



## Waynesboro Public Schools Sports Concussion Management Plan

Medical Management of Sports Related Concussions continues to evolve as more and more research is done on the effects of head trauma (short & long term), especially in the school aged patient. Waynesboro Public Schools (WPS) recognizes that a concussion is a serious injury to the brain resulting from a force applied directly or indirectly to head producing a set of signs and symptoms reflecting the brain's dysfunction. WPS is committed to safe practice and provides a Sports Concussion Management Plan to educate parents, student-athletes, coaches and teachers about the nature and risks of concussions, and procedures to detect and treat these brain injuries prior to safe return to play. Central office and school administrators, athletic directors, coaches, school nurses, teachers, parents, student-athletes, certified athletic trainers (ATC), and other health care providers form a team to work together to identify concussions once they occur and to ensure safe return to play.

WPS guidelines mandate that if a student-athlete exhibits or reports any sign or symptom of a concussion; he/she will be removed from practice or play. Parents are notified on the day of the injury. The parents will obtain a medical evaluation by a licensed health care professional per the WPS Sports Concussion Management Plan described in this document. WPS acknowledges that clearance to return to play is a medical decision. The licensed health care professional(s) who evaluates the student-athlete is the only individual to provide clearance, which will then place the student-athlete in the care of the ATC with further consultation as needed. WPS will not allow the student-athlete to participate in a practice or game while experiencing any lingering or persisting symptoms of a concussion, no matter how slight. The student-athlete must be completely symptom free at rest and during physical and mental exertion, with neurocognitive functioning that has returned to their normal baseline prior to return to sports training, practice, play, or competition.

### **The WPS Sports Concussion Program includes the following five fundamental components:**

- (1) Verified training of coaches on concussion risks, recognition, and management.
- (2) Education of parents and student-athletes on concussion risks, signs and symptoms, and post-injury management for sports and school. Parents and student-athletes will read, sign, and submit to the school the Waynesboro Public Schools Concussion Information Sheet before the first practice.
- (3) Immediate removal from play by the student-athlete's coach, ATC, or team physician of any student-athlete suspected of sustaining a concussion in a practice or game (i.e. exhibiting signs and/or symptoms). **"When in doubt, sit them out"** is the operating principle.
- (4) Written clearance to return to play of the student-athlete by a licensed health care professional. The written clearance must be received by the ATC before the student-athlete is allowed to return to activity. **"Return to Play Requires Medical OK"** is the operating principle.
- (5) Treatment of the Student-Athlete in School. School personnel will be trained on concussion management in the school. They will be informed of the student-athlete's injury and its specific symptom manifestations- physical, cognitive, emotional, sleep. An individualized school care plan will be developed and implemented to assist the student athlete's recovery, providing maximally tolerated academic activities.

## Identification and Handling of Suspected Concussions in Student-Athletes

1. Student-athlete and Parent or guardian
  - a. In order to participate in any extracurricular athletic activity, WPS will require student-athletes and the student-athlete's parent or guardian to review information on concussions on an annual basis (every 12 months).

This information will include a parent and student-athlete fact sheet along with watching a concussion video provided by WPS. After having reviewed the materials describing the short and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt; review and understanding of such information [see Concussion Information Sheet].
  - b. By signing this form the student-athlete and the student-athlete's parent or guardian will accept the responsibility for reporting their injuries and illnesses to the coaching staff, school nurse and school ATC, including signs and symptoms of concussions.
2. A student-athlete suspected by that student-athlete's coach, ATC, team physician or school nurse of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. The student-athlete who has been removed from play, evaluated by the school ATC or school team physician, and suspected to have a concussion or brain injury shall not return to play that same day. A student-athlete suspected of sustaining a concussion by the coach, ATC, team physician or school nurse will be treated according to the WPS Sports Concussion Management Plan.
3. WPS will establish a concussion policy team including a school administrator, ATC, school nurse, coach, parent, and student. The team will review and refine the WPS Sports Concussion Management Plan on an annual basis (at a minimum).
4. WPS recognizes that a concussion can affect the student-athlete's ability to function in many activities in the school setting. Therefore, WPS will assist the student-athlete with his/her academic needs and provide an individualized school care plan for the gradual reintroduction of cognitive demands for student-athletes who have sustained a concussion.

