

Concussion Oversight Team

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Lubbock Independent School District Sports Concussion Management

The following policy, procedures, and guidelines on the assessment, prevention, and management of concussion, as well as return-to-play guidelines have been developed in accordance with Texas Education Code Sec, 38, 151-160. The risk of continuing to play with the signs and symptoms of a concussion leaves athletes especially vulnerable to greater injury. There is an increased risk of significant damage from another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even 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 (including concussions). As a result, education of administrators, coaches, parents, and students is the key for a student athlete's safety.

Purpose

The Lubbock ISD (LISD) Athletic Department recognizes that concussions pose a significant health risk for student athletes. Therefore, the Athletic Department has implemented policies and procedures to deal with the assessment, prevention, management, and return-to-play guidelines for student athletes who have sustained a head injury. The neurocognitive testing along with physical exam, symptom scaling, follow-up testing, and a gradual return-to-play protocol will all be used in conjunction with sound clinical judgment and on an individual basis to determine when it is safe for an athlete to return to competition. LISD utilizes ImPACT™ neurocognitive assessment platform for pre-season baseline testing on all high school football and diving athletes, as well as utilizing post-injury testing as a tool in the concussion management of high school athletes.

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.

Prevention Strategies

In an effort to reduce the number of head injuries in LISD the district insists that “safety comes first.” The following procedures will be used as a guideline to assist in the prevention of head injuries.

- Request accurate information from parents/guardians on physical/medical history form
- Obtain acknowledgment from parents/guardians that they have reviewed the concussion information provided by UIL and LISD (Appendix A).
- Ensure all coaches, cheer sponsors, and athletic trainers complete the UIL required concussion training.
- Teach and practice safe playing techniques.
- Teach athletes the dangers of playing with a concussion.
- Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
- Ensure athletes wear the right protective equipment for their activity (such as helmets, padding, and mouth guards)
- All headgear must be NOCSAE certified.
- Ensure headgear fits the individual, and is secured properly to the individual
- 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.

Although all head injuries cannot be prevented, LISD is working proactively in order to reduce the number and severity of head injuries that do occur.

Recognition of Concussion

Common signs and symptoms of sports-related concussion:

Signs:

Athlete appears dazed or stunned
Confusion (about assignment, plays, etc.)
Forgets plays
Unsure about game, score, opponent
Moves clumsily (altered coordination)
Balance problems
Personality change
Responds slowly to questions
Forgets events prior to hit
Forgets events after the hit
Loss of consciousness (any duration)

Symptoms:

Headache
Fatigue
Nausea or vomiting
Double vision, blurry vision
Sensitive to light or noise
Feels sluggish Feels “foggy”
Problems concentrating
Problems remembering

These signs and symptoms are indicative of a probable concussion. Other causes for symptoms should also be considered.

Reporting Head Injuries

It is important that the student athlete/parent report all head injuries received to the athletic trainer/ middle school coach. This includes any head injury that occurs out of the school environment. It is important that any head injuries be reported before a student engages in physical activity. Middle school athletes that report a head injury during the school day should be seen by the school nurse for evaluation and referral to the Sports Treatment Center.

Initial Evaluation/Assessment for Concussion

In all cases in which a head injury is suspected the athlete will be removed from athletic participation and an initial assessment will take place. The initial assessment may utilize Signs/Symptoms, On-field Cognitive Test, and Balance Testing (Appendix B). The athlete will NOT be allowed further participation if he/she has any signs/symptoms that would indicate the possibility of suffering a concussion.

- The Athletic Trainer (AT) will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.
- The AT will notify the athlete's parents and give verbal and written home and follow-up care instructions. This should include:
 - Concussion Home Instructions (Appendix C)
 - Concussion Information for Parents (Appendix D)
 - Return to Play Guidelines For Parents (Appendix E)
- If school medical staff is not in attendance at a game or practice the head coach is to notify athletic trainers or director of sports medicine for middle school athletes of the suspected injury.

Suggested Guidelines for Referral of Sports-Related Concussion

- Any athlete who has symptoms of a concussion, and who is NOT stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
- An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department.
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - decrease or irregularity in pulse
 - unequal, dilated, or unreactive pupils
 - vomiting
 - any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - seizure activity
 - cranial nerve deficits
- An athlete who is symptomatic but stable, may be transported by his parents home, or to the hospital if the parent feel it necessary.

