

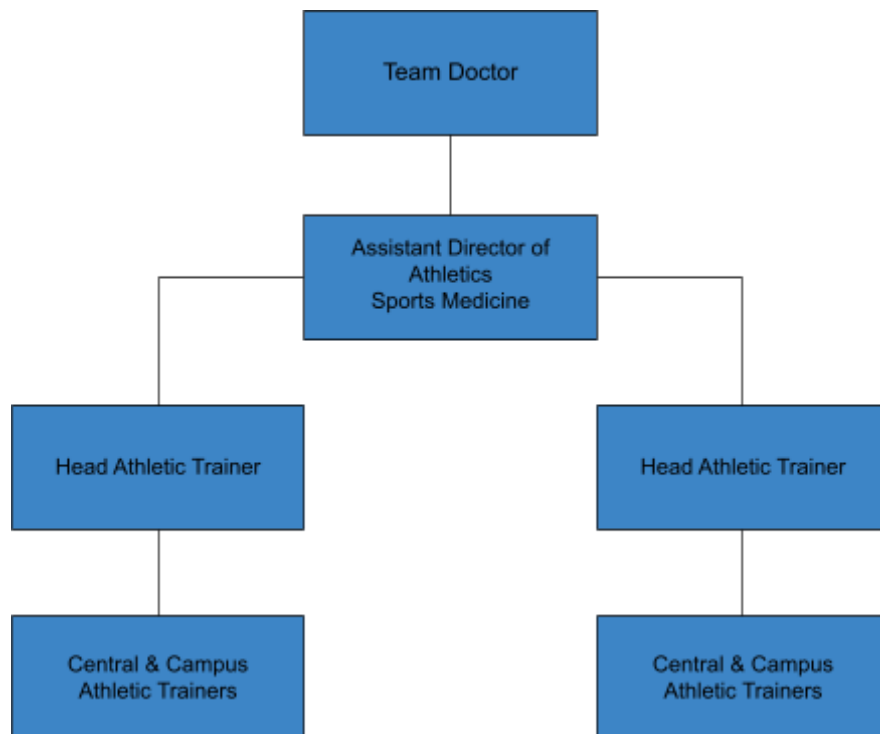
Concussion Management

The Dallas Independent School District's Sports Medicine Team has developed and implemented the following concussion management guidelines for their student-athletes. This comprehensive guideline is consistent with current standards of care and appropriate medical practices for the student athlete whom suffers a concussion in sports. Developed and implemented by the Concussion Oversight Team (COT) illustrated below, the following guidelines are designed to facilitate a safe return to athletic activities for the student athletes of Dallas Independent School District. The COT is committed to utilizing current standards and methods in its approach to concussion management that includes SCAT5 (Sport Concussion Assessment Tool 5th Edition) & VOMS (Vestibular/Ocular-Motor Screening) symptom assessment tool and a progressive return to play protocol.

SCAT5 <https://bjsm.bmj.com/content/bjsports/51/11/851.full.pdf>

VOMS <https://www.upmc.com/services/sports-medicine/services/concussion/symptoms-diagnosis/voms>

CONCUSSION OVERSIGHT TEAM



Concussion Policy

PURPOSE:

The Sports Medicine Department recognizes that sport induced concussions pose a significant health risk for those student-athletes in Dallas Independent School District. The Sports Medicine Department has implemented guidelines and procedures to assess and identify those student-athletes who have suffered a concussion.

CONCUSSION DEFINITION:

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way your brain normally works.

SIGNS AND SYMPTOMS OF CONCUSSION:

Certified / Licensed athletic trainers and athletic training students all need to be aware of the signs and symptoms of concussion to properly recognize and intervene on behalf of the student-athlete. **Physical Symptoms – Cognitive Symptoms – Emotional Symptoms** Headaches, Memory Loss, Irritability, Vision Difficulty, Attention Disorders, Sadness, Nausea, Reasoning Difficulties, Nervousness, Dizziness, Sleep Disturbances, Balance Difficulties, Light sensitivity, Fatigue

Policy Statement:

It is policy of the Sports Medicine Department that each athlete be removed from play and examined if symptoms occur that are related to a concussion. We will focus on the athlete's recovery via a Doctor's visit, symptom checklist, testing, postural-stability testing, and return to play guidelines per the Natasha Law. Once the athlete is asymptomatic and has passed the "Return to Play protocol" given by Dallas ISD Athletic Trainer's. Then the student-athlete will be allowed to return to play. The ER visit is not a clearance for return to play.

EDUCATION:

The Sports Medicine Department recognizes that education is crucial when dealing with concussions. The Sports Medicine Staff must play an active role in educating the student-athlete, coaches, and parents about the signs and symptoms associated with concussions, as well as potential risks of playing while still symptomatic. All student athletes will be required to sign the Student-Athlete Concussion Statement, acknowledging that they have been educated about concussion and accepting responsibility for reporting their injuries and illnesses to the Sports Medicine staff, including signs and symptoms of concussions.

Natasha Law

<http://www.uilTEXAS.org/files/health/UII-CMP-FAQ-Resources.pdf>

National Athletics Trainer's Association Position Statement on Management of Concussions

http://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf



Post-Concussion Recovery: Information for Educators

Dear Dallas ISD teacher, this is to inform you that _____ suffered a sports concussion on _____ and is currently under the care of a physician. The student may need academic accommodation. If this occurs, you may use following information to facilitate the accommodation. If you have any questions, contact _____ Thanks in advance for your assistance.

What is a concussion?

A concussion is a type of traumatic brain injury or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious (CDC.gov).

