



Ferris Sports Medicine



Ferris ISD Guidelines for Sports Concussion Management Without Neurocognitive Testing

Introduction

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American high school sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to FISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

What is a Concussion?

Concussion - A concussion is a type of traumatic brain injury (TBI). Concussions are 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, brief loss of consciousness, 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. These symptoms may be temporary or long lasting.

Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and are secured properly to the individual.
8. 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.



Evaluation for Concussion

1. At time of injury administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool – Appendix A
 - b. Graded Symptom Checklist (GSC) – Appendix B
 - c. Sideline Functional & Visual Assessments - Appendix A or B
 - d. On-field Cognitive Testing – Appendix A or B
2. **Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Doctor Referral
4. Home Instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athlete's Participation Form
7. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

Concussion Management

1. School modifications
 - a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
 - b. Notify teachers 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.
2. Student must be symptom free for one week before begin return to play protocol.

Return to Play Guidelines

1. Activity progressions
 - a. No activity 24 hrs
 - b. Athlete must be symptom free
 - c. Physician Clearance
 - d. Light aerobic exercise with no resistance training
 - e. Heavy aerobic exercise with no resistance training
 - f. Non-contact training drills with resistance training
 - g. Full contact training drills
 - h. UIL Release form signed by Athletic Trainer and Parent/Guardian.
 - i. **Note – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, you wait 24 hours and start the progressions again at the beginning. If 2 steps are failed, athlete will be sent back to Physician for further evaluation.**

Please refer to Appendices A & B (separate documents) for symptom assessment.



Ferris ISD Preseason Parental Information and Consent Form for Concussions

What is a concussion?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

What are the symptoms of a concussion?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

What should be done if a concussion is suspected?

1. Immediately remove student from practice or game
2. Seek medical attention right away
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic administrator at your school.

What should the athlete know about playing with a concussion?

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

What are the risks of returning to activity too soon after sustaining a concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.



What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

1. waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of 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 Practice and Remedies Code;
4. create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Ferris ISD return to play protocol. I understand that there is no set timetable for return to play after a concussion. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.



FISD Return to Play Guidelines for Parents

General Information for Parents

Teach it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Ferris ISD has developed a protocol for managing concussions. This policy includes a multidiscipline 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. Your son/daughter must 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. They must have a normal physical and neurological exam prior to being permitted to progress to 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 and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:
 - a. No activity and symptom free for at least 24 hrs
 - b. Physician clearance to return to athletics
 - c. Light aerobic exercise with no resistance training
 - d. Heavy aerobic exercise with no resistance training
 - e. Non-contact training drills with resistance training
 - f. Full contact training drills
 - g. **Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post-concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning. If 2 steps are failed, the athlete will be sent back to physician for further evaluation.**
5. **UIL Release form signed by the Athletic Trainer and Parent/Guardian.**
6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.



Ferris Sports Medicine



FISD Return to Play Guidelines

Information for Treating Physician

Ferris ISD has developed a protocol for managing concussions. This policy includes a multidiscipline 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 their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to 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 and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the Prague statement. The progressions will advance at the rate of one step per day. The progressions are:
 - a. No activity and asymptomatic for at least 24 hours
 - b. Physician clearance to return to athletics
 - c. Light aerobic exercise with no resistance training
 - d. Heavy aerobic exercise with no resistance training
 - e. Non-contact training drills with resistance training
 - f. Full contact training drills
 - g. **Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post-concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning. If the athlete fails 2 steps, they will be sent back to the physician for further evaluation.**
5. **UIL Release form signed by Athletic Trainer and Parent/Guardian**
6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.



Home Instructions for Concussions

_____ has sustained a concussion or is having concussion symptoms today. This set of home instructions is for your information. Keep in mind that this is just a list of symptoms and things to look for. Your child may not experience any or all of these.

1. Please review the items outlined on the **Physician Referral Checklist** on the back of this form. If any of these symptoms develop or worsen, please go to the nearest emergency room or call 911.
2. Things that are OK to do:
 - a. Take acetaminophen (Tylenol) (No ibuprofen or any other type of pain medicine)
 - b. Use ice packs on head or neck as needed for comfort
 - c. Eat a light diet
 - d. Go to sleep (rest is very important)
 - e. No strenuous activity or sports
 - f. Return to school
3. Things that should not be allowed or limited:
 - a. Eat spicy foods
 - b. Watch TV
 - c. Listen to music or text on phone
 - d. Read
 - e. Use a computer
 - f. Bright lights
 - g. Loud noise
 - h. Drink alcohol
4. Things there is no need to do:
 - a. Check eyes with a flashlight
 - b. Wake up every hour
 - c. Test reflexes
5. Have student report to clinic or athletic training room at _____ tomorrow for a follow-up exam

Further recommendations:

Randel Vaughn
Head Athletic Trainer
Ferris High School
Rvaughn01@ferrisd.org
Ofc:972-544-3737 x2135
Cell:432-638-2862

Brianna Gammer
Assistant Athletic Trainer
Ferris Junior High School
Bgrammer01@ferrisd.org
Ofc:972-544-2279
Cell:972-762-7651



Physician Referral Checklist

Day of Injury-If your child experiences these symptoms, or worsening of these symptom at home take to the nearest emergency room **IMMEDIATELY**.

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Vomiting
5. Abnormal Motor deficits after initial on-field exam
6. Abnormal Sensory deficits after initial on-field exam
7. **Severely** abnormal mood swings
8. Balance deficits after initial on-field exam
9. ANY Post-concussion symptoms that worsen
10. Additional post-concussion symptoms as compared with those on the field
11. Worsening of neurological function or becoming less responsive
12. Trouble Breathing
13. Unequal, dilated or unreactive pupils
14. Any signs or symptoms of associated injuries , spine or skull fracture or bleeding
15. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
16. Seizure activity

Delayed Referral (after the day of the injury)

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (ie. sleep, cognition, depression, aggression, etc.)



References

1. McCrory, Paul, et al. Summary & Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004; *Clinical Journal of Sports Medicine*, March 2005
2. Guskiewicz, Kevin M, et al. National Athletic Trainers Association Position Statement: Management of Sport-Related Concussion; *Journal of Athletic Training*, Sept. 2004
3. www.ImPacttest.com
4. www.healthsystem.virginia.edu/internet/neurogram
5. www.cdc.org
6. www.brainline.org
7. www.momsteam.com/healthsafety/concussion
8. Presbyterian Sports Network, Sports Concussion Management Protocol