Follow-Up Care

LISD athletes who sustain a head injury will be restricted from UIL athletics until successful completion of the return-to-play protocol (RTP). LISD strongly recommends that students with head injuries refrain from outside activities such as recreational exercise and club sports.

***** This area of concussion management may vary from school to school*****

- The athlete will be instructed to report to their athletic trainer/ middle school coach daily.
- If the school nurse receives notification of a student-athlete who has sustained a concussion from someone other than the AT (athlete's parent, athlete, physician note), the athletic trainer should be notified as soon as possible.
- The AT will notify the school nurse and all of the athlete's teachers that the student has sustained a concussion. (Appendix F)

Academic Modification Guidelines

Because of the high academic demands placed on student athletes, academic modification may be necessary. The objective is to allow for adequate healing time prior to return to mental activity. This will encourage healing and result in less school time missed. Following a suspected head injury the AT or RN can recommend:

- Modifications of school work, such as: homework, limited computer work, reading activities, testing, assistance to class.
- Attending school for half days or rest periods.
- Treating physicians may recommend additional academic and electronic usage modifications. These should be communicated to the athlete's teacher and/or school counselor.
- Any academic accommodations should expire before the athlete completes the return-to-play protocol (RTP)

Health Care Professional Evaluation

In accordance with Texas Education Code Sec. 38, 151-160. Students suspected of sustaining a concussion must be evaluated by a physician before returning to play. Evaluation by a physician should include a neurological and a functional test. A neurological test should include, but is not limited to, eye movements, pupil response, balance (static and dynamic), hearing, and vision. A functional test should include, but is not limited to, heel toe walking, jogging, and progressive functional activity. Please keep in mind that even if an athlete is cleared by a physician, he or she will still need to pass the Lubbock ISD return-to-play protocol.

Return to Play Progression

LISD protocol following a concussion, should follow a stepwise progression. Step 1 represents the timeframe while post-concussion symptoms persist, and then begin to resolve. This phase will vary considerably among individuals, and is affected by age, prior history of head injury, injury severity, number of symptoms, and possibly gender among other clinical considerations. As symptoms begin to subside, one can gradually become more active, provided the activity does not bring on or worsen symptoms. Progression to Step 2 and each step thereafter requires remaining symptom-free, and a minimum 24 hours span between each step. If at any time an athlete experiences symptoms that return, they are to stop and resume the progression at the previous step after being symptom-free at rest for 24 hours.

Step 1 Symptom-Limited Activity; restrict vigorous exertion. An initial 24-48 hrs. of relative rest is recommended, including rest from both physical activity and cognitive/mentally taxing activity.

Cognitive Rest includes limiting mathematical/analytical problem solving, focused/prolonged reading, texting, video gaming, or prolonged TV watching that trigger symptoms coming on or getting worse.

Step 2 Light, Aerobic Activity; (<70% max. heart rate); Symptom-Free at Rest This can include walking, swimming, or stationary bikes. No resistance training or weight lifting.

****Athletes must have written authorization from the treating physician before resuming practice participation.****

Step 3 Sport/Position/Event Specific Exercises, Conditioning Drills Restricted, individual workout: light-moderate conditioning drills; running drills, agility drills; shooting, throwing, catching, kicking, ball control, passing drills; light-moderate intensity resistance training; shadow mat drills (no stand-ups, take-downs, partners). No head impacts.

Step 4 Non-Contact Practice No live, full-speed, scrimmaging, or full-court activity; no activity that involves using the head.

Step 5 Full-Contact Practice; practice without restrictions

Step 6 Resume Competition UIL Concussion Management Protocol Return to Play Form must be completed before resuming competition.

Continued symptoms monitoring, prior concussion history, any diagnostic testing results along with neurocognitive testing, and physical exam, may be utilized by the athlete's physician and athletic trainers to determine when it is safe for an athlete to return to competition. It is important to note that this could take a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

References

1. McCrory P, et al. Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sports held in Berlin, October 2016. British Journal of Sports Medicine, Apr 2017.
2. Broglio S, et al. (2014) National Athletic Trainers' Association Position Statement: Management of Sport Concussion. Journal of Athletic Training , 49(2), pp. 245-265.
3. Harmon, K. G., et al. (2013) . American Medical Society for Sports Medicine Position Statement. Clinical Journal of Sport Medicine, 23(1), pp.1-18.
4. <http://www.uiltexas.org/health/concussions>
5. <https://impacttest.com/>
6. <https://www.cdc.gov/headsup/index.html>
7. Nebraska Sports Concussion Network, Forms
8. Lubbock Sports Medicine, Concussion Concussion Protocol (07/2017)

Lubbock ISD Concussion Guidelines & Consent

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 trainer 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.

