



NWC Concussion Return to Play Protocol

Dear Parent/Guardian,

Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the high school to the professional level. To ensure the safety of our student athletes, NWCS has developed the following Concussion Response Policy.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain work normally. A concussion is caused by a blow to the head or body that causes the brain to move rapidly within the skull. Even a “ding,” getting your “bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can result from a fall, collision with a person or object, or other mechanisms, and a direct blow to the head is not necessary to sustain a concussion. Concussions may be described as a “mild” brain injury because they are usually not life-threatening.

THE FACTS:

- A concussion is a BRAIN INJURY
- All concussions are SERIOUS.
- Concussions most often occur WITHOUT loss of consciousness.
- Concussions can occur in ANY SPORT or ACTIVITY.
- Younger ages have more symptoms and a longer recovery time.
- If you have experienced prior concussions, headaches, learning disabilities, sleep problems, or mental health issues, you may have a longer recovery time.
- Recognition and management of concussions when they FIRST OCCUR can help prevent further injury.

SYMPTOMS (may develop over the first 24-48 hours or longer):

Pay attention to the following symptoms, which usually develop over the first 24-48 hours and can range from very mild to severe. It is not unusual for these symptoms to fluctuate during the initial stage of a concussion:

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| *Headache or pressure in head | *Balance problems or dizziness | *Nausea or vomiting |
| *Double or blurry vision | *Sensitivity to light or noise | *Feeling slowed down/foggy |
| *Memory/Concentration problems | *Confusion or “not feeling right” | *Fatigue or low energy |
| *More emotional, irritable, nervous, sad | *Sleeping Problems | *Drowsiness |

RED FLAGS- SEEK IMMEDIATE MEDICAL ADVICE OR CARE IF YOU EXPERIENCE:

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| *Headaches that get much worse | *Very drowsy or can't wake up | *Repeated vomiting |
| *Difficulty recognizing people/places | *Confused, disoriented, irritable | *Seizure (arms, legs) |
| *Have a weak or numb arms or legs | *Excessively unstable on feet | *Slurred speech |

RESPONSE TO SUSPECTED CONCUSSION:

A student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

1. The coach
2. A physician
3. Officials on the court of field
4. A licensed health care professional
5. The student's parents or guardian or another person with legal authority to make medical decisions for the student.

RETURN-TO-PLAY (RTP) PROTOCOL:

It is Northwest Christian School's policy to abide by the graduated return to play process in accordance with the Lystedt Law. **If the athlete has been cleared by a physician to return to activity after a suspected concussion, the return to play process will still be required to return to participation in the athlete's sport.** This process is usually administered by the Athletic Trainer but may also be done by a Sports Medicine Physician. The CDC has approved the following five stage return to play protocol that will be used in the event a concussion has occurred. The athlete must be cleared in all steps of RTL protocol before his RTP protocol can be finished. This return to play process may be slightly altered due to available equipment/practice area.

Before resuming your activity, you will need to follow the stepwise, symptom limited program below. General guidelines include:

- You will begin Stage 1, and then to go Stage 2, etc.
- There will be at least 24 hours between stages.
- If you develop any symptoms, STOP activity immediately, rest, and return to previous stage.
- DO not skip any stages.
- If you are symptom free during light activity, you must wait until the next day to progress.

NWCS CONCUSSION PROTOCOL RETURN TO PLAY STEPS

STEP	EXERCISE STRATEGY	ACTIVITY at EACH STEP	GOAL
<p>*If and only if the athlete is under the care of an athletic trainer or licensed health care professional, athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours.</p> <p>If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during steps 1-3, the athlete should stop and attempt to exercise the next day.</p> <p>Otherwise, step 1 will begin after the athlete is cleared by a licensed professional.</p>			
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms like walking	Gradual reintroduction of work/school
2	Aerobic Exercise	2A- Light (up to approx.. 55% maxHR) 2B- Moderate (up to approx.. 70% maxHR) Stationary Bike/Walking/Light Jog Increase heart rate May start light resistance training that does not result in more than mild or exacerbation of concussion symptoms	Increase Heart Rate
3	Individual Sport Specific Exercise	Sport specific training away from the team environment (i.e., running, change of direction, and/or individual training drills away from the team environment. No activities at risk of head impact.	Add movement, change of direction
<p>** Steps 4-6 may only begin after the resolution of any symptoms, abnormalities in cognitive function, or any other clinic finding related to current concussion, including with and after physical exertion***</p> <p>Steps 4-6 can only begin after a student athlete has been fully cleared by a proper medical health care care professional (MD, DO, ARNP, PA, PA-C, AT/L, LAT)</p>			
4	Non-Contact Training Drills	Exercise to high intensity including more challenging training drills (i.e., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking
5	Full contact practice	Participation in normal training activities	Restore confidence and assess functional skills by coaching staff.
6	Return to Sport	Normal game play	Restore confidence and assess functional skills by coaching staff



NWC Concussion Management Return to Play Form

Please take this form along with prior three pages of Northwest Christian protocol when you see your primary care provider. If your child was seen by an athletic trainer or medical trained professional for steps 1-3, all notes and information documented by the medical care professional must also be taken to your primary care provider.

Student Name (Please Print)

School Name (Please Print)

Certified Athletic Trainer (If applicable)

If steps 1-3 were under guidance of athletic trainer/sports medicine physician, please have him/her sign here and if there are any notes, they can also be included in what is brought to the primary care physician.

Athletic Trainer / Licensed Professional Signature

Title

Date

Primary Care License Professional:

Please have a medical licensed professional sign below to clear athlete to Return-to-Play steps of protocol. Please include any additional notes/documentation that the licensed care professional includes.

The athlete, _____, is cleared from his/her concussion and may begin Return-to Play Protocol.

Signature of Medical Care Professional

Title

Date of Clearance to Return-to-Play Protocol

Athletic Department:

The student has been evaluated by a Licensed Health Care Professional. (MD, DO, ARNP, PA-C, LAT, AT/L)

The school has received a written statement from the Licensed Health Care Professional saying it is safe for them to return to play or begin protocol steps.

After an athlete is cleared, the student must still complete the (RTP) protocol steps established by NWC.

NWC Athletic Director

Date

Parent/Legal Guardian:

The family has been informed of the Return to Play protocol established by NWC.

The family understands risk or returning and will comply with Return to Play protocol requirements.

Signature of Parent/Guardian

Date

