



Lone Oak ISD Guidelines for Sports Concussion Management

Introduction

The Lone Oak ISD Athletic Department has established an evidence-based protocol for student athletes who have suffered from a Mild Traumatic Brain Injury (mTBI) or concussion. Between 2009-2013, it has been reported that all 50 states and the District of Columbia have passed State Laws in regards to concussions sustained to youth and high school athletes. These state laws require 3 steps: 1.) Educate Coaches, Parents, and Athletes, 2.) Remove Athlete from Play, 3.) Obtain permission to Return to Play (RTP). While each state law varies in specific requirements, Texas Legislature passed HB 2038 “Tasha’s Concussion Law” in the Summer of 2011, which mandated that each school district have a concussion oversight team which designs and implements the protocol for the diagnosis, treatment and return to play of any student athlete who sustains a concussion. In compliance with the state law, Lone Oak ISD has developed a protocol using a 5-day exercise progression (RTP) to provide exceptional quality of care for our student athletes.

In this packet you will find the following information:

1. Parent Education and Information for Concussions
 - a. What is a Concussion
 - b. General Information & Statistics
 - c. Risks of playing with a concussion and prevention strategies
 - d. Liability Provisions
2. Lone Oak ISD Evaluation and Management Protocol for Concussions
3. Teacher Letter (will be sent out via School Nurse) for academic accommodations, if necessary.
4. Post - Concussion Return to Academic Guidelines
5. Return to Play exercise progressions
6. Home Instructions with symptoms for possible referral
7. Lone Oak ISD Concussion Oversight Team & Contact Information & References
8. UIL Return to Play



Parent Education and Information for Concussions

Concussions or Mild Traumatic Brain Injuries (mTBI)

A **concussion** is a type of *traumatic brain injury (TBI)* commonly referred to as a mild traumatic brain injury (mTBI). They are the result of trauma to the brain that is caused by a direct blow to the head or indirect blow to the 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) along with physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. 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, and can vary in appearance showing up immediately after the injury, or may not appear for days or hours after 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 a student-athlete returning to play too soon, and exposing themselves to a second concussion before healing can take place from the initial or previous concussion. This can lead to a serious and potentially fatal injury often referred to as second impact syndrome.

General Information and Statistics

The Centers for Disease Control (CDC) stated back in 2011 that the U.S. emergency departments (EDs) treat an estimated 173,285 sports and recreation related TBIs, including concussions, among children and adolescents, from birth to 19 yrs., with numbers increasing yearly. Children and teens are more likely to get a concussion and take longer to recover than adults. This is due to the brain not having the structural maturity and weaker neck musculature, along with the continued growth needed in areas of the brain that control cognitive function such as concentration, learning and memory, reasoning and executive function. According to the Sports Concussion Institute, it is estimated that 10 percent of athletes in any given sport suffer a concussion during a season and fewer than 10 percent of those sport related concussions involve any form of loss of consciousness (blacking out, seeing stars etc.) Most commonly reported symptoms for concussions are headaches (85%) and Dizziness (70-80%), and are generally reported immediately after injury occurs. With each passing year, concussions in adolescents continue to increase and as previously stated the biggest concern is the risk of repeated concussions and second impact syndrome to our student athletes. These two potential problems can have long lasting, and even terminal effects, on the individual.

Risks of playing with a concussion and Prevention strategies

Tasha's law was implemented to add protection to our student athletes from returning to play too soon from a concussion thus reducing their chances for further life changing injuries. Playing before the initial concussion has healed will put the student athlete at risk for long-term damage such as brain swelling (second impact syndrome) or a prolonged recovery (months-years) with devastating and fatal consequences. **Rest** is the key after a concussion, pulling the athlete out immediately after suspected injury and referring them to the proper health care professional trained in diagnosing and treatment of concussions (coaches and physicians). Athlete's parents, and other school and league officials sometimes wrongly believe that it shows strength and courage to play injured. While there are some injuries that can be "pushed" a possible head injury is never one of them. Discourage others from pressuring injured athletes to play and do not let your athlete (son/daughter) convince you that they are "just fine" (contact your son/daughters school coach or nurse if you suspect a head injury at all). The best prevention of any long-term issues after an initial concussion is obtained by allowing the athlete's brain adequate time to rest to diminish any active symptoms. Remember as stated previously, it is well known that child and adolescent brains need more time to recover than that of an adult, the process has no definitive time-table and some may take more time than others.