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 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 or competition, based only on service on the concussion oversight team.

Lubbock ISD Concussion Guidelines & Consent

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a graded exertional protocol

prior to medical clearance and return to play. During this period of recovery, while symptomatically following an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. Activities that require concentration and attention (e.g., scholastic work, videogames, text messaging, etc.) may exacerbate symptoms and possibly delay recovery. In such cases, the Lubbock ISD Sports Medicine Staff will work in conjunction with the athlete, teachers, and parents to ensure appropriate accommodations according to physician recommendations and observations.

In the event a student athlete is suspected of a concussion the student will be:

1. Removed from athletic participation immediately 2. Evaluated by a Lubbock ISD Athletic Trainer and a Licensed Physician 3. Progressed through return to play protocol 4. Released to participation with written clearance from Physician & Athletic Trainer

GRADUATED RETURN TO PLAY PROTOCOL

Return to play protocol following a concussion follows a stepwise process progressing from rest to full-contact training. With this

stepwise 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 asymptomatic at rest and with provocative exercise. If any post-concussion symptoms

occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

NEUROCOGNITIVE TESTING

ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) is a scientifically valid and reliable neurocognitive assessment platform developed by ImPACT Applications, Inc. to help health professionals meet the public health needs of the growing number of individuals affected by a sports-related mild traumatic brain injury (mTBI) or concussion. The evidence-based scales and neurocognitive testing help qualified health professionals collect important information used in assessing, monitoring, and managing concussions. Lubbock ISD will utilize ImPACT for pre-season baseline testing on all high school football and diving athlete, as well as utilize post-injury testing as a tool in the concussion management of high school athletes. I give my permission for the school to release the ImPACT results to my child's physician, neurologist, or other treating physician, as well as the school nurses and/or athletic trainers. I understand that general information about the test data may be provided to my child's counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

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 Lubbock ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

By placing a check in the box, I have read, understood and accepted the information.

Lubbock ISD Concussion Home Care Instructions

Athlete: _____ Date of Injury: _____

Your son/daughter has sustained a head injury while participating in athletics in a Lubbock ISD athletic program. In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms.

- Headache
- Dizziness
- Fatigue
- Balance Problems
- Nausea
- Pressure in Head
- Sensitive to light and noise
- Mental Confusion
- Memory Loss
- Ringing in the ears
- Blurry or double vision

Go to the hospital immediately if any of these signs are visible

- Worsening Headache
- Very Drowsy
- Can't recognize people and places
- Vomiting
- Worsening Confused
- Seizures
- Unsteady
- Slurred Speech
- Blood or clear discharge from ear

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. If you have any questions or concerns at all about the symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below

It is OK to:

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head & neck for comfort
- Eat a light diet
- Go to sleep
- Rest (no strenuous activity or sports)
- Return to school

There is NO need to:

- Checking eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

AVOID:

- Drink alcohol
- Drive while symptomatic
- Exercise or lift weights
- Use computer or text message
- Watch TV, listen to loud music, or read for long periods
- Bright lights
- Take ibuprofen, aspirin, naproxen, or other NSAIDs

Please remind your child to check in with the Certified/Licensed Athletic Trainer prior to going to class, on the first day he or she returns to school.

Additional
Recommendations:

*Appendix
C*

Lubbock ISD Concussion
Information for Parents

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 trainer 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.

Lubbock ISD Return to Play Guidelines 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 can slow recovery or increase the chances for long-term problems.

Lubbock ISD has developed a protocol for managing concussions. This protocol includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of a stepwise progression back to activity. The following is an outline of this procedure. Your son/daughter must complete these steps in order to return to full sport participation after having a concussion.

- All athletes who sustain head injuries are required to be evaluated by a physician. The evaluation should include a neurological and functional exams. Students should have normal physical and neurological exam prior to being permitted to return to athletic participation. This includes athletes who were initially referred to an emergency department.
- The student will be monitored 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.

Step 1 Symptom-Limited Activity; restrict vigorous exertion

An initial 24-48 hrs. of relative rest is recommended, including rest from both physical activity and cognitive/mentally taxing activity. *Cognitive Rest* includes limiting mathematical/analytical problem solving, focused/prolonged reading, texting, video gaming, or prolonged TV watching that trigger symptoms coming on or getting worse.