### Protocol for Return to Play

The WPS has established a Sports Concussion Management Plan that describes in detail the protocol for return to play.

### Helmet Replacement and Reconditions Policies and Procedures

Helmets will be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at the time of purchase. Reconditioned helmets will be NOCSAE recertified by the reconditioner.

### Training Required for Personnel and Volunteers

WPS will require that school nurses, applicable teachers, coaches, ATC, team physicians and licensed health care provider volunteers receive current training annually on recognizing the signs and symptoms of a concussion, strategies to reduce the risks of concussions, how to seek proper medical treatment for a student-athlete suspected of having a concussion, and when the student-athlete may safely return to training.

Coaches:

- \* Review WPS Sports Concussion Management Plan Policy and Procedures
- \* ~~NFHS Concussion in Sports: What You Need To Know~~ Coaches will complete online video training regarding concussions and all related training components. A certificate of completion will be submitted to the Athletic Trainer. CDC Coach Fact Sheet, clipboard stickers, CDC Heads Up: Concussion in High School Sports tool kits will be provided
- \* Teach safe technique & skills; proper use of equipment

Written verification/ acknowledgement will be provided to school administration prior to the first practice and on an annual basis.

School nurses, school counselors and applicable teachers:

- \* Review WPS Sports Concussion Management Plan policy and procedures
- \* CDC *Heads Up to Schools: Know Your Concussion ABCs* tool kits will be provided.

Written verification/ acknowledgement will be provided to school administration prior to the start of school year and on an annual basis.

Volunteers:

- \* Review WPS Sports Concussion Management Plan policy and procedures
- \* CDC *Heads Up: Concussion in High School Sports* tool kits will be provided.

Written verification/ acknowledgement will be provided to school administration prior to the start of school year (or when first possible) and on an annual basis.

ATC:

- \* Review WPS Sports Concussion Management Plan policy and procedures
- \* American Academy of Pediatrics (AAP) *Sport-Related Concussion in Children and Adolescents 2010*
- \* Continuing education programs through the National Athletic Trainers Association (NATA), and other professional organizations.

Team Physicians:

- \* Review WPS Sports Concussion Management Plan policy and procedures
- \* AAP *Sport-Related Concussion in Children and Adolescents 2010*
- \* CDC *Heads Up: Concussion in High School Sports* tool kits
- \* CDC *Heads Up: Brain Injury in Your Practice* tool kits
- \* Continuing education programs through professional organizations

### **Community Involvement**

WPS will provide these guidelines to organizations sponsoring athletic activity for student-athletes on school property and encourage the organization comply with concussion policies.

**Recognition of Concussion: Common Signs and Symptoms**

**Signs (observed by others):**

- Athlete appears dazed or stunned
- Confusion
- 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 (reported by athlete):**

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

| <b>Thinking/Remembering:</b>   | <b>Emotional:</b>  | <b>Physical:</b>   | <b>Sleep*:</b>   |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>• Difficulty thinking clearly</li> <li>• Difficulty concentrating or remembering</li> <li>• Feeling more slowed down</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> </ul> | <ul style="list-style-type: none"> <li>• Irritable</li> <li>• Sad</li> <li>• More emotional than usual</li> <li>• Nervous</li> </ul> | <ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Fatigue or feeling tired</li> <li>• Blurry or double vision</li> <li>• Sensitivity to light or noise</li> <li>• Numbness or tingling</li> <li>• Does not “feel right”</li> </ul> | <ul style="list-style-type: none"> <li>• Drowsy</li> <li>• Sleeps less than usual</li> <li>• Sleeps more than usual</li> <li>• Has trouble falling asleep</li> </ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p> |

**Concussion Management for Athletic Trainers:**

Any student-athlete who sustains a hard blow or trauma to the head that results in signs or symptoms consistent with a concussion is advised to report the injury to their coach or Athletic Trainer immediately. Concussions, no matter how mild they may seem, must be taken seriously. Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from participation and shall not return to play that day and also not until cleared by an appropriate health care professional (Athletic Trainer, Physician, Physician Assistant or Nurse Practitioner). The student athlete will not be allowed to drive and the coach or athletic trainer should insure that the athlete will be accompanied by a responsible adult over the next 24-48 hours.

