



Dear Parent or Guardian,

Your son has sustained a suspected concussion during today's athletic activities. A concussion is a mild traumatic brain injury that results from a direct blow to the head, or a blow to the body that results in whiplash or rotational type injury to the head and/or neck. Every case is different, recovery can take 7 days, or it can take months to fully recover from a head injury, therefore each case will be treated uniquely.

Please review the attached guidelines regarding the care of concussions. If you have any questions or concerns, do not hesitate to contact our athletic training staff and/or school nurse. Guidelines for the treatment of concussions are continuously changing. We are now far more cautious and conservative with the developing brain (athletes 10-18) regarding evaluation, return to learn, and return to play. The student-athlete is currently ***not qualified for athletic or physical activity participation.***

According to the Ohio Revised Codes 3133.539, an athletic trainer, working in collaboration with the team physician, can assess, treat, and clear a student-athlete with a concussion. The athletic training staff works closely with our school nurse, school counselors, teachers, coaches, and school psychologist to ensure a full recovery to the classroom, followed by a safe return to sport. The concussion management team will be in constant communication regarding any changes in the student-athlete's progress and will determine accommodations as needed to the care plan. Attached is the outline of our return to learn and return to play protocols.

Within 24-48 hours of sustaining a suspected concussion, the student-athlete will complete all testing they performed prior to season. These tests include a symptoms checklist, HITCHECK post-injury test, and cranial nerve and neuro assessments. The athletic training staff assess initial evaluation and follow up scores, then updates parents/guardians and the concussion management team regarding the immediate plan of care. ***Prior to starting the return to play protocol, the student-athlete must return to their baseline scores.*** This testing can be administered at any time during the recovery process as determined by the athletic training staff collaborating with the school nurse. ***The student-athlete will report to the school nurse every morning to document their symptoms.*** The nurse will then report those symptoms to the school counselors and suggest any accommodations needed. The school counselor will then work with the intervention specialists and teachers to ensure those accommodations are communicated. ***After school, the student-athlete will check-in with the athletic training staff to compare reported symptoms after school to the reported symptoms prior to the school day.***

Following up with a physician is required once a concussion is suspected by the athletic training staff. Recommended providers' info is available upon request, if you prefer to see your family provider please take pages 3-10 of this packet for the office to review. This explains the concussion protocols and resources available at St. Francis. ***We must have a returned physician's note either outlining their protocol for your son or giving us permission to place him through our protocol, the required OHSAA form is attached at the end of this packet.*** Without a physician's note, we cannot proceed in treating the student-athlete.

Our goal is to make sure the student-athlete is able to return to academics, as well as athletics, in the safest way possible.

If you have any questions, please contact the sports medicine staff at any time.

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RETURN TO LEARN

The Return to Learn process is an integral part of the concussion rehabilitation protocol. The concussion management team members actively work with one another, teachers, the student- athlete, and their parents to help the student-athlete progress back to the classroom. Below is a template used to guide the concussion management team and ensure the student's full return to the classroom. This is strictly a guide, each case is unique and will be treated as such depending on severity, symptoms, activities that exacerbate symptoms, and the student-athlete's progress.

Stage	Description	Activity level	Criteria to move to next stage
0	No return, at Home	Day 1: maintain low-energy cognitive and physical activity. No prolonged concentration Cognitive readiness challenge: as symptoms improve, try reading or math challenge tasks for 10-30 minutes; assess for symptom increase	To move to stage 1: 1) Student can sustain concentration for 30 min before significant symptom exacerbation, AND 2) symptoms reduce or disappear with cognitive rest breaks
1	Return to school, Partial Day (1-3 hours)	-Attend 1-3 classes, with interspersed rest breaks -Minimal expectations for productivity -Lunch with nurse or intervention specialists -No tests or homework	To move to stage 2: Student symptom status improving, able to tolerate 4-5 hours of activity with 2-3 cognitive rest breaks built into school day
2	Return to Full day, maximal supports (maximal supports required throughout the day)	-Attend most classes with 2-3 rest breaks (20-30 min) -No tests -Lunch with nurse or intervention specialists -Minimal Homework (<60min) -Minimal-moderate expectations for productivity	To move to stage 3: Number and severity of symptoms improving Needs only 1-2 cognitive rest breaks built into school day

