



**Athletics Department**  
College Station Independent School District  
1812 Welsh Ave  
College Station, Texas 77840  
979-764-5400

## Concussion Management Guide

### Purpose

The College Station ISD Athletic Training and Sports Medicine Department has developed and implemented the following concussion management guidelines for the student-athletes in College Station ISD in accordance with the rules set forth by the University Interscholastic League and SB 2038, or Natasha's Law. These comprehensive guidelines are consistent with current standards of care and appropriate medical practices for the student-athlete who suffers a concussion in sports. .

### Immediate Physician Referral Checklist

Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Due to this fact, you should be aware of possible signs and symptoms that indicate an emergency including but not limited to the following:

Emergency Signs and Symptoms	
<ul style="list-style-type: none"><li>● One pupil larger than the other</li><li>● Excessive drowsiness or unconsciousness that can not be awakened</li><li>● A headache that gets worse and does not go away</li><li>● Repeated nausea and vomiting</li><li>● Slurred speech</li><li>● Difficulty walking</li></ul>	<ul style="list-style-type: none"><li>● Difficulty recognizing familiar people or places</li><li>● Convulsions or seizures</li><li>● Increasing confusion, restlessness or agitation</li><li>● Unusual behavior</li><li>● Bleeding or draining or fluid coming from the nose or ears.</li></ul>

### Instructions For Home

After sustaining a concussion, it is important to provide the best atmosphere for recovery. Please consider the recommendations below to help your child in the healing process.

- Please review the Emergency Signs and Symptoms outlined in the Physician Referral Checklist. If any of these develop, please call 911 or your family physician.
- Things that are OK to do:
  - Take acetaminophen (Tylenol)
  - Use ice packs on head or neck as needed for comfort
  - Eat a light diet
  - Go to sleep (rest is very important to the recovery process)
  - Wake up/recheck athlete only when experiencing moderate-severe symptoms
  - Return to school
- Things that should not be allowed:
  - Drive a vehicle
  - Watch TV or play video games (including games on phone)
  - Read, write, or text
  - Listen to music, talk on telephone
  - Use a computer
  - Bright lights/loud noise
  - Strenuous activity or sports
  - Drink alcohol
- Have the student report to the athletic training room before school tomorrow for a follow up.

## Physician Release

Any student who is suspected of sustaining a concussion must be evaluated and released by a licensed physician. The student must also successfully complete the return-to-play protocol and post-concussion C3 Logix testing as defined by the College Station ISD Concussion Oversight Team. In addition, the athlete and parent/guardian will be required to sign return-to-play authorization forms.

## Concussion Management

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a gradual program of exertion prior to medical clearance and return to play. During the period of recovery, while symptoms are still present, it is important to emphasize to the athlete that physical and cognitive rest is required. ***If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please telephone your CSISD Athletic Trainer and transport to the nearest hospital emergency department immediately.***

## Progressive Return to Play Protocol

The return-to-play protocol following a concussion follows a progressive process as outlined herein. With this progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are cleared by a physician to do so. If any post-concussion symptoms occur while in the return-to-play program, the athlete will wait 24 hours after the symptoms subside and then start the progression again at the beginning.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic activity	Stationary cycling keeping intensity 70% MPRH, no resistance training	Increase Heart Rate
3. Sport-specific exercise	Passing or shooting drills in basketball, running drills in soccer; no head impact activities	Add Movement
4. Non-contact training drills	Progression to more complex training drills, e.g. Passing drills in football; may start progressive resistance training	Exercise, Coordination and Cognitive Load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

## Neurocognitive Testing

College Station ISD utilizes C3 Logix as a tool in their concussion management protocols. For more information, reach out to your campus athletic trainer.



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## Concussion Return-to-Play Consent

### Acknowledgement

The student athlete listed below has completed the College Station ISD return-to-play protocol after sustaining a concussion. By signing this form, I understand the dangers associated with returning to play prematurely following a concussion. I agree that I will provide a signed release from the treating physician authorizing my child's return to play. Furthermore, I certify that my son/daughter has successfully completed the CSISD Return-to-Play Protocol, and I give my permission for him/her to return to sports competition. In addition, I agree to comply with any ongoing requirements in the return-to-play protocol.

### Information Disclosure

The Family Educational Right to Privacy Act of 1974 (FERPA) is a federal law that governs the release of a student's education records, including personal identifiable information (name, address, social security number, etc) from those records. Medical information is considered a part of a student athlete's education record. Also, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows the disclosure of information to treating physicians.