**Concussion Assessment**

When a student-athlete sustains a concussion or is suspected by the athletic trainer, coach or school nurse of having a concussion, the management plan outline below will be followed.

1. Scene Size-up – Scene Safety, BSI  
Initial Assessment – Mental Status, Airway, Breathing, Circulation and Stabilization of cervical spine as needed
2. Evaluated by Certified Athletic Trainer (ATC) with The **Pocket SCAT2 Sport Concussion Assessment** ([http://www.sportalliance.com/Images/Sport%20Safety/Pocket\\_SCAT2.pdf](http://www.sportalliance.com/Images/Sport%20Safety/Pocket_SCAT2.pdf)) or the **CDC Concussion in Sports Palm Card** ([http://www.cdc.gov/concussion/headsup/pdf/Concussion\\_in\\_Sports\\_palm\\_card-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf)) may be used by the ATC or Health Care Provider as a sideline assessment tool.

3. If an ATC is not available then the coach will remove the student-athlete from the game or practice. The coach will contact the parent and refer the student-athlete to their physician or Emergency Department. The coach will also contact the ATC.
4. The student-athlete MUST be evaluated by their physician prior to returning to play unless they are managed by the ATC.
5. All student-athletes who have had a prior concussion at any time must be evaluated by a physician.
6. All student-athletes must bring written documentation of medical clearance (Form) from the physician prior to starting the Gradual Return to Sports Participation Program.
7. The student-athlete must have no symptoms for a minimum of 24 hours prior to considering medical clearance for starting the Gradual Return to Sports Participation Program.
8. All student-athletes must follow a Gradual Return to Sports Participation Program (minimum of 5 days) prior to returning to full participation.
9. If the student-athlete develops any signs or symptoms during the Gradual Return to Sports Participation Program after they have rested for 24 hours and tried a second time to progress they must be re-evaluated by a physician.

After the school ATC evaluates the student-athlete, management will follow one of three possible pathways depending on the assessment (per *2010 AAP Sport-Related Concussion in Children and Adolescents*, 2008 Zurich Concussion in Sport Group Consensus):

1. Immediate referral to emergency department
  - a. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1).
  - b. The student-athlete must be seen by and have the medical clearance for Gradual Return to Sports Participation Program (Form #2) signed by the student's physician prior to starting a Gradual Return to Sports Participation Program (Form #3). It is not recommended that the student-athlete who was referred to the emergency department due to the severity of their symptoms per the referral signs/ symptom list (see appendix 1) be cleared for the Gradual Return to Sports Participation Program by the emergency department due to the possibility of delayed signs or symptoms not being present in the first 24 hours.
2. Referral to student's physician
  - a. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1).
  - b. The PCP can clear the student-athlete for a Gradual Return to Sports Participation (Form #2)(minimum 5 day progression) **or** refer for additional management.
  - c. The ATC will perform the post injury evaluation when the student-athlete's examination is back to baseline and has written medical clearance from the student's physician to start the Gradual Return to Sports Participation Program. The ATC examination will include the symptom checklist, neurologic examination, and balance testing.
3. Manage by ATC
  - a. The ATC can initially manage the concussion if the following criteria are met:
    - i. The student-athlete's signs and symptoms are completely absent within 15 minutes from the time of injury
    - ii. The physical and cognitive examination is normal within 15 minutes
    - iii. Balance testing is normal within 15 minutes
  - b. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1). If the parent wishes to be evaluated by a physician the ATC will facilitate the process.

c. The ATC will monitor the student-athlete's progress with the symptom checklist, physical and cognitive examination, and balance test the day after the injury. If the student-athlete has any findings consistent with a concussion when the ATC reevaluates the student-athlete the day after the injury they will be referred to a physician for further management.

d. The student-athlete will begin a Gradual Return to Sports Participation Program supervised by the ATC. If the student-athlete develops any symptoms during the progression the ATC will contact the student's physician prior to proceeding with the progression to determine the next course of action.

