

HB 2038 – Prevention, treatment, and oversight of concussions affecting student-athletes

Definition of Concussion

-Complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:

- (A) Include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns;
- (B) May involve loss of consciousness.

FACTS:

(http://www.headcasecompany.com/concussion_info/stats_on_concussions_sports)

- **1 in 5 high school athletes will sustain a concussion during the season
- **Over 1/3 (47%) of all concussions occur in football
- **Girls Soccer reports the third highest # of concussions behind football & ice hockey
- **An athlete who sustains a concussion is 4-6 times more likely to sustain a second concussion. “Bell ringers” account for 75% of all concussive injuries
- **80% of concussions get better within 3 weeks, and 20% take longer to recover. Second Impact Syndrome (SIS) typically occurs within 14 days of the 1st concussion.

Concussion Symptoms/Signs:

Symptoms reported by athletes may include:

- Headache; nausea; balance problems or dizziness;
- Double or fuzzy vision; sensitivity to light or noise;
- Feeling sluggish; feeling foggy or groggy;
- Concentration or memory problems; confusion.

Signs observed by parents, friends, teachers or coaches might include:

- Appears dazed or stunned; is confused about what to do;
- Forgets plays; is unsure of game, score or opponent;
- Moves clumsily; answers questions slowly; loses consciousness;
- Shows behavior or personality changes;
- Can’t recall events prior to hit; can’t recall events after hit.

Any one or group of symptoms may *appear immediately and be temporary, or delayed and long lasting. The appearance of any one of these symptoms should alert the responsible personnel (Concussion Oversight Team) to the possibility of concussion.*

When in doubt, sit them out! -NFHS

Concussion Oversight Team (COT):

According to TEC Section 38.153:

‘Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student’s return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.’

Little Elm’s Concussion Oversight Team will consist of:

- | | |
|--|-----------------------------------|
| Team Physician (Orthopedic) | -Dr. James C. Walter, M.D. |
| Physician Specializing in Concussion Management
(ImPACT Test Certified) | -Dr. Shane M. Miller, M.D. |
| Head Athletic Trainer | -Laws Kidwell-Cox, M.Ed, ATC, LAT |
| Athletic Trainer | -Mark Stine MS, ATC, LAT, CSCS |

Response to Suspected Concussion

According to section 38.156 of the Texas Education Code (TEC), a **student** 'shall be **removed** from an interscholastic athletics **practice or competition immediately if ANY** one of the following persons believes the student might have sustained a concussion during the practice or competition:

- (1) **Coach**;
- (2) **Physician**;
- (3) A **licensed health care professional; i.e. Athletic Trainer**, Physician's Assistant
- (4) The student's **parent or guardian** or another person with legal authority to make medical decisions for the student.

If a student-athlete demonstrates signs or symptoms consistent with concussion, follow the "**Heads Up**" **4-Step Action Plan**

- **Immediate removal** from game/practice as noted above
- **Evaluated by an appropriate health care professional** as soon as practicable
- **Parents or Guardians informed** and given information on the concussion
- If it is determined that a concussion has occurred, the **student-athlete shall not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve** and shall be **kept from activity until a physician indicates they are symptom free** and **gives clearance to return to activity** as described by the adopted Return to Play (RTP) Protocol.

A **coach of an interscholastic athletics team may **not** authorize a student's **return to play** according to the new provisions passed.

Little Elm's Return to Play policy will align with the National Federation of State High School Associations standards, as well as, guidelines set by the UIL Concussion Management Protocol.

According to section 38.157 of the Texas Education Code (TEC):

- A student-athlete removed from play for a suspected concussion **may not return to practice or competition until:**
 1. The **student** has been **evaluated by a treating physician** chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
 2. The **student** has successfully **completed each requirement of the return-to-play (RTP) protocol** established under TEC Section 38.153;
 3. The **treating physician** has provided a **written statement** indicating that it is safe for the student to return to play; see TEC Section 38.153 for additional requirements.

Following clearance and compliance with the above information, **supervised progression of activities (by athletic trainers or coaches) should be initiated utilizing the now standardized protocol:**

Student-athlete shall be **symptom free for 48 hours** prior to initiating the return to play progression. **Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.**

If the student-athlete experiences any post concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

Phase 1:

No exertional physical activity until student-athlete is symptom free for 48 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury. Return to Learn restrictions & temporary accommodations may be implemented.

Phase 2:

Begin Phase RTP (Return to Play) Progress guided by Texas Health Sports Medicine & the CDC “Heads Up” Return to Play Progression. Remove ant temporary RTL accommodations implemented.

https://www.cdc.gov/headsup/basics/return_to_sports.html

Step 1. When the athlete completes Phase 1, begin light aerobic exercise – 10-15 minutes of cardio exercise –NO Impact/Contact activities exercise bike, elliptical, or light jog (30-40% of maximum exertion); no weight lifting, resistance training, or any other exercise.

Step 2. Moderate aerobic exercise – 20-30 minutes of running in the gym or on the field without equipment. Light weight exercises, stretching and low-level balance activity. (40-60% of maximum exertion)

Step 3. Non-contact training drills. Start moderately aggressive aerobic conditioning; and all forms of strength exercise (80% max). May integrate strength, conditioning, and balance exercises.

Step 4. Sport Performance Training –avoid contact activity but resume aggressive sport specific training in all environments. May include impact activities/plyometrics. (80-90% of max exertion)

Step 5. Sport Performance Training -resume full physical training with contact. Initiate contact activities and continue aggressive strength/conditioning exercise sport-specific activity.

After completion of Day 5/Step 5 we will give the athlete the UIL Concussion Management Protocol Return to Play Form (signed by Athletic Training staff member) to be completed & signed by the Parent/Guardian and returned to the Athletic Training Staff prior to Step 6 & Full return to full contact practices and game participation. *Physician may require follow-up prior to complete clearance to full contact or game activity.*

Step 6. Non-Restricted full contact game participation ONLY if the UIL Concussion Management Protocol RTP Form has been returned to Athletic Training Staff.

ADDITIONAL INFORMATION:

HB 2038 as passed by the 82nd Legislature and signed by the Governor also added section 38.158 to the Texas Education Code, which concerns **training requirements for coaches, athletic trainers and potential members of a Concussion Oversight Team in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects.**

***In June 2013 the UIL added that Cheerleaders fall under the same concussion guidelines as high school athletes. Cheerleader sponsors/coaches must complete 2 hours of concussion training every two years along with all coaching staff.**

FREE Course on Concussion in Sports - What You Need To Know

The National Federation of State High School Associations (NFHS) and Centers for Disease Control and Prevention (CDC) have teamed up to provide information and resources to help educate coaches, officials, parents and students on the importance of proper concussion recognition and management in high school sports. www.nfhslearn.com/. Course is located on the main screen.

Renewal Courses for Coaches

Texas Health Sports Medicine is certified through the TEA and UIL to offer the concussion training course required by H.B. 2038. They offer a free 2 hour training course, which satisfy the requirements for coaches to have 2 hours of training every 2 years as outlined in HB 2038. A test must be passed at the completion of the course. If the test is passed, the coach will then be able to print a certificate of completion that can be filed with their school. Please proceed to the following link to begin the training.

<https://www.texashealth.org/Health-and-Wellness/Sports-Medicine/Texas-Coaches-Concussion-Training>