3	At school Full day, moderate supports (moderate supports provided in response to symptoms during day)	-Attend all classes with 1-2 rest breaks (20-30 min) -Begin quizzes -Lunch with nurse or intervention specialists -Moderate Homework (60-90 min) -Moderate expectations for productivity -Design schedule for make-up work	To move to stage 4: Continued symptom improvement Needs no more than 1 cognitive rest break per day
4	Return to full day, Minimal supports (Monitoring final recovery)	-Attend all classes with 0-1 rest breaks (20-30 min) -Begin modified tests (break, extra time) -Lunch in cafeteria (dependent of symptoms) -Homework (90+ min) -Moderate-maximum expectations for productivity	To move to stage 5: No active symptoms No exertional effects across the full school day
5	Full Return, No Supports needed	-Full class schedule, no rest breaks -Max expectation for productivity -Begin to address make-up work	N/A

The emphasis on the return to learn is to allow the student-athlete to participate in the classroom without worsening their symptoms. As the student's symptoms improve, the school counselors/teachers will gradually increase demands by increasing the amount of work given, the length of time spent on the work, or the level of difficulty in course work. If their symptoms do not worsen, demands will gradually increase. If their symptoms worsen, the activity will be discontinued, symptoms will be communicated with the athletic training staff and nurse if needed to help determine treatment plan moving forward.

The student-athlete will check in with the school nurse every morning regarding their current level of symptoms. She will then report those symptoms to the school counselors and suggest the accommodations given to the student-athlete for that day. The school counselor will then work with the intervention specialists and teachers to ensure those accommodations are met. **At the end of the day, the student- athlete will check-in with the school athletic training staff prior to leaving school or progressing to the next phase.** The primary person of contact regarding all missed/make up school work will be your child's school counselor. They will be working closely with teachers and our academic dean regarding a timeline for all make-up work and possible extensions.

Below is a list of in-class accommodations that can be given to athletes experiencing specific symptoms:

Symptom	Academic Accommodations
Headache	Frequent breaks Reduce exposure to aggravators Rest in nurse's office
Dizziness	Allow student to put head down Early dismissal between classes to avoid crowded halls Eat lunch in classroom or nurse's office
Visual symptoms	Reduce exposure to computers/videos/phone Reduce brightness on screens Allow hat or sunglasses Audiotapes for books
Light Sensitivity	Move away from windows Dim lights/draw shades Allow hat or sunglasses
Noise sensitivity	Remove from loud environments Reduce classroom noise Avoid headphones and loud music
Difficulty concentrating	Avoid testing or major projects Extra time on assignments Shorten task duration Give breaks between tasks Consider giving class notes, or having a note-taker
Mentally Foggy	Give breaks between tasks Simplify tasks
Difficulty paying attention	Have student sit in front of room Work in a quiet room
Difficulty remembering	Provide class notes Provide memory aids Use alternative testing methods
Difficulty staying organized	Use agenda/planner for schedule and due dates Check comprehension of instruction Use "to-do" lists and checklists
Anxiety	Reassurance of progress Workload reduction Alternate forms of testing
Depression	Time built in for socialization
More emotional	Have signal with teacher to leave/rest Allow student to leave from class Meet with school psychologist
Fatigue	Strategic Rest Schedule adjustments
Sleep disturbance	Allow for late start or shortened day/rest breaks during day

Guidelines for Initial Concussion Care

1. **Regularly monitor the athlete for 24 to 48 hours**, delayed onset of symptoms is possible. Most sport related concussions are mild but have the potential to develop into serious, life-threatening head injuries.
2. **Emergency Department if condition deteriorates**. If the athlete experiences any of the following signs of deteriorating mental status, it is recommended to take them to the nearest emergency department:
 - Increased confusion (can't recognize people or places, repeat themselves)
 - Decreased consciousness (very drowsy or can't be woken up)
 - Significantly worsening headache
 - Incoherent speech (slurred or makes no sense)
 - Dramatic personality change or rapid mood swings
 - Vomiting repeatedly
 - Experiences seizures
3. **Sleep**. Allow the athlete to sleep. Depending on the severity of symptoms, it is recommended to wake a suspected concussion patient once during the middle of the night to assess symptoms and cognitive awareness. If symptoms are mild, a full night's rest is highly recommended.
4. **Medication**. Recommended to avoid aspirin (Excedrin), Ibuprofen (Advil, Motrin), naproxen sodium (Aleve), or other non-steroidal anti-inflammatory drugs; these medications could contribute to abnormal bleeding. **Acetaminophen (Tylenol), sparingly, is preferred for headaches**. Before beginning the return to play protocol, an athlete must not be taking medications to control symptoms.
5. **Mental rest**. Avoid screen time (phones, computers, TV) as that can exacerbate symptoms and set back recovery.
6. **Avoid driving**.
7. **Diet, plenty of WATER**. Recommended to increase fluid intake as dehydration can exacerbate the headache symptom. Avoid fried and sugary foods. Recommend a regular meal plan throughout the day consisting of breakfast, lunch, dinner, and a few snacks.
8. **No physical activity/sports participation**. This includes gym class, weight training, and self-directed physical activity.