### ***EMERGENCY Management - When to refer the athlete immediately (i.e. by rescue squad)***

*An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle; spine board for those with LOC or neurologic symptoms.*

- *deterioration of neurological function*
- *loss of consciousness on the field*
- *decreasing level of consciousness or unresponsiveness*
- *decrease or irregularity in respirations*
- *decrease or irregularity of pulse*
- *unequal, dilated, or unreactive pupils*
- *cranial nerve abnormalities*
- *any signs or symptoms of associated injuries, spine injury, skull fracture, or bleeding*
- *mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation*
- *seizure activity*
- *sudden onset of headache that worsens*
- *vomiting*
- *slurred speech*
- *cannot recognize people or places*

*Transport disposition is dependent on ATC assessment*

- *amnesia lasting longer than 15 minutes*
- *motor deficits subsequent to initial on-field assessment*
- *sensory deficits subsequent to initial on-field assessment*
- *balance deficits subsequent to initial on-field assessment*
- *cranial nerve abnormalities subsequent to initial on-field assessment*
- *post concussion symptoms that worsen*
- *additional post concussion symptoms as compared with those on the field*
- *athlete is still symptomatic at the end of the game*

*Referral after the Day of Injury*

- *Any of the above findings.*
- *Post concussion symptoms that become present*

# Concussion Procedures for Coaches

## RECOGNIZE • REMOVE • REFER

### ***Recognize concussion***

All coaches should become familiar with the signs and symptoms of concussion that are described above. Annual training will occur for coaches of every sport.

### ***Remove from activity***

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from participation and shall not return to play until cleared by an appropriate health care professional. Notify the Certified Athletic Trainer immediately.

## REMEMBER...When in doubt, sit 'em out

### ***Refer the athlete for medical evaluation***

In the absence of the ATC, the supervising coach is responsible for the initial assessment of the athlete, determining if immediate medical referral is needed, and for notifying the athlete's parents of the injury.

Depending on the injury, either an emergency vehicle will transport the athlete or parents will pick the athlete up at the event for transport. A medical evaluation by an ATC, physician, physician's assistant, or nurse practitioner is required to begin the process of "Return to Play".

In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):

- *The coach should ensure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.*
- *The coach should continue efforts to reach a parent.*
- *If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an Emergency Department for evaluation. A coach, adult staff member, or ATC should accompany the athlete and remain with the athlete until a parent arrives.*
- *Athletes with suspected head injuries should not be permitted to drive home.*
- *Coaches should seek assistance from the host site certified athletic trainer (ATC) or team physician, if available at an away contest.*

# Concussion Procedures for Teachers & School Administrators

Waynesboro Public Schools recognizes that a concussion can affect the student-athlete's ability to function in many activities in the school setting. WPS will assist the student-athlete with his/her academic needs and provide an individualized school care plan when needed for the gradual reintroduction of cognitive demands for student-athletes who have sustained a concussion. Many athletes will report increased symptoms with cognitive activities after a concussion.

Athletes with concussions often have difficulty:

- attending school and focusing on schoolwork
- taking tests
- keeping up with assignments, especially in Math, Science, and Foreign Language classes
- reading, even for pleasure

While at home encourage the student to turn off all electronic devices to allow for complete cognitive rest, i.e. television, cell phones, computers, etc.

Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. To allow for recovery, the American Academy of Pediatrics recommends "cognitive rest". This may include:

- Temporary leave of absence from school
- Taking rest breaks as needed or being excused to the school nurse
- Shortening the athlete's school day
- Reduction of workload in school
- Allowance of more time to complete assignments or take tests
- Avoid taking standardized tests during recovery
- Receiving teacher approved help with schoolwork
- Reduction of time spent on computer, reading, or writing
- Allowing adequate time to make up missed work upon return to school

In cases where these classroom and studying modifications are indicated, the athletic trainer, coach, building administrator, or activities director will have a designated individual (i.e. school nurse or school counselor) send an e-mail to all of the involved student's teachers notifying them of the situation.



