Changes to the School District Concussion Management Protocol

July 2025 protocol compared with June 2026 protocol

Summary: Most of the protocol is unchanged. The June 2026 template adds or clarifies provider restrictions, driving guidance, school communication, exercise readiness, return-to-learn language, return-to-sport documentation, and helmet-selection resources.

Section	July 2025	June 2026	What changed / significance
Concussion Oversight Team	The named COT appears later in the protocol and includes two physicians and two outreach athletic trainers in addition to HMCC leadership.	The COT appears near the beginning and uses placeholders for the physician and athletic trainer, along with HMCC leadership.	Moves the COT roster and converts named members to reusable placeholders.
Concussion description	Uses “physiologic.”	Uses “physiological.”	Minor terminology change; meaning is unchanged.
Recognition of concussion	Uses “collision sports such as in football or rugby.”	Uses “collision sports such as football or rugby.”	Grammar correction.
Removal from activity	Athlete does not return to “a game or practice” if “suspected to have” a concussion.	Athlete does not return to “practice or competition” if “suspected of having” a concussion.	Uses broader, more formal activity terminology and improves grammar.
Permitted providers	No provider-restriction statement.	Adds that chiropractors, physician assistants, nurse practitioners, and physical therapists may not diagnose, manage, or clear a concussion under the law governing public-school athletics.	Substantive legal and operational clarification.
Driving restriction	Athlete may not drive home on the day of the concussion.	Athlete may not drive on the day of the concussion or until cleared by a physician.	Extends the driving restriction beyond the injury day when physician clearance is still pending.
School notification	Athletic staff notify administrators and teachers.	The athletic trainer (if employed), athletic staff, or school nurse notify administrators and teachers.	Expands and clarifies who may provide school notification.
Academic support	Uses “school modifications” and “academic accommodations.” Physician authorization is referenced for missed school, half days, or rest periods.	Uses the broader term “academic support” and removes the physician-authorization phrase from the examples of temporary school adjustments.	Updates return-to-learn terminology and makes the school-support language less restrictive.
Early recovery wording	Lists loud noise, bright lights, screens, and similar activities as possible symptom aggravators.	Adds “Immediately following a concussion” before the same list and makes minor grammar corrections.	Clarifies when these exposures are most relevant.

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Beginning exercise	Allows RTS Step 1 on day 3 based on symptoms and athletic-trainer clinical judgment; no numerical VAS threshold is stated.	Requires an overall VAS symptom score of 7 or below before Step 1 and directs the athletic trainer to use clinical judgment based on the athlete's presentation.	Adds a specific symptom threshold and a clearer readiness decision.
RTL physician wording	Refers to a physician specializing in concussion and states that academic accommodations and physical-activity levels may be recommended. Re-evaluation occurs when symptoms worsen.	Refers to a physician specializing in concussion and academic support. Re-evaluation occurs if symptoms continue to worsen.	Removes awkward wording and clarifies the re-evaluation trigger.
RTL communication without an AT	If there is no athletic trainer, the coach communicates the information.	If there is no athletic trainer, the coach or school nurse communicates the information.	Adds the school nurse as an appropriate communicator.
RTL before unrestricted RTS	Includes a separate emphasized statement that unrestricted RTS should not occur before unrestricted RTL.	The separate emphasized statement is removed.	Removes an explicit sequencing statement, although RTL and RTS requirements remain elsewhere in the protocol.
Documents required before RTS	Combines returning the physician statement and completing the UIL consent form into one step.	Separates the requirements: provide a physician note documenting the evaluation and complete the UIL Return-to-Sport consent form.	Makes the physician documentation and consent requirements independently clear.
RTS supervision	RTS may be supervised by an athletic trainer, school nurse, or coach.	RTS may be supervised by the school or outreach athletic trainer or team coach. The school nurse may assist if no AT is employed or available.	Recognizes outreach ATs and distinguishes supervision from nursing assistance.
Symptom documentation	Athlete completes the symptom assessment after each RTS step and initials each completion.	Athlete completes the symptom assessment daily and completes each RTS step as symptoms allow.	Changes documentation frequency from after each step to daily and removes the athlete-initial requirement.
Completed RTS signatures	No separate requirement for the athlete and supervising individual to sign the completed RTS protocol.	Requires the athlete and athletic trainer, coach, or nurse to sign the RTS protocol after completion.	Adds a completed-protocol signature requirement.
Records sent to physician	Send completed RTS documentation to the treating physician.	Send the completed RTS protocol form and symptom assessments to the treating physician.	Specifically requires both types of documentation.

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Parent/guardian physician	No restriction addressing clearance provided by a parent or guardian who is a physician or healthcare provider.	States that such clearance documentation will not be accepted, in accordance with AMA recommendations.	Adds a conflict-of-interest safeguard.
Steps 4 and 5	Includes a separate note requiring resolution of symptoms, cognitive abnormalities, and other clinical findings before Steps 4 and 5.	Removes that separate note; the surrounding protocol still directs the athlete to return to Step 3 if symptoms occur during Steps 4 or 5.	Removes an explicit pre-Step 4/5 clinical-resolution statement.
Physician-directed step duration	States that a physician instruction requiring more than one day in a step must be followed.	Removes this separate note.	Deletes an explicit instruction about physician-directed step duration.
AAP sport-contact table	Contains the classification table without the full source citation beneath it.	Retitles the table, standardizes capitalization and terms, and adds the article authors and Pediatrics citation.	Improves presentation and source attribution; sport classifications are substantively unchanged.
Helmet recommendations	Does not reference Virginia Tech Helmet Ratings.	Adds a recommendation to check Virginia Tech Helmet Ratings before purchasing new helmets and provides the website.	Adds an equipment-selection resource that may change annually.
Legal and reference sections	HB 2038, FERPA/HIPAA, immunity, and concussion references appear near the end of the document.	The same sections appear earlier, before the risk-reduction references, with only minor punctuation and formatting edits.	Primarily an organizational change; core content is unchanged.
Minor editing corrections	Contains minor grammar, spacing, and capitalization inconsistencies.	Corrects items such as “return to any athletic activity” and “220 minus athlete’s age.”	Editing corrections only; no substantive change.