Prevention of obtaining initial concussions has not been proven in any way. The best prevention is to practice proper safety protocols per individual sports. Although no research has proven that any equipment will in any way prevent or reduce concussions it is always best to make sure helmets, chin straps, mouth pieces etc. are worn properly to provide the utmost protection that they were intended for. Remember there is no helmet or mouth guard that will prevent a concussion. Helmets were intended for prevention of skull fractures, and mouth guards intended to protect the teeth. Some studies show that an increase in neck strength may help to reduce the force sustained by the brain moving within the skull. Other helpful strategies to promote safety and help to create an environment to prevent head injuries involve, teaching and practicing proper safe playing techniques in all sports, insisting on safety first, encouraging athletes to follow rules of play and practice good sportsmanship, educate athletes on dangers of playing with head injury (hiding symptoms), and weekly safety checks on equipment to make sure they are adequately applied. As most know, athletes especially of adolescent ages will often under report symptoms of injuries, and concussions are no different. As a result, education administrators, coaches and students are all a vital part of the student-athletes overall safety.

Liability Provisions

The student-athlete and the student-athlete's parent/guardian or another person with legal authority to make medical decisions for the student-athlete understands 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 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.



Lone Oak ISD Concussion Evaluation and Management Protocol

Lone Oak ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving coach clearance, physician referral and clearance, neurocognitive testing and successful completion of activity progressions related to his/her sport. Your son/daughter must pass all of the components involved in the concussion management protocol in order to return to sport activity after sustaining a concussion. **ATHLETE DOES NOT RETURN TO A GAME/PRACTICE IF HE/SHE HAS ANY SYMPTOMS THAT INDICATE A POSSIBILITY OF SUFFERING A CONCUSSION.**

Evaluation for Concussion:

1. Athlete is evaluated if head injury is suspected using one of these assessment tools:
 - a. Sports Concussion Assessment Tool (SCAT3)
 - b. Graded Symptom Checklist (GSC)
 - c. Sideline Functional & Visual Assessments
 - d. On-Field Cognitive Testing
 - i. If extreme symptoms after initial evaluation- referral for immediate medical evaluation
 - ii. No extreme Symptoms (determined by coach/nurse evaluation): Concussion **Home Instruction forms** discussed and signed along with discussion of Lone Oak ISD Concussion management plan with parent or guardian.
2. Referral to a Concussion trained certified physician or physician of parents choosing.
 - a. All athletes must see a physician (this includes athletes who were initially referred to ER)
 - b. If concussion is confirmed diagnosis: athlete will not participate in game until completing the LOISD return to play protocol, and obtaining physician clearance.
3. Daily Symptom score check sheet to be filled out by the athlete either in AM or PM when checking in with the coach or nurse. If not at school, the parents should give symptom check sheet daily until return to school.
4. Teacher notification by the coach or school nurse. Notifications will include teachers, counselors, principals, assistant principals, coaches and school nurses. If school accommodations are needed, these will be included in initial email per physician recommendation.

Concussion Management and Return to Play Guidelines

1. After initial evaluation from physician, student-athlete must be symptom free at rest for a minimum of 48 hours. At this time the physician will direct the student athlete to then begin the Return To Play Protocol.
2. Once physician has cleared athlete for activity, they will start the progressive step-by-step protocol developed by Lone Oak ISD sports medicine staff. The progressions are as follows:
3. Gradual Progressions for Return To Play: 5-day progressions
 - a. Athlete Symptom Free for 48hr (medicine free) and cleared by MD for RTP
 - b. Day 1: Light Aerobic exercise with no resistive exercise
 - c. Day 2: Aerobic activity with resistive training
 - d. Day 3: Sports specific activity
 - e. Day 4: Non-Contact Practice
 - f. Day 5: Full Contact Practice (w/contact if applicable)
 - i. **Note: If athlete experiences any post-concussion symptoms, he/she will wait 24hr of being symptom free and resume at previous day of progressions**
4. Upon completion of the return to play protocol the coach must receive a written release from physician and UIL required return to play form signed by parent/guardian and coach.



