

PISD Athletic Department

Guidelines for Concussion Management

Introduction

Approximately 10 percent of all athletes involved in contact sports suffer a Mild Traumatic Brain Injury (concussion) each season; some estimates are as high as 19 percent. Because many mild concussions can go undiagnosed and unreported, it is difficult to estimate precisely the rate of concussion in any sport. Symptoms are not always definite, and knowing when it is safe for an athlete to return to play is not always clear.

The recognition and management of concussion in athletes can be difficult for a number of reasons:

Athletes who have experienced a concussion can display a wide variety of symptoms. Although the classic symptoms of loss of consciousness, confusion, memory loss, and/or balance problems may be present in some athletes with mild traumatic brain injury, there may or may not be obvious signs that a concussion has occurred.

Post-concussion symptoms can be quite subtle and may go unnoticed by the athlete, team medical staff, or coaches. Many coaches and other team personnel may have limited training in recognizing signs of concussion and therefore may not accurately diagnose the injury when it has occurred. Players may be reluctant to report concussive symptoms for fear that they will be removed from the game, and this may jeopardize their status on the team, or their athletic careers.

Pearland ISD is in compliance with HB 2038, 82(R).

- A student removed from an athletics practice or competition would not be permitted to practice or compete again until the student has been evaluated and cleared to play through a school-issued written statement by the treating physician.
- The student's parent or guardian and student would have to return the physician's statement and complete a consent form indicating that they had been informed and consented to the policies established under the return-to-play protocol.
- Parents and student understands the risks associated with the student's returning to play and would comply with any ongoing requirements outlined by the concussion policy.
- Parents must consent to the physician's disclosure of health information that is related to the concussion treatments.
- And, parents understand the district or school's immunity from liability provisions.

The Pearland ISD Concussion Oversight Team includes:

Chris Shaddock LAT, ATC – Athletic Trainer
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Monica Jackson LAT – Athletic Trainer
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Evan Meeks MD – Team Physician
Summer Ott, Psy.D. – Neuropsychologist

Recovery and safe return-to-play

It is crucial to allow enough healing and recovery time following a concussion to prevent further damage. Research suggests that the effects of repeated concussion are cumulative over time.

Most athletes who experience an initial concussion can recover completely as long as they do not return to contact sports too soon. Following a concussion, there is a period of change in brain function that may last anywhere from 24 hours to 10 days or longer. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk of permanent brain injury increases.

Definitions

Concussion or Mild Traumatic Brain Injury (MTBI) - A concussion or MTBI is the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. Symptoms can also include a loss of consciousness but many do not. These symptoms may be temporary or long lasting.

Second Impact Syndrome – Second impact syndrome (SIS) refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

Prevention Strategies

Helmets, headgear, and mouth guards do not prevent all concussions.

1. All headgear must be NOCSAE certified.
2. Make sure the headgear fits the individual.
3. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times.

Evaluation for Concussion/MTBI

1. At time of injury administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool (SCAT 3)
 - b. Graded Symptom Checklist (GSC)
2. Observe athlete 15 to 20 minutes and re-evaluate.
3. Athlete does not return to a game or practice if he/she has any signs or symptoms of Mild Traumatic Brain Injury (Concussion).
4. Doctor Referral
5. Home Instructions
6. Return to Play Guidelines for Parents
7. **Note - If in doubt, athlete is referred to physician and does not return to play.**

Concussion Management

1. Recommended school modifications
 - a. Notify Nurse, Assistant Principal and Counselor of the student that he/she has MTBI
 - b. Notify Nurse, Assistant Principal and Counselor of post-concussion symptoms
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside with physician authorization
2. The treating physician must provide a written statement to the parent and athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play.
3. Student must show no signs of post-concussion symptoms before return to play protocol begins.
4. Student will not return to full practice or competition for minimum of 7 days.
5. Student athlete and the parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.

Return to Play Guidelines

Athlete must be symptom free for a minimum of 24-48 hours before return to play protocol begins.

1. Athlete activity progressions (There must be 24 hours of rest between progression phases)
 - a. Rest / Physician clearance
 - b. Light aerobic exercise with no resistance training
 - c. Moderate aerobic activity with resistance training
 - d. Sport specific activity and Non-contact training drills
 - e. Full contact training drills can begin after minimum 7 days
 - f. Return to full participation (pending physician clearance)
 - g. **Note – Athlete activity progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, stop physical activity until symptom free for 24-48 hours. Resume with phase or level in which they were previously asymptomatic.**
2. Physician clearance
3. Athletic Trainer clearance

Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury:
Date of Assessment:

Examiner:

What is the SCAT3?¹

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively². For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool¹. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

- Any loss of consciousness? Y N
 "If so, how long?" _____
- Balance or motor incoordination (stumbles, slow/laboured movements, etc.)? Y N
 Disorientation or confusion (inability to respond appropriately to questions)? Y N
 Loss of memory: Y N
 "If so, how long?" _____
 "Before or after the injury?" _____
- Blank or vacant look: Y N
 Visible facial injury in combination with any of the above: Y N

1 Glasgow coma scale (GCS)

Best eye response (E)

No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4

Best verbal response (V)

No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5

Best motor response (M)

No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6

Glasgow Coma score (E + V + M) of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score³

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1

Maddocks score of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened?"):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.