Impact of School and Learning on your student’s symptoms

- Both physical exertions and COGNITIVE exertion (thinking) can have negative effect on the student. Cognitive Exertion and the added stimulation of the school environment can significantly increase symptoms, even when the student has begun to recover
- Research has demonstrated generalized hyper-activation with concussion that is likely related to symptom increases when returning to school
- Symptoms may increase due to: Testing, Group Work, Movies, Shop Class, Overhead lighting, background noise (cafeteria, movement during and between classes), taking notes (especially from a projector), sustained attention, etc. (www.impacttest.com)

What do we know today that we did not know just a few years ago?

- Concussion manifestations vary from individual to individual and student to student • There may be a significant risk if they return to school (or play) too quickly.
- Concussions seem to have more symptoms and last longer in females. ^{vii}
- Younger athletes (in high school or in lower grades) have been shown to exhibit longer recovery times when compared to college and professional athletes. ^{vi}
- A gene may exist that causes some individuals to be more susceptible to concussions. ^{viii} What we now know is that **each concussion should be treated individually** depending on the symptoms and the neuro-cognitive test results (www.Impacttest.com).

What is really going on in the brain after a concussion?

- Due to the metabolic imbalance that occurs following a concussion, it has been shown that increased blood flow to the brain during recovery may slow down the recovery process and worsen the symptoms of concussion.
- Most patients do not need to be placed on bed rest unless they are having severe symptoms (severe headaches, marked photophobia, disorientation, balance problems, extreme fatigue, etc.).
- After a few days, the student may participate in any activity that doesn't cause increased symptoms (headaches). In some cases, activities such as reading, watching TV, working at the computer, taking hot baths and having heated discussions with others may increase symptoms.



- **If patients develop increased symptoms while doing a specific activity, that activity should be discontinued. Continuing activities, or exercise that increases symptoms, can delay the recovery from the concussion.**
- Many concussed individuals may be unable to concentrate (focus). They may not be able to read or absorb material and may develop an increased headache while doing so. When this occurs, they might be able to participate in an activity for only a few minutes before symptoms increase. If a rest break can be interspersed between those few minute intervals, these activities can be done. As the symptoms abate, longer intervals can be spent reading, watching TV and using the computer.

School attendance and activities may need to be modified

While some individuals may be able to attend school without increasing their symptoms, the majority will probably need some modifications depending on the nature of the symptoms. Trial and error may be needed to discover what they can and cannot do.

- If students are unable to attend school for an entire day without symptoms, they may attend for a half-day. Some students may only be able to attend for one period, some not at all, due to severe headaches or other symptoms.
- Frequent breaks with rest periods in the nurse's office or training room may be necessary. Often, alternating a class with a rest period may be helpful. Math causes more symptoms in patients than other subject classes. As recovery proceeds, gradually hours spent in school may be increased.
- Depending on their symptoms, some students may need to be driven to school to avoid walking and should be given elevator passes to avoid stairs. They should not attend gym or exercise classes.
- Workload and homework may need to be reduced. Frequent breaks while doing homework may be helpful. Term papers should be postponed. Pre-printed class notes and tutors may help to relieve the pressure of schoolwork.
- Tests: If there are concentration and memory problems, quizzes, tests, PSAT tests, SAT tests and final exams should be delayed or postponed. If test results are poor, a note to the school should request that the scores be voided. Extra time (un-timed tests) may be necessary initially when test taking is resumed.
- If noise causes increased symptoms, students with concussions should not listen to loud music (in cars or on their I-Pods). They should avoid attending dances, parties, music concerts and sports events until the noise sensitivity abates.
- If light causes increased symptoms or students have photophobia, they should avoid bright sunlight and exposure to flashing lights (computer games).

School Liaison

- A "School Liaison" to communicate the student's concussion to classroom teachers and other school personnel is critical. This person may be a school principal, assistant principal, school nurse, school counselor, special education coordinator, athletic trainer, or a concerned teacher.

The Role of the Teacher

The classroom teacher should be aware of the student's condition. Moreover, if any unusual behavior is noted, the teacher should report this information to the school liaison. Examples of unusual behavior include: • Poor attention, concentration frustration, reduced short term memory recall or delayed processing, disproportionate reactions to situations, sensitivity to light, etc. (Children's Hospital, Aurora, CO)



The classroom teacher may need to implement strategies based on the student's condition. These may include changes in environment, curriculum, methods, organization, and/or behavior. See list below. (Hossler, P. Concussion Carry-Over in the Classroom, NATA News, July 2007)

<u>Environment</u>	<u>Curriculum</u>	<u>Tests/Homework</u>	<u>Organization</u>	<u>Behavior</u>
Home only- no school	Reduced or abbreviated schoolwork/demands ; Removal of distracting or extraneous information from materials; provide summary materials (graphs, templates, tables, etc.)	No exams (esp. Mid-terms, SAT's, etc.) until clear; Reduced homework at first; printed notes; taped lectures	¼ or ½ day or Full day as tolerated; Provide schedules / checklist for assignments	No technology (phone, text, tv, videogames, iPod, iPad, etc.)
Allow nap time / breaks in school	Reduced class load. Elimination of non essential assignments; No standardized tests	Extended time on tests and projects; untimed exams; Repetition of important informational Use precise / direct language	Preferential seating to minimize distraction; Meet with teacher at end of day; tutoring, mentoring, or extra supervision as needed	Preferential seating to monitor attention / Energy level
When frustrated or over stimulated, allow student to leave	Break information / assignments into manageable chunks	Quiet environment to take tests / quizzes	Lunch in quiet room, leave class early (crowded hallways)	Allow sunglasses and / or hat to reduce light sensitivity

~ References/ More information: www.texashealth.org/benhogan www.cdc.gov