

Concussion Information Sheet for Participation in High School Athletics

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A Concussion is define as a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness.

If the head is hit while the head is at rest the injury to the brain will result on the same sides as the blow. If the head hits an unyielding object then the injury is to the opposite side of the brain.

Signs and Symptoms:

Confusion	Nausea	Poor Coordination
Amnesia	"Foggy"/Slowed Down	Poor Balance
Loss of Consciousness	Visual Problems	Convulsions
Headache	Hearing Problems	Slow Reactions
Pressure in the Head	Irritability	Easily Distracted
Balance Problems	Emotional Changes	Inappropriate Emotions
Dizziness	Vacant Stare	Decreased playing ability
Vomiting	Inappropriate Playing Behavior	
Slurred Speech		

The presence of signs and symptoms may take several hours to appear. All appearance of signs and symptoms are valid and should be properly documented.

Mouth guards aid in the prevention of concussions caused by collision of mandible and the base of the skull. All high school football players are required by the High School Athletic Association to wear a mouth guard at all times of play and practice.

Management of Concussions

Athlete shall not be allowed to return to play in the current game or practice.

Athlete should not be left alone. Monitoring the athlete for deterioration of symptoms is essential throughout the following 24 hours after the injury.

Treatment

- Rest is most important in the recovery process. Athlete may still participate in activities of daily living.
- Wake the athlete at least once in the night to check for deterioration of symptoms.
- Do not permit the athlete to drive.
- Do not give any medications other than Tylenol for any symptoms.
- Contact a physician immediately if symptoms worsen or if symptoms last more than 2 hours.
- Use an ice pack on the head or neck as needed
- Healthy Diet. Avoid Caffeine and spicy foods. Do not consume alcohol or any other recreational drug or supplements.

Return to Play

Athlete's return to participation will be determined by a licensed medical professional listed under the Gfeller-Waller Concussion Awareness Act and the North Carolina High School Athletic Association requirements. Approved licensed medical professionals include physicians, neuropsychologists, athletic trainers, physician assistants, or nurse practitioners, all which include training in concussion management.

General Return to Play Guidelines includes but is not limited to:

- Level 1: No exertional activity until asymptomatic.
- Level 2: When the athlete appears clear, begin low impact activity such as walking, stationary bike, etc.
- Level 3: Initiate aerobic activity fundamental to specific sport. May begin progressive strength training activities.
- Level 4: Begin non-contact skill drills specific to sport
- Level 5: Full contact in practice
- Level 6: Athlete may return to game/play.

If any signs and symptoms reoccur during leveled exercise progression, athlete will return to level 1.

Athlete must have signed released from above listed licensed medical professional before return to play.

Short Term and Long Term side effects after sustaining a concussion

There are serious side effects that can happen to anyone who suffers head trauma and concussions. Many of these side effects can be resolved with no permanent damage as long as proper and immediate care is taken place. As always a symptom or side effect that worsens or does not subside needs to be taken serious and immediate medical attention should be sought after. Side effects can vary from minor symptoms like headaches to the most severe side effect of possible death.

Short Term Effects:

Loss of consciousness	Loss of Balance
Headaches	Loss of Coordination
Dizziness	Vision Disturbances
Nausea	Mood Alterations
Vomiting	Short Term Memory Loss

Long Term Effects:

Migraines	Permanent Mood alteration
Mental Retardation	Long Term Memory Loss
Neurological deficits	Death
Concentration disruption	
Paralysis	

Second Impact Syndrome:

Second Impact Syndrome is a condition that may occur when an athlete is returned to competition too soon after receiving a concussion. Simply put second impact syndrome is when an athlete sustains another injury to the head and brain on top of a previous non healed head or brain injury. Second impact syndrome is a severe medical emergency and carries a very high risk of death with it. Second impact syndrome also carries a high risk of permanent mental handicap and physical handicap as well.

NCHSAA Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the U.S. Centers for Disease Control web site www.cdc.gov/injury. All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the athlete following a concussion injury. **Providers, please initial any recommendations that you select.**

Athlete's Name _____ Date of Birth: _____

School: _____ Team / Sport: _____

HISTORY OF INJURY

Person Completing Form (Circle One): Athletic Trainer | First Responder | Coach | Parent | Student

Date of Injury: _____ ☐ Please see attached information ☐ Please see further history on back of this form

Did the athlete have:	(Circle one)		Duration / Resolution
Loss of consciousness or unresponsiveness?	YES	NO	Duration: _____
Seizure or convulsive activity?	YES	NO	Duration: _____
Balance problem / unsteadiness?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Dizziness?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Headache?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Nausea?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Emotional instability (abnormal laughing, crying, smiling, anger)?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Confusion?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Difficulty concentrating?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Vision Problems?	YES	NO	If YES, HAS THIS RESOLVED? YES NO
Other:	YES	NO	If YES, HAS THIS RESOLVED? YES NO

Signature: _____ Date: _____

PHYSICIAN RECOMMENDATIONS

This return to play plan is based on today's evaluation.

RETURN TO SPORTS

PLEASE NOTE: →

1. Athletes must not return to practice or play the same day that their suspected concussion occurred.
2. Athletes should never return to play or practice if they still have **ANY symptoms** of concussion.
3. Athletes, be sure your coach/athletic trainer are aware of your injury & symptoms, and have contact information for treating physician.

The following are the return to sports recommendations at the present time:

- SCHOOL (ACADEMICS): ☐ May return to school now. ☐ May return to school on _____. ☐ Out of school until follow-up visit.
- PHYSICAL EDUCATION: ☐ Do **NOT** return to PE class at this time. ☐ May Return to PE class.
- SPORTS: ☐ Do not return to sports practice or competition at this time.
- ☐ May gradually return to sports practice under supervision of the health care provider for your team or sport.
- ☐ May be advanced back to competition after phone conversation with attending physician.
- ☐ Must return to Physician for final clearance to return to competition.
- OR - ☐ FULL CLEARANCE: May return to full participation in ALL activities (PE and Sports).

Return to this office on (date/time) _____ ☐ No follow-up needed.

Additional Comments: _____ ☐ See further follow-up information on back.

Medical Office Information (Please Print/Stamp)

Physician's Name _____ Physician's Phone _____
/ Office Address _____

Physician's Signature _____, (Circle One) M.D. | D.O. Date _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. **Move to the next level of activity only if you do not experience any symptoms at the present level.** If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

- Day 1:** Low levels of physical activity (i.e. symptoms do not come back during or after the activity).
This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).
- Day 2:** Moderate levels of physical activity with body/head movement.
This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).
- Day 3:** Heavy non-contact physical activity.
This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).
- Day 4:** Sports Specific practice.
- Day 5:** Full contact in a controlled drill or practice.
- Day 6:** Return to competition.

