St. Vincent Sports Performance

Head Injury Care Instruction Sheet

This athlete has sustained a head injury. This is a medical follow-up sheet to use to ensure the health and safety of this athlete. Quite often signs of a head injury do not appear immediately after trauma. The purpose of this sheet is to alert you and your family of the symptoms of significant head injuries that may occur several hours after the initial head injury.

Indiana State Law: Athletes suspected of having a head injury may not return to play until - (1) is evaluated by a licensed health care provider trained in the evaluation and management of concussions and head injuries; and (2) receives a written clearance to return to play from the health care provider who evaluated the student athlete.

Please follow the suggestions listed below:

- Physical and brain rest are highly encouraged. (see reverse side for ideas regarding brain rest)
- ***Do not allow the athlete to take aspirin or ibuprofen products until 48 hours after the injury as these products thin the blood and may mask symptoms of a more severe injury! Tylenol is fine.***

Contact the athlete's primary care physician or take the athlete to the nearest hospital emergency department **IMMEDIATELY** if any of the following symptoms persist or worsen:

1. Difficulty in waking the athlete
2. Dizziness or disorientation
3. Nausea or vomiting
4. Severe headache, particularly at a specific location, which is continuing, increasing or changing in pattern
5. Blurred vision
6. Pupils which are dilated, unequal in size, or non-reactive to light
7. Dizziness, poor balance or unsteadiness
8. Weakness or numbness in either arm or leg
9. Confusion such as difficulty in remembering recent events or meaningful facts
10. Convulsion
11. Unusual or bizarre behavior
12. Persistent ringing in the ears
13. Any discharge from the ears or nose
14. Slurring of speech
15. Mental confusion or strangeness

The appearance of any of the above symptoms indicates that this athlete can have a significant head injury that requires immediate medical attention

ImPACT™ is a user-friendly computer-based testing program specifically designed for the management of sports-related concussion that records an athlete's health history, current symptoms and neuropsychological data. This test may be performed at the initial visit or at a later visit. Test administration is done at the discretion of the treating physician.

St Vincent Sports Performance physicians can use the ImPACT™ test to compare the post-concussion ImPACT™ results against normative data, which provides objective information to assist in developing a treatment plan and to ensure the athlete's safety.

For more information about concussions, visit www.acaindiana.com

WALK-IN HOURS
8:00am-10:00am M-F

-INDIANAPOLIS-
8227 Northwest Boulevard, Suite 160
Indianapolis, IN 46278

-FISHERS-
13681 Oilo Road, Suite 302
Fishers, IN 46037

-CARMEL-
14455 Clay Terrace Boulevard, Suite B
Carmel, IN 46032

ALL OFFICES - 317-415-5795

St. Vincent Sports Performance

BEGIN HERE

HEAD INJURY OCCURS
(POST 24 HRS)

SIGNS TO WATCH FOR
*Refer to other side
*Brain rest until seen by physician qualified to assess head injuries

Brain Rest
*Decrease electronic time
*Decrease school work (academic accommodations per physician)
*Increase sleep time
No physical activity

IHSAA RULING
REQUIRES written medical clearance from a physician trained in the evaluation and management of concussions and head injuries. Indiana State Law is on reverse side.
(Please see box **1-A** for more information)

1-A
St Vincent Sports Performance
•14455 Clay Terrace Boulevard, Suite B, Carmel
•13681 Olio Road, Suite 302, Fishers
•8227 Northwest Boulevard, Suite 160, Indianapolis

Walk-in Clinic: M-F, 8a-10a

317-415-5795

-OR-

Refer to www.acaindiana.com to find a physician near you that is certified to administer, read and interpret ImPACT concussion testing.

PHYSICIAN NOTE
*You need ***2*** copies of your note from your physician. ***One copy to the front office at your school and the second to the Athletic Trainer at your school.***

Please Note
Even if the note states that the athlete is "cleared", the athlete MUST still complete the Return to Play protocol that can take a minimum of 5 days.

SYMPTOMS RESOLVED
YES **-OR-** **NO**

RETURNED WITH PHYSICIAN NOTE "CLEARING" ATHLETE TO RETURN TO PLAY PROTOCOL

CONTINUE BRAIN/PHYSICAL REST UNTIL NEXT DR. APPOINTMENT

***Athlete will continue with progressive exertional program under the direct supervision of the athletic trainer until complete. Each of the 5 stages should be completed 24 hours apart. If at any time during the program the athlete has return of symptoms, the athlete will stop the exercises and return to repeat that phase 24 hours after symptoms have subsided.**

RETURN TO PLAY

Example

Return to Play Protocol
1. ***NO ACTIVITY*** – Rest until asymptomatic
2. ***Light aerobic exercise*** – Ex: light jogging, stationary bike
3. ***Sports-specific exercise NO CONTACT***- Ex: running, shooting on a side basket
4. ***Non-contact sports drills*** – Ex: full speed/agility drills
5. ***Full contact sports drills*** – Ex: tackling drills and scrimmage
6. ***FULL ACTIVITY*** – No restrictions

****Each stage must be separated by 24 hours. DO NOT advance to the next stage if symptoms reappear.**