This authorization permits the athletic trainers and team physicians of College Station ISD to obtain and disclose information concerning my child's medical status, medical condition/injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties. This information includes injuries or illnesses relevant to past, present, or future participation in athletics. I understand that I may revoke this authorization at any time by providing written notification to the Head Athletic Trainer at my child's school.

### Immunity Provision

I do hereby agree to indemnify and save harmless the College Station ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Furthermore, I understand this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;
2. Create any liability for a cause action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability under Section 74.151, Civil Practices and Remedies Code;
4. Create any liability for a member of a concussion oversight team arising from the injury and death of a student participating in an interscholastic athletic practice or competition, based on service on the Concussion Oversight Team.

Athlete's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_



# Concussion Management Protocol Return to Play Form

*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).*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## **Designated school district official verifies:**

*Please Check*

- 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.

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

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## **Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:**

*Please Check*

- 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/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*



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## Information for Treating Physician

### CSISD Return-to-Play Guidelines

College Station ISD has developed a protocol for managing concussions in accordance with House Bill 2038, or Natasha's Law. This policy includes a multidisciplinary approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician of their choosing. They must have a normal physical and neurological exam prior to being permitted to progress to full activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer. His/her teachers will be notified of their injury and what to expect. Education adjustments and accommodations may need to be given according to physician recommendation and observations. Please indicate educational adjustments on the reverse of this form.
3. The student will be given a neurocognitive test within 72 hours of the head injury. All athletes in contact sports will have this assessment prior to their season to form a baseline. College Station ISD utilizes the C3 Logix software program for this assessment. **The athlete's post-injury testing data must be within normal limits before he/she is released to begin activity.**
4. The student must be asymptomatic at rest and exertion.
5. Once cleared to begin activity, the student will start a progressive step-by-step process which will advance at the rate of one step per day. The progressions are:
  - a. No activity until symptom free.\*
  - b. Light aerobic exercise.
  - c. Sport-specific exercise.
  - d. Non-contact training drills.\*
  - e. Full contact practice after physician release.\*
  - f. Return to play.
  - g. **Note – Athlete progression continues as long as the athlete is asymptomatic at current activity level. If the athlete experiences any post-concussion symptoms, he/she will wait 24 hours after the symptoms resolve and start the progression again at the beginning.**
6. Upon completion of the return-to-play protocol, the physician of record must provide a written statement that in the physician's professional judgment it is safe for the athlete to return to unrestricted participation.

\*PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR THE PHYSICIAN RELEASE THAT MUST BE ON FILE PRIOR TO ATHLETE BEING RELEASED FOR THE NEXT STAGE OF THE PROGRESSION.



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## Physician Concussion Referral Form

Athlete Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

School attending: \_\_\_\_\_

Please see C3 Logix testing packet for symptoms and results of neurocognitive testing.

**Please provide the following information so this individual may be treated according to your instructions.**

I have evaluated this athlete and it is my professional judgement that he/she:

\_\_\_ has/had a concussion (please continue the form below)

\_\_\_ does/did not have a concussion and may begin return-to-play protocol.

\_\_\_ has an alternate diagnosis of \_\_\_\_\_  
and \_\_\_ may, \_\_\_ may not begin return-to-play protocol.

### Concussion Management Protocol

The student-athlete WILL NOT be allowed to return to any activity or begin the return-to-play protocol until evaluated by a physician skilled in management of concussions.

Student-athletes evaluated in an emergency room CANNOT be released to begin return-to-play protocol by the ER physician.

**Please check the statement that applies to the athlete in the current state.**

In my professional judgment, the athlete:

\_\_\_ remains symptomatic and needs re-evaluation in \_\_\_ days/weeks.

\_\_\_ is asymptomatic and may begin the return-to-play protocol on \_\_\_\_\_. Once completed the athlete must return to my office for re-evaluation before being cleared for full participation.

\_\_\_ is asymptomatic and cleared to begin the required return-to-play protocol on \_\_\_\_\_. Once the athlete completes the protocol, the athlete is cleared for full participation.

**Please select all appropriate educational adjustments that apply at this time.**

\_\_\_ frequent rest or breaks in health center during the school day

\_\_\_ some students may need to be driven to school

\_\_\_ workload and homework reduction

\_\_\_ extra time on assignment or postponement of tests and quizzes

\_\_\_ reduction of time spent on computer, reading or writing

\_\_\_ other: \_\_\_\_\_

Printed name of physician/stamp: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**Please send this form back to school with the student.**



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