BACKGROUND

Name: _____ Date: _____
 Examiner: _____
 Sport/team/school: _____ Date/time of injury: _____
 Age: _____ Gender: M F
 Years of education completed: _____
 Dominant hand: right left neither
 How many concussions do you think you have had in the past? _____
 When was the most recent concussion? _____
 How long was your recovery from the most recent concussion? _____
 Have you ever been hospitalized or had medical imaging done for a head injury? Y N
 Have you ever been diagnosed with headaches or migraines? Y N
 Do you have a learning disability, dyslexia, ADD/ADHD? Y N
 Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? Y N
 Has anyone in your family ever been diagnosed with any of these problems? Y N
 Are you on any medications? If yes, please list: Y N

SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

SYMPTOM EVALUATION

3 How do you feel?

"You should score yourself on the following symptoms, based on how you feel now".

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22) _____
 Symptom severity score (Maximum possible 132) _____

Do the symptoms get worse with physical activity? Y N
 Do the symptoms get worse with mental activity? Y N
 self rated self rated and clinician monitored
 clinician interview self rated with parent input

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

Please circle one response:
 no different very different unsure N/A

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

COGNITIVE & PHYSICAL EVALUATION

4 Cognitive assessment

Standardized Assessment of Concussion (SAC)⁴

Orientation (1 point for each correct answer)

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1

Orientation score _____ of 5

Immediate memory

List	Trial 1		Trial 2		Trial 3		Alternative word list		
elbow	0	1	0	1	0	1	candle	baby	finger
apple	0	1	0	1	0	1	paper	monkey	penny
carpet	0	1	0	1	0	1	sugar	perfume	blanket
saddle	0	1	0	1	0	1	sandwich	sunset	lemon
bubble	0	1	0	1	0	1	wagon	iron	insect
Total									

Immediate memory score total _____ of 15

Concentration: Digits Backward

List	Trial 1		Alternative digit list		
4-9-3	0	1	6-2-9	5-2-6	4-1-5
3-8-1-4	0	1	3-2-7-9	1-7-9-5	4-9-6-8
6-2-9-7-1	0	1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3
7-1-8-4-6-2	0	1	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6
Total of 4					

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0	1
--------------------------------------------------	---	---

Concentration score _____ of 5

5 Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength
Findings: _____

6 Balance examination

Do one or both of the following tests.
 Footwear (shoes, barefoot, braces, tape, etc.) _____

Modified Balance Error Scoring System (BESS) testing⁵

Which foot was tested (i.e. which is the non-dominant foot) Left Right
 Testing surface (hard floor, field, etc.) _____

Condition

Double leg stance:	Errors
Single leg stance (non-dominant foot):	Errors
Tandem stance (non-dominant foot at back):	Errors

And/Or

Tandem gait^{6,7}

Time (best of 4 trials): _____ seconds

7 Coordination examination

Upper limb coordination

Which arm was tested: Left Right

Coordination score _____ of 1

8 SAC Delayed Recall⁴

Delayed recall score _____ of 5

INSTRUCTIONS

Words in *Italics* throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now."

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is $22 \times 6 = 132$.

SAC⁴

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. **One point possible for each string length.** Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing⁵

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵. A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. **The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10.** If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of **five seconds** at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Tandem Gait^{6,7}

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. **Failure should be scored as 0.**

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.
2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports Medicine 2009; 43: 176-89.
3. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine. 1995; 5(1): 32–3.
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176–181.
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24–30.
6. Schneiders, A.G., Sullivan, S.J., Gray, A., Hammond-Tookey, G. & McCrory, P. Normative values for 16-37 year old subjects for three clinical measures of motor performance used in the assessment of sports concussions. Journal of Science and Medicine in Sport. 2010; 13(2): 196–201.
7. Schneiders, A.G., Sullivan, S.J., Kvarnstrom, J.K., Olsson, M., Yden, T. & Marshall, S.W. The effect of footwear and sports-surface on dynamic neurological screening in sport-related concussion. Journal of Science and Medicine in Sport. 2010; 13(4): 382–386

Post Concussion Symptom Scale

Athlete Name: _____

Symptom	Date:_____ Post Injury	Date:_____ Post Injury	Date:_____ Post Injury	Date:_____ Post Injury
Headache				
"Pressure in head"				
Neck pain				
Balance problems or dizziness				
Nausea or vomiting				
Vision Problems				
Hearing problems / ringing				
"Don't feel right"				
Feeling "dinged" or "dazed"				
Confusion				
Feeling slowed down				
Feeling like "In a fog"				
Drowsiness				
Fatigue or low energy				
More emotional than usual				
Irritability				
Difficulty concentrating				
Difficulty remembering				
Sadness				
Nervous or anxious				
Trouble falling asleep				
Sleeping more than usual				
Sensitivity to light				
sensitivity to noise				
Other _____				

The Post-Concussion Symptom Scale should be used for the initial evaluation on the SCAT evaluation and for each subsequent follow-up assessment until all signs/symptoms have cleared at rest and during physical exertion. The athletic trainer will ask the athlete to grade or score the severity of the symptom on a scale of 0-6, where 0 = not present, 1 = mild, 3 = moderate, and 6 = most severe.