Completing the full return to play process is a state mandated requirement along with St. Francis de Sales School protocol.

Criteria to begin the RETURN TO PLAY PROTOCOL

Prior to beginning the return to play protocol, the student-athlete must meet the following criteria:

- 1) Student- athlete has been **asymptomatic** for 24 hours as reported by the student-athlete and confirmed by nurse and athletic training staff.
- 2) Student- athlete has completed **a full day of school with no breaks or academic accommodations.**
- 3) **Student- athlete has a plan in place with school counselor, teachers, and academic dean regarding all school make-up work, if necessary.**
 - a. **Plan must be signed off on by the counselor and teachers.**

Prior to completion of RTP protocol, all HITCHCHECK and neurologic testing has returned to baseline levels or within normal limits of baseline, this *does not* need to be completed before beginning phase one of the RTP. Testing given by athletic training staff.

Once the above criteria is met, the student-athlete will begin the graduated return protocol. During this protocol, the athlete will complete each phase under the care of the athletic training staff, ***must remain symptom free, and the next phase cannot be attempted within 24 hours of the previous phase.*** If the student-athlete does not experience an onset or increase of symptoms with physical activity, they will progress to the next phase in the protocol. If the athlete *does experience symptoms*, the athletic training staff will ***re-evaluate and the student-athlete will be required to achieve 24 hours of no onset or increase in symptoms, then complete the previous phase again.*** Once an athlete has completed each phase of the return to play protocol, they will be cleared for full athletic participation.

RETURN TO PLAY PROTOCOL

Prior to beginning the return to play protocol, the student-athlete must meet the following criteria:

- 1) Student- athlete has been asymptomatic for 24 hours with no increase in symptom score throughout the school day.
- 2) Student- athlete has completed a full day of school with no breaks or academic accommodations.
- 3) Student- athlete has a plan in place with school counselors, teachers, and academic dean regarding all school make-up work.
 - a. Plan must be signed off on by the counselor and teachers.

Once the above criteria is met, the student-athlete will begin the graduated return protocol. During this protocol, the athlete will complete each phase under the care of the athletic training staff, **must remain symptom free, and the next phase cannot be attempted within 24 hours of the previous phase**. If the student-athlete does not experience an onset or increase of symptoms with physical activity, they will progress to the next phase in the protocol. **If the athlete does experience symptoms**, the athletic training staff will **re-evaluate and the student-athlete will be required to achieve 24 hours of no onset or increase in symptoms, then complete the previous phase again**. Once an athlete has completed each phase of the return to play protocol, they will be cleared for full athletic participation.

Below is an example of the goals in each phase of the graduated return to play strategy:

Phase	Goal	Activity	Goal for each phase
1	Light Aerobic Activity	Jogging or stationary cycling at a moderate pace; NO resistance training	Increase Heart Rate
2	Non-Contact Activity	Running/skating drilling, body weight circuit; NO head impact activities	Added Movement to Increased HR
3	Non-Contact Practice	Sport specific drills; can begin resistance training	Activity with coordination and proprioceptive concentration
4	Full Contact Practice	Full contact practice without restrictions ** CANNOT BE A COMPETITION/GAME DAY	Restore confidence and assess functional readiness to return to sport
5	Full Participation Clearance	Cleared for full, unrestricted participation	



Dear Provider,

_____ is a student-athlete at St. Francis de Sales School.

They sustained a suspected head injury on ____/____/____ during

_____.

He has been evaluated by the school athletic training staff, _____. Attached you will see our generalized outline of our care instructions, Return to Learn Protocol, and Return to Play Protocol. **Throughout the entire process, their symptoms are recorded daily by the athletic trainer(s) and nurse while monitored by the rest of our concussion management team. Daily updates regarding the athlete's symptoms, physical condition, testing results, etc. are shared between the athletic trainer(s), school nurse, and can be shared with the physician (upon request), and school psychologist if necessary.** This constant communication ensures the student-athlete is getting the best all-around treatment and individualized progression through our protocol.

Attached below is **the mandated OHSAA form the state requires we keep on file once the student-athlete has received clearance to progress through the return to play progressing to full sports participation once appropriate.**

If you have any questions regarding our Concussion Protocols, please contact the athletic training staff, Alyssa Lassey at allassey@sfsknights.org or Nate Bruss at nbruss@sfsknights.org

Thank you for your cooperation,

St. Francis de Sales Sports Medicine Department