# Concussion Information for Parents and Guardians

(FORM 1 FRONT)

Dear Parent or Guardian,

While participating in athletics on (date) \_\_\_\_\_ your son/daughter \_\_\_\_\_ sustained a head injury that appears to be a concussion or brain injury. This fact sheet should answer your questions about concussions and how to treat them.

Your student-athlete's safety is our main priority. Your student-athlete will not be able to return to activity until a medical physician or your child's school athletic trainer (depending on their assessment) has determined that it is safe to do so with written clearance. Your student-athlete must complete the WPS supervised Gradual Return to Sports Participation Program prior to being allowed to compete.

To make sure he/she recovers, please follow these important instructions.

- Report to the training room tomorrow (next practice day) for a follow-up evaluation.
- Please review the **Physician Referral Checklist** below. If any of these problems develop or worsen prior to your follow-up visit to the training room, contact the local emergency medical system or your physician immediately. Otherwise, follow the **Home Care Instructions** below.

Respectfully,

**Rita Nelson, MEd, VATL, ATC**  
Licensed, Certified Athletic Trainer  
Waynesboro High School

434-826-0155 – personal cell  
540-946-4629 - WHS  
[nelson@waynesboro.k12.va.us](mailto:nelson@waynesboro.k12.va.us)

## Physician Referral Checklist:

1. Loss of consciousness on the field
2. Amnesia (loss of memory) lasting longer than 15 minutes
3. Deterioration of balance/coordination
4. Decreasing level of consciousness
5. Decrease or irregularity of breathing
6. Decrease or irregularity of breathing or pulse
7. Increase in blood pressure
8. Unequal, dilated, or unreactive pupils
9. Signs or symptoms of spine or skull injuries, bleeding or drainage from nose or mouth
10. Mental status changes (confusion, agitation, lethargic, etc)
11. Seizure activity
12. Repeated or forceful vomiting
13. Severe headache, not relieved by acetaminophen
14. Failure of symptoms to improve or symptoms worsen
15. Athlete is still symptomatic after 48 hours

## Home Care Instructions

1. Use acetaminophen (Tylenol) for headache
2. Do NOT use aspirin for headache.
3. Use an ice pack on head and neck as needed
4. Eat a light diet
5. Get plenty of sleep
6. REST (no strenuous activities, exercise, or sports)

### ***There is no need to....***

1. Check eyes with a flashlight, wake up every hour, test reflexes

### ***IMPORTANT***

1. DO NOT drink alcohol or use narcotic pain relievers
2. **AVOID** use of electronic devices such as computers, video games, cell phone texting, etc. to allow for full cognitive recovery. Avoid exposure to loud music, especially through headphone devices.
3. Sunglasses should be considered if the athlete is experiencing sensitivity to light.
4. There may be a need to AVOID driving.
5. **COGNITIVE REST** is important. Speak with the Athletic Trainer to assure your teachers have been notified of your concussion as it may be necessary to stay home from school, have a shortened school day, a reduction in workload, or extended due dates. This depends on the severity of symptoms.

**What is a concussion?** A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion is caused by a bump, blow or jolt to the head or body. Even what seems to be a mild bump to the head can be serious. A student-athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion. A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

| Physical             | Cognitive                | Emotional      | Sleep                    |
|----------------------|--------------------------|----------------|--------------------------|
| Headache             | Feeling mentally foggy   | Irritability   | Drowsiness               |
| Nausea/vomiting      | Feeling slowed down      | Sadness        | Sleeping more than usual |
| Dizziness            | Difficulty remembering   | More emotional | Sleeping less than usual |
| Balance problems     | Difficulty concentrating | Nervousness    | Trouble falling asleep   |
| Visual problems      |                          |                |                          |
| Fatigue/tiredness    |                          |                |                          |
| Sensitivity to light |                          |                |                          |
| Numbness or tingling |                          |                |                          |