Home Instructions

Following these home instructions can prevent further injury and help in recovery.

WHEN TO SEEK CARE URGENTLY:

Seek care quickly if symptoms worsen and watch for any of the following danger signs. If you observe any of the following, call your doctor or proceed to the nearest emergency department:

Headaches that worsen Seizures Neck Pain Unusual behavior change	Very drowsy, can't be awakened Repeated vomiting Slurred speech Significant irritability	Can't recognize people or places Increasing confusion Weakness/numbness in arms/legs Less responsive than usual
---------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

COMMON SIGNS & SYMPTOMS

With a concussion, it is common to have one or many symptoms including physical, cognitive, emotional, and sleep irregularities. Record all symptoms on the graded symptom checklist.

Physical		Cognitive	Emotional	Sleep
Headache	Visual Problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/Vomiting	Fatigue	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitive to light or noise	Difficulty remembering	More Emotional	Sleeping more than usual
Balance Problems	Numbness/Tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

RETURNING TO DAILY ACTIVITIES

The key to recovery is sleeping, resting physically and mentally, and avoiding activities that might cause another head injury.

- **Avoid/Limit:**
 - Physical activities such as PE, sport practice, weight training, running, exercising, heavy lifting, etc.
 - Lengthy mental activities requiring concentration (i.e. reading, schoolwork, job-related work, phone use, and video games) as these activities worsen symptoms and prolong recovery
- **Sleep:**
 - Get a lot of rest. Be sure to get enough sleep at night – no late nights. Keep the same bedtime weekdays & weekends
 - Take daytime naps or rest breaks when you feel tired or fatigued
 - It is not necessary to wake up periodically
- **Nutrition:**
 - Drink lots of fluids and eat a well-balanced diet
- **Evaluate:**
 - Report your symptoms daily to help guide recovery

DO'S & DON'TS

It is OK to:	There is NO need to:	Do Not
Take acetaminophen (Tylenol) Use ice packs for head and neck Go to Sleep Rest	Stay in Bed Wake every hour	Drive with symptoms Exercise or lift weights Drink Alcohol Participate in sports

Instructions provided to: _____ Signature: _____

Instructions provided by: _____ Signature: _____

Date: _____

Contact Number: _____

PEARLAND ISD HEAD INJURY RETURN TO PLAY FORM

Name of Student: _____ Sport: _____ School: _____ Date of Injury: _____

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Parent/Guardian signs and certifies that he/she:

Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team. Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol. Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Athletic Trainer verifies:

The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student. The student has completed the Return to Play protocol established by the school district Concussion Oversight Team. The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

Athletic Trainer Printed Name

Athletic Trainer Signature

Date

RETURN TO PLAY GUIDELINES

Athletes must complete the following stepwise process prior to return to play following a concussion:
No activity and rest until symptom free and there must be 24 hours between each phase.

PHASE 1 - Rest

PHASE 2 - Light aerobic exercise

PHASE 3 - Moderate aerobic exercise with resistance training

PHASE 4 - Sport-specific training / Noncontact drills

PHASE 5 - Full-contact drills (minimum 7 days post-injury)

PHASE 6 - Game play

NOTE – Athlete activity progression continues as long as athlete is asymptomatic at current level. If athlete experiences any post-concussion symptoms, stop physical activity until symptom free for 24 hours. Resume with phase or level in which they were previously asymptomatic.

PHYSICIAN RECOMMENDATIONS

Returning to School

No restrictions

Full Days as tolerated

Half days as tolerated until _____

No school

 May return on _____ for FULL days

 May return on _____ for HALF days

Homebound instruction _____ hours per week

Postpone exams and/or quizzes

No more than ___ exams/week

Reduced workload (i.e. assign ½ homework problems)

Allow frequent breaks. May require quiet area separate from others

Make up missed assignments gradually

Provide preprinted class notes / allow to obtain notes from peers

Tutoring as needed

Returning to Activity

Begin Return to Play Protocol when symptom free

Begin Return to Play Protocol on ____/____/____

Begin Return to Play Protocol after _____ days symptom free

No activity until follow up on ____/____/____

Physician's Signature: _____ **Date:** _____

Physician's Address: _____ **Phone:** _____

Signs observed at time of injury

- Appears to be dazed or stunned
- Is confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loss of consciousness (even temporarily)
- Shows behavior or personality change
- Forgets events prior to hit (retrograde amnesia)
- Forgets events after hit (anterograde amnesia)

Symptoms reported by athlete at time of injury

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling "foggy"
- Change in sleep pattern
- Concentration or memory problems