



Concussion Protocol

District 128 strives to support students diagnosed with a concussion in accordance with medical professional recommendations and Illinois mandates. Please refer to this document and school specific interventions for guidance during a student's recovery.

- Not every head injury is a concussion. However, any head injury witnessed or reported to the school will be monitored by the certified athletic trainer and/or school nurse, and returned safely to learning and play using the district protocol as a guide.
- Characteristics of a concussion:
 - Symptoms may include but are not limited to: Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, vision issues, unusual changes in mood, fatigue, slower comprehension or processing, math and science computations may be more difficult
 - Recovery from a concussion is a very individualized process.
 - Symptoms may increase or appear with increased physical and cognitive activity
 - Recovery is not always linear, depending on how symptoms present from day to day.
- A student's best chance of full recovery from a concussion involves a proper balance of two critical components: **mental and physical rest**, and **participation in daily activities**.
- Cognitive rest continues to be an essential component in the resolution of concussion symptoms. However full or complete rest for adolescents should be limited to approximately 24-48 hours immediately following the injury.
- Gradual reintroduction of typical daily activities, including cognitive activities, should follow a sub symptom threshold approach (McCrory, et al. 2017). In other words, the student can participate in these activities, as long as symptoms do not increase during the activity. When symptoms increase, the student should stop and rest before resuming the activity.
 - Examples of cognitive activities: reading/studying/academics, driving, screen time (video games, cell phone, laptops, TV), loud and/or bright environments
 - Examples of physical activities: walking, talking with friends, PE/sports, fine arts practices/performances.
- The sub symptom threshold approach to concussion recovery stresses the importance of the adolescent's social-emotional development and well-being and its impact on concussion recovery.
- For the concussion care protocol to be fully implemented, the student must be evaluated by an approved healthcare provider, defined by Illinois law (Youth

Sports Concussion Safety Act, 2015) as a physician (licensed to practice medicine in all of its branches, i.e pediatrician, sports medicine, neurologist), advanced practice registered nurse (APRN), or physician's assistant (PA).

- It is recommended that the school-specific concussion protocol is shared with the student's approved healthcare provider.
- Self-reported symptoms and evaluation by the certified athletic trainer, nurse, and student's approved healthcare provider will be used to determine the appropriate accommodations.
- An emergency room/acute care note is temporarily accepted until evaluated by an approved healthcare provider within one week.
- In the absence of academic accommodations given by the student's approved healthcare provider or certified athletic trainer, the student may be responsible for all academic work.
- It is the student's responsibility to report to the certified athletic trainer or nurse to complete the return to learn and return to play protocols.

Return to Learning: Process to return to full cognitive/academic activities.

- During recovery, in addition to other accommodations, the student will be given extra time to complete assessments and assignments based on the amount of time needed for recovery.
- Teachers may consider mastery of skills learning for make up work
- Academic accommodations should be monitored and evaluated at the minimum of every 2 weeks.
- If recovery slows or stalls, with an increasing concern regarding educational impact and completion of course workload, the student's case will be reviewed by the student's teachers and school's support teams to consider further interventions (including incompletes, schedule/course level changes or course withdrawals).

Return to Play (RTP): Process to return to full physical/athletic activities.

- Parent/guardian will sign the [IHSA Post-concussion consent form](#) and review the [IHSA Concussion Resources](#).
- The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Duration of phases can vary based on symptoms and sport. Low level exertion can begin very early in recovery, depending on symptom presentation, but it is not considered to be a part of the formal RTP process.
 - Phase 1: Light aerobic activity
 - Phase 2: Increased aerobic activity
 - Phase 3: Non-contact activity related to specific sport/skill
 - Phase 4: Full contact activity
 - Phase 5: Return to competition
- School nurse and certified athletic trainer will coordinate recovery managed collaboratively with members of the school team (the student, parents/guardians, an approved healthcare provider, school nurse, certified athletic trainer, school support personnel, and teaching staff).
- Written clearance by the approved provider managing the injury is required to complete a return to full physical and cognitive/academic activities. Some students are cleared by the approved provider for full cognitive activity before receiving clearance for full physical activity.

- Students in private/club sports may work with the school's certified athletic trainers, within the protocol requirements, if there is no access to a certified athletic trainer in their sport.

Resources

Centers for Disease Control and Prevention. (2022). *CDC Pediatric mTBI Guideline*. Atlanta, GA. : National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>

Centers for Disease Control and Prevention. (2019). *HEADS UP to brain injury*. Atlanta, GA. : National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/headsup/>

Centers for Disease Control and Prevention. (2022a). *HEADS UP to healthcare providers: Acute concussion evaluation care plan-school version*. Atlanta, GA. : National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/headsup/providers/tools.html>

Centers for Disease Control and Prevention. (2022b). *HEADS UP to healthcare providers: School letter - returning to school after a concussion*. Atlanta, GA. National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/headsup/providers/tools.html>

Glenbrook South High School (n.d.) Glenbrook South High School post-concussion return to academics and athletics [revised]. Glenview, IL.

Illinois Concussion Laws

Illinois High School Association (2013). Concussion management. Bloomington, IL. Retrieved from: <https://www.ihsa.org/Resources/Sports-Medicine/Concussion-Management>

Lumba-Brown, A., Owen Yeats, K., Sarmiento, K., Breiding, M.J.....Timmons, S.D. (2018). CDC Guideline on the diagnosis and management of mild traumatic brain injury among children. *JAMA Pediatrics*. doi:10.1001/jamapediatrics.2018.2853

Lurie Children's Hospital, Institute of Sports Medicine (2015). Return to learn after a concussion: A guide for teachers and school professionals. Chicago, IL. Retrieved from: <http://luriechildrens.peachnewmedia.com/store/seminar/seminar.php?seminar=45893>

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statement on concussion in sport: The 5th international conference on concussion in sport held in Berlin, October 2016. British Journal of Sports Medicine, 0, 1-10. doi: 10.1136/bjsports-2017-097699 National Federation of High Schools (2015). Sports medicine. Indianapolis, IN.
Retrieved from: <https://www.nfhs.org/resources/sports-medicine/>

Podolak, O.E., Arbogast, K.B., Master, C.L., Sleet, D., Grady, M.F. (2021). Pediatric Sports-Related Concussion: An approach to care. American Journal of Lifestyle Medicine. (16)4, 469-484.

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