Step 2 Light, Aerobic Activity; (<70% max. heart rate); Symptom-Free at Rest Step 3 Sport/Position/Event Specific Exercises, Conditioning Drills

Athlete must have written authorization from the treating physician before resuming practice participation. Step 4 Non-Contact Practice Step 5 Full-Contact Practice; practice without

restrictions Step 6 Resume Competition

UIL Concussion Management Protocol Return to Play Form completed and returned to athletic trainer before resuming competition

- Step 1 represents the timeframe when post-concussion symptoms are present, and then begin to resolve. This phase varies from student to student; it is affected by age, prior history of head injury, injury severity, number of symptoms, and possibly gender among other clinical considerations. As symptoms begin to subside, students can gradually become more active, provided the activity does not bring on or worsen symptoms. Progression to Step 2 and each step thereafter requires remaining symptom-free, and a minimum 24 hours span between each steps. If at any time an athlete experiences symptoms that return, they are to stop and resume the progression at the previous step after being symptom-free at rest for 24 hours.

Continued symptoms monitoring, prior concussion history, any diagnostic testing results along with neurocognitive testing, and physical exam, may be utilized by the athlete's physician and athletic trainers to determine when it is safe for an athlete to return to competition. It is important to note that this could take a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

*Appendix
E*

Date: _____

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Dear
Teacher:

_____ is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post-concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible, or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury, and you may consult with her at any time. Also the appropriate administrators are aware of the injury.

You are an important member of the team that is treating _____ for their head injury. The physician and I only get a small snapshot of his daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion.

If you have any further questions, please contact:

Name:

Number:

Email:

Teachers Please Sign and Return to
Student

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School Nurse

Lubbock ISD Return to Play Guidelines Information for Treating Physician

Lubbock ISD has developed a protocol for managing concussions. This protocol includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of a stepwise progression back to activity. The following is an outline of this procedure. The injured athlete must complete these steps in order to return to full sport participation after having a concussion.

- All athletes who sustain head injuries are required to be evaluated by a physician. The evaluation should include a neurological and functional exams. Students should have normal physical and neurological exam prior to being permitted to return to athletic participation. This includes athletes who were initially referred to an emergency department.

- The student will be monitored 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.

Step 1 Symptom-Limited Activity; restrict vigorous exertion

An initial 24-48 hrs. of relative rest is recommended, including rest from both physical activity and cognitive/mentally taxing activity. *Cognitive Rest* includes limiting mathematical/analytical problem solving, focused/prolonged reading, texting, video gaming, or prolonged TV watching that trigger symptoms coming on or getting worse. Step 2 Light, Aerobic Activity; (<70% max. heart rate); Symptom-Free at Rest

This can include walking, swimming, or stationary bike. No resistance training or weight lifting. Step 3 Sport/Position/Event Specific Exercises, Conditioning Drills

Athlete must have written authorization from the treating physician before resuming practice

participation. Restricted, individual workout: light-moderate conditioning drills; running drills, agility drills; shooting, throwing, catching, kicking, ball control, passing drills; light-moderate intensity resistance training; shadow mat drills (no stand-ups, take-downs, partners). No head impacts. Step 4 Non-Contact Practice

No live, full-speed, scrimmaging, or full-court activity; no activity that involves using the head. Step 5 Full-Contact Practice; practice without restrictions Step 6 Resume Competition

UIL Concussion Management Protocol Return to Play Form completed and returned to athletic trainer

before resuming competition

Step 1 represents the timeframe when post-concussion symptoms are present, and then begin to resolve. This phase varies from student to student; it is affected by age, prior history of head injury, injury severity, number of symptoms, and possibly gender among other clinical considerations. As symptoms begin to subside, students can gradually become more active, provided the activity does not bring on or worsen symptoms. Progression to Step 2 and each step thereafter requires remaining symptom-free, and a minimum 24 hours span between each steps. If at any time an athlete experiences symptoms that return, they are to stop and resume the progression at the previous step after being symptom-free at rest for 24 hours.

Continued symptoms monitoring, prior concussion history, any diagnostic testing results along with neurocognitive testing, and physical exam, may be utilized by the athlete's physician and athletic trainers to determine when it is safe for an athlete to return to competition. It is important to note that this could take a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

*Developed from: 1. Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sports held in Berlin, October 2016. *British Journal**

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