**When can a student-athlete return to play following a concussion?** After suffering a concussion, **no student-athlete should return to play or practice on that same day.** Studies have shown us that a young brain does not recover quickly enough for a student-athlete to return to activity in such a short time. Your student-athlete should **not participate in any HIGH risk activities that may result in head injury such as physical education class, recess, ride a bike or skateboard** until cleared by a licensed health care professional. Once a student-athlete no longer has symptoms of a concussion for a minimum of 24 hours and is cleared to return to physical activity by a licensed health care professional, he or she should proceed with activity in a supervised step-wise fashion to allow the brain to re-adjust to exertion. This should occur over a minimum of 5 days. (See Gradual Return to Sports Participation Program Form)

***\*\*The Medical Clearance for the Gradual Return to Sports Participation form must be signed and returned to the ATC prior to beginning the progression.***

**How can a concussion affect schoolwork?** Following a concussion, many student-athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization. In many cases it is best to lessen the student-athlete’s class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

**Why is it so important that a student-athlete not return to play until they have completely recovered from a concussion?** A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (“second impact syndrome”).

**What is the best treatment to help my student-athlete recover more quickly from a concussion?** The best treatment for a concussion is rest, both physically and mentally. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your student-athlete to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

**How long do the symptoms of a concussion usually last?** The symptoms of a concussion will usually go away within one week of the initial injury. However, in some cases symptoms may last for several weeks, or even months.

**Is a “CT scan” or MRI needed to diagnose a concussion?**

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not essential for most student-athletes who have sustained severe concussions. A concussion is diagnosed based upon the student-athlete’s description/story of the injury/event and the licensed health care provider’s physical examination.

*Some of this information has been adapted from the CDC’s “Heads Up: Concussion in High School Sports” and the NFHS’s Sports Medicine Advisory Committee. Please go to [www.cdc.gov](http://www.cdc.gov) for more information.*

**Medical Clearance for Gradual Return to Sports Participation Following Concussion**

**(Form 2)**

Student-Athlete \_\_\_\_\_  
 DOB \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Today's Date \_\_\_\_\_  
 Sport \_\_\_\_\_

The above-named student-athlete sustained a concussion. The purpose of this form is to provide initial medical clearance before starting the Gradual Return to Sports Participation Program, as directed by current medical evidence (2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus).

**History of Injury**

**Mechanism of Injury:**

- Head to head contact
- Head to ball contact
- Head to object contact
- Head to upper body contact
- Head to lower body contact
- Head to ground contact
- Unknown

**History of Previous Concussions:**

How many previous concussions suffered? \_\_\_\_\_  
 At what age(s) did each previous concussion occur? \_\_\_\_\_  
 Date of last concussion? \_\_\_\_\_  
**Loss of consciousness reported?** YES or NO  
**Initial SCAT2 Score:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Criteria for Medical Clearance for Gradual Return to play (Check each)**

The student-athlete must meet all of these criteria to receive medical clearance.

- 1. No Symptoms at rest for minimum 24 hours/ no medication use to manage symptoms (e.g., headaches)
- 2. No return of symptoms with typical physical and cognitive activities of daily living
- 3. Neurocognitive functioning at typical baseline
- 4. Normal Balance and coordination
- 5. No other medical/neurological complaints/findings

**Detailed Guidance**

To be completed by the student's physician (This cannot be a parent or guardian)

1. Symptom checklist: None of these symptoms should be present. Assessment of symptoms should be broader than athlete report alone. Also consider observational reports from parents, teachers, others.

| Physical                                   | Cognitive                                      | Emotional                            | Sleep  |
|--|--|--------------------------------------|--|
| <input type="radio"/> Headache             | <input type="radio"/> Feeling mentally foggy   | <input type="radio"/> Irritability   | <input type="radio"/> Drowsiness               |
| <input type="radio"/> Nausea/vomiting      | <input type="radio"/> Feeling slowed down      | <input type="radio"/> Sadness        | <input type="radio"/> Sleeping more than usual |
| <input type="radio"/> Dizziness            | <input type="radio"/> Difficulty remembering   | <input type="radio"/> More emotional | <input type="radio"/> Sleeping less than usual |
| <input type="radio"/> Balance problems     | <input type="radio"/> Difficulty concentrating | <input type="radio"/> Nervousness    | <input type="radio"/> Trouble falling asleep   |
| <input type="radio"/> Visual problems      |  |                                      |  |
| <input type="radio"/> Fatigue/tiredness    |  |                                      |  |
| <input type="radio"/> Sensitivity to light |  |                                      |  |
| <input type="radio"/> Numbness or tingling |  |                                      |  |

