	
Neck Pain	0	1	2	3	4	5	6	
Nausea/vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Visual Changes	0	1	2	3	4	5	6	
Unsteadiness	0	1	2	3	4	5	6	
Sensitivity to Light	0	1	2	3	4	5	6	
Sensitivity to Noise	0	1	2	3	4	5	6	
Feeling Slow Down	0	1	2	3	4	5	6	
Feel Like your in a fog	0	1	2	3	4	5	6	
Trouble Remembering	0	1	2	3	4	5	6	
Feeling Fatigue/tired	0	1	2	3	4	5	6	
Confusion	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
Trouble falling asleep	0	1	2	3	4	5	6	
Trouble Staying asleep	0	1	2	3	4	5	6	
Emotional	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Irritable	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Anxious	0	1	2	3	4	5	6	
Just don't feel right	0	1	2	3	4	5	6	
Just don't feel myself	0	1	2	3	4	5	6	

Based on these and other clinical findings, the following is recommended for this athlete

- Progress to the FULL CLEARANCE
- Return to Asymptomatic Phase of RTP
 - Physician Referred

Athletic Trainer: _____ Date: _____

Frewsburg Central School District: Concussion Return to Learn Guidelines

Student Name: _____ DOB: _____

	Attendance	Classroom	Testing & Quizzes	Homework & Make-up Work
Zone 1	<ul style="list-style-type: none"> No school for the first 24 hours 	<ul style="list-style-type: none"> No Classwork 	<ul style="list-style-type: none"> No Testing 	<ul style="list-style-type: none"> No homework or make-up work
Zone 2	<ul style="list-style-type: none"> Partial or Half school days Frequent breaks during the day May benefit from being able to go to the nurse's office for quite time No computer classes No recess No Physical Education Class (includes written work) No Music/band/chorus No Shop No lunch in the Cafeteria 	<ul style="list-style-type: none"> Preferential seating Can sit in class and listen No active participation No notetaking Pre-printed notes/peer note-taking Limited screen time in class No screen time in class Written and verbal instructions Blue, Light blocking glasses in class 	<ul style="list-style-type: none"> Customize make up plan for class work No Testing 	<ul style="list-style-type: none"> Minimum criteria to demonstrate knowledge Focus on essential assignment only No Homework No make-up work
	<ul style="list-style-type: none"> Full days of school Frequent breaks during the day May benefit from being able to go to the nurse's office for quite time No computer class No recess No Physical Education Class (includes written work) Music/band/chorus as tolerated Shop Class as tolerated Lunch in cafeteria as tolerated 	<ul style="list-style-type: none"> Participate in class as tolerated Listening and discussion ONLY Limited reading Noteaking as Tolerated Limited Screen time in class Tutor or 1 -on-1 instruction Blue,Light-blocking glasses in class 	<ul style="list-style-type: none"> No more than one test every other day (across all subjects) Customize testing schedule Only current topics on tests Extended time or multiple trials Quiet room for testing Modified test 	<ul style="list-style-type: none"> Focus on essential assignments Extra time for assignment Modified assignments Can do classwork at home
	<ul style="list-style-type: none"> Full days of school Occasional breaks during the day Computer class as tolerated Walking or non-impact activity in gym Walking or non-impact activity at recess 	<ul style="list-style-type: none"> Able to participate in class May take notes Screen Time as tolerated Reading as tolerated 	<ul style="list-style-type: none"> No more than 1 test or quiz per day (across all subject) Regular testing as tolerated 	<ul style="list-style-type: none"> Regular homework assignments Make-up work (essential assignments)
Zone 3	<ul style="list-style-type: none"> Full class schedule Return to Physical Education class when cleared by healthcare provider 	<ul style="list-style-type: none"> Participate fully in class (Note taking, reading,screen time) 	<ul style="list-style-type: none"> Normal testing/quiz schedule 	<ul style="list-style-type: none"> Regular homework assignments Make up work (all)

Physician's Signature: _____ **Date:** _____

Frewsburg Central School District:Concussion Return to Learn Guidelines

Student Name: _____ DOB: _____ Injury Date: _____

Frewsburg Central School District, will follow the concussion zone guidelines to help students, parents/guardians, teachers and schools staff with the back-to-school transition after a concussion. (adopted form from University of Rochester Sport Concussion Clinic)

About Concussions

A concussion is a traumatic brain injury induced by biomechanical forces. Several Common Features that may be unlisted in clinically defining the nature of a concussive head injury include the following: Concussion results in a range of clinical signs and symptoms that may or may not include loss of consciousness and could include the following: Headache, pressure in head, neck pain, nausea/vomiting, dizziness, unsteadiness, sensitivity to light and or noise, feeling slowed down, feeling like in a fog, difficulty concentrating, trouble remembering, feeling fatigue/tired, confusion, drowsiness, trouble falling asleep, trouble staying asleep, emotional, irritable, and not acting like themselves.

Concussion Zones:

The **ZONE** is a **student and parent/guardian directed guideline** based on the student's most significant cognitive or physical limitation, current functional capability, and reported symptoms. These zones are to assist educators in determining appropriate instructional modifications for students recovering from a concussion.

Zone 1 indicates the highest number of classroom limitations. As the student recovers, he/she will progress through Zone 2 where they will gradually increase the amount and types of activities they participate in. **In ZONE 2, students should do only the amount of work required to keep up with their classes.** They may begin making up school work when they reach Zone 3. Students should start by making up only essential assignments. Attempting to make up all missed work right away may cause symptoms to return.

In most cases, the student will show progress after a few days. If symptoms worsen, the student should revert to components of the previous zone. If the student requires longer than **2 weeks** to pass through any single zone, they should be re-evaluated by a medical professional.

Please Fill out back side for appropriate instructional modifications for students recovering from a concussion For additional information, please contact the following personnel:

P: 716-569-7075



Frewsburg High School Nurse

Deb Peterson RN

Dpeterson2@frewsburgcsd.org

P: 716-569-7034

Frewsburg Athletic
Trainer Charlie Palmer
ATCcpalmer@frewsburgcsd.org