CONCUSSION RETURN TO CLASSROOM PROGRESSION

STEP 1	
No School Attendance: Emphasize Cognitive & Physical Rest	
Recommendations:	No Tests, Quizzes, or Home Work Students May Be Sensitive to Light & Noise Students May Complain of Intense/Continuous Headaches Students May Not Be Able to Read More Than 10 Minutes Without Increase of Symptoms
Progress to Next Step When:	Decreased Sensitivity to Light or Noise Decreased Intensity & Frequency of Headaches Ability to Read More Than 10 Minutes Without Increased Symptoms (If Student Remains @ Step 1 Longer Than 2 Weeks, Consult Student Support Team to Discuss Progress)
STEP 2	
Report to AT/Nurse:	Open for Modified Daily Class Schedule
Recommendations:	Reduce Weight of Back Pack or Provide 2 nd Set of Textbooks Arranged by Counselor Obtain a “5 Minute Pass” to Avoid Noisy, Crowded Hallways Between Classes/Lunch No Tests/Quizzes; Provide Copies of Class Notes Do Daily Work Wear Sunglasses When Looking at Smart Boards; No PE or Exercise Ex: Day 1-PM Classes Only, Day 2-AM Classes Only, Day 3-10am-2pm, etc.
Progress to Next Step When:	Each of Students Classes Has Been Attended At Least Once School Activity Does Not Increase Symptoms Overall Symptoms Decrease <u>May begin Social Reintegration</u>
STEP 3	
Report to AT/Nurse:	Full Day of School
Recommendations:	Reduce Weight of Back Pack or Provide 2 nd Set of Textbooks Arranged by Counselor Obtain a “5 Minute Pass” to Avoid Noisy, Crowded Hallways Between Classes/Lunch No Tests/Quizzes; Provide Copies of Class Notes; 50% of Expected Homework; Students may attempt tests/quizzes at their request Teacher has Discretion to use ‘Mastery Learning’ Criteria to Reduce Subject Matter Workload Do Not Attend Electives: yes _____ no _____ May begin RTP Exercise Progressions
Progress to Next Step When:	Symptoms Almost Resolved School Does Not Increase Any Symptoms (If Student Can’t Go Past Step 3 After an Extended Period of Time, Makeup Work Should Not Be Required; Refer to Student Support Team)
STEP 4	
Report to AT/Nurse:	Full Academic Load
Recommendations:	Resume All Academic Responsibilities Including 100 % of all homework; All Tests/Quizzes with extra time if requested by the student. PE and/or RTP Progressions Should Be Advancing at This Point (If ANY Symptoms Return During Step 4, Return to Step 3)
STEP 5	
Full Academic Load	
Recommendations:	The Coach/Nurse/Counselor Will Conduct A Follow Up Interview with the Student After 1 Week. Helps Determine if Additional Counseling or Intervention is Required Students are Encouraged to Continue Meeting with Counselors to Update Them on Academic Progress Helps Avoid the “Neurocognitive Stall” That Seems to Occur Within a Year After the Concussion



CONCUSSION RETURN TO PLAY PROGRESSIONS

STAGE 1	
Recommendations:	Exercise in Quiet Area (ATR, PT Clinic) No Impact Activities Balance & Vestibular Treatment (PRN) Limit Head Movements & Position Changes Limit Concentration Activities
Activity:	Light Aerobic Conditioning (Stationary/Recumbent Bike) Balance Activities (BAPS Board, Foam Pad, Mini Trampoline, etc.) Exercises that Limit Head Movements (weight machines, squats/lunges, etc.) Core Exercises With No Head Movements (Planks, Leg Lifts, Stability Work, etc.)
STAGE 2	
Recommendations:	Exercise in Gym Area (Weight Room, Gym) Use Various Equipment Allow Positional Changes & Head Movement Low Level Concentration Activities (Counting, Repetitions, Recall Plays/Formations/Game Plan, etc.)
Activity:	Light to Moderate Aerobic Conditioning (Bike, Elliptical, increased time & intensity) Balance Activities With Head Movements (Add Ball Toss, weight pickups, etc) Resistance Exercises with Head Movements (Rotating Lunges, Medicine Ball Work, etc) Low Intensity Sport Specific Activities Core Exercises with Head Movements
STAGE 3	
Recommendations:	Exercise in Any Environment Strength Conditioning Increased Balance & Proprioceptive Work Concentration Challenges
Activity:	Moderately Aggressive Aerobic Exercises (Running, Plyometrics, Stair Running, etc) All Forms of Strength Exercises (Normal Lifting) Dynamic Warm Ups Impact Activities (Running, Jumping, Plyometrics) Challenge Positional Changes (Burpees, Mountain Climbers, etc) More Aggressive Sport Specific Activities
STAGE 4 (NO CONTACT PRACTICE)	
Recommendations:	Avoid Contact Activity Resume Aggressive Training in All Environments
Activity:	Max-Exertion Sport Specific Activities No Contact
STAGE 5 (FULL PRACTICE WITH CONTACT)	
Recommendations:	Initiate Contact and Full Exertion Activities as Sport Indicates
Activity:	Full Physical Training Activities with Contact

1. Troutman-Enseki, C. (2013). Post Concussion Management: Exertion Therapy. Pittsburgh, PA. University of Pittsburgh Center for Sports Medicine



Lone Oak ISD Concussion Management Home Instructions & Symptom Referral

_____ is suspected of sustaining a concussion during _____ on _____. In some situations, the signs and symptoms of a concussion do not become obvious until hours or even days later. To make sure he/she recovers please follow the following important recommendations and be observant for the following signs and symptoms:

1. **Loss of consciousness on the field (coach and/or coach will be aware) ***
2. Amnesia (memory loss)
3. Cranial nerve deficits (on field evaluation will determine)
4. **Vomiting***
5. **Headache (if intensity and severity increase*)**
6. Mental Confusion/Behavior changes
7. Ringing in Ears
8. Dizziness
9. Changes in Gait/Balance
10. **Blurry or double vision that doesn't improve***
11. **Decreasing level of consciousness* (losing consciousness suddenly)**
12. **Slurred Speech***
13. **Decrease or irregularity in pulse or respiration***
14. **Unequal, dilated or unreactive pupils***
15. **Any signs or symptoms of associated injuries, spine or skull fracture or bleeding***
16. **Seizure activity***

*** Indicates that the athlete needs to be transported immediately to the nearest emergency department.** Best guideline is to note whether symptoms are becoming worse. If you have any questions at all about the symptoms you are observing please contact your school coach, treating physician, or seek medical attention at closest emergency department if deemed necessary. Otherwise, follow home instructions below for care:

Things OK to do:

Take acetaminophen (Tylenol)
Use ice packs on head/neck as needed
Eat a light diet
Rest (no strenuous activity/sports)
Return to school (as physician directs)

Do NOT:

Be on phone, TV, computer
Listen to music
Drink Alcohol
Drive w/symptoms
Take ibuprofen
Be around loud noises/bright lights

No Need to:

Check eyes w/flashlight
Wake up every hour
Test Reflexes

Please be sure to have student athlete check in with one of the Certified/Licensed Coaches daily to fill out symptom score sheet and drop off any physician's notes.

Instructions provided to: _____ Signature: _____

Instructions provided by: _____ Signature: _____

Date: _____ Time: _____ Contact Info: _____



Lone Oak ISD Concussion Oversight Team 2024-2025

Concussion & Neurocognitive Trained Physicians:

Dr. Wesley Acker, MD*
Harbor Heights
972-772-5450

Dr. Robert Stark, MD
Harbor Heights
972-772-5450

Lone Oak ISD Sports Medicine Staff:

David Bowden, LAT
Contract Athletic Trainer
Kinetix Sports Medicine
Cell, 972-935-2718

Lone Oak ISD Administrators:

Logan Turner – Athletic Director
Erin Bowers – Girls Athletic Coordinator
Elizabeth Hyatt – LOHS Assistant Principal
Tammy Ragsdale – LOMS Principal

Lone Oak ISD School Nurses

Laurie Daniels – District Nurse

References:

1. Broglio, Steven P, et al. National Coaches Association Position Statement: Management of Sport Concussion; Journal of Athletic Training April 2014
2. <http://www.momsteam.com/health-safety/return-to-play/concussion-return-to-play-step-by-step-approach-recommended>
3. Giza, Christopher C, et al. Summary of evidence-based guideline update: Evaluation and management of concussion in sports: Report of the Guideline Development Subcommittee of the American Academy of Neurology; Neurology March 2013
4. <http://www.neurology.org/content/80/24/2250.full.html>
5. McCrory, Paul et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012; Br J Sports Med 2013
6. <http://www.cdc.gov/concussion>
7. Texas HB 2038, Tasha's Concussion Law
8. <http://concussiontreatment.com/resources/>

The following portion is For Lone Oak ISD documentation.



Lone Oak ISD Acknowledgement of Suspected Concussion Form

_____ Is suspected of sustaining a concussion
during _____ on _____.
_____ will be re-evaluated on _____.
at _____

A Parent/ Guardian please initial each line indicating that you have received and understand the listed Lone Oak ISD Guidelines Concussion Management.

- _____ 1. Parent Education and Information for Concussions
- _____ 2. Lone Oak ISD Evaluation and Management Protocol for Concussions
- _____ 3. Teacher Letter for academic accommodations, if necessary.
- _____ 4. Post-Concussion Return to Academic Guidelines
- _____ 5. Return to Play exercise progressions
- _____ 6. Home Instructions with symptoms for possible referral
- _____ 7. Lone Oak ISD Concussion Oversight Team & Contact Information & References

By signing you understand the procedures for the Lone Oak ISD Concussion policy in compliance with Texas Education Code, Section 38.157.

_____ Date: _____
Student Athlete

_____ Date: _____
Student Athlete Parent/Guardian

_____ Date: _____
Lone Oak ISD Representative