2. Exertion assessment (Check): The student-athlete exhibits no evidence of return of symptoms with:  
 \_\_\_ Cognitive activity: concentration on school tasks, home activities (e.g. TV, computer, pleasure reading)  
 \_\_\_ Physical activity: walking, climbing stairs, activities of daily living, endurance across the day
3. Neurocognitive Functioning (Check): The student-athlete's cognitive functioning has been determined to have returned to its typical pre-injury level by one or more of the following:  
 \_\_\_ Reports of appropriate school performance/ home functioning (concentration, memory, speed) in the absence of symptoms listed above
4. Balance & Coordination Assessment (Check): The student-athlete is able to successfully perform:  
 \_\_\_ Romberg Test OR SCAT2 (Double leg, single leg, tandem stance, 20 seconds, no deviations from proper stance)  
 \_\_\_ 5 successive Finger-to-Nose repetitions < 4 sec

**Gradual Return to Sports Participation Program Following a Concussion**

**(Form 3)**

After a student-athlete has sustained a concussion they will be started on a supervised Gradual Return to Sports Participation Program only after they have received written medical clearance from the licensed health care provider. Ideally the program will be supervised by the school certified athletic trainer (ATC).

***Important Note to Attending Physician:***

Waynesboro Public Schools, in conjunction with our Certified Athletic Trainer use the following return to play protocols when dealing with head injuries. Please review our protocol and provide any further instructions as you see necessary.

1. Time of Injury - Student-athlete immediately removed from ALL activity.
2. Complete physical and cognitive rest while symptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
3. Student-athlete must have no symptoms (be asymptomatic) for 24 hours before progressing to the following steps.
4. **Stepwise progression:**

**Step 1** – Student-athlete may begin 30 minutes of light exertion cardio activity (ie. aerobic walking or exercise bike riding - no jogging or weight conditioning).

**Step 2** – Student-athlete may begin 1 hour of jogging, lightweight training and sports-specific training that do not exceed 50% of full exertion.

**Step 3** – Student-athlete may participate in 2 hours of non-contact practice that does not exceed 75% of full exertion.

**Step 4** – Full practice participation including full contact and 100% exertion (an individualized session should be devised when the regular team practice plan does not meet this criteria)

**Step 5** - Return to full participation (limitations possible).

- ***Athlete must remain asymptomatic to progress to next level***
- ***If symptoms recur, stop for 24 hours and student-athlete must return to previous asymptomatic level***
- ***Medical evaluation needed if symptoms recur during progression***

**Attending Physician** – See front of this page for Injury Information (please provide further instructions if needed, and sign)

The above-named student- athlete has met all the above criteria for medical clearance for his/her recent concussion, and as of this date is ready to return to a progressive Gradual Return to Sports Participation Program as above

Please indicate any further instructions given below.....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of attending Physician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Parents and Student-Athletes:**

**Please read, sign and keep a copy. You must turn in a signed copy **prior** to the start of practice.**

**Waynesboro Public Schools**  
**Concussion Information Sheet**

A Concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding,” “getting your bell rung,” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**\*Signs observed by teammates, parents and coaches include:**

- > Appears dazed
- > Vacant facial expression
- > Confused about assignment
- > Forgets plays
- > Is unsure of game, score, or opponent
- > Moves clumsily or displays poor coordination
- > Answers questions slowly
- > Shows behavior or personality changes
- > Can’t recall events prior to event
- > Can’t recall events after event
- > Seizures or convulsions
- > Any change in typical behavior or personality
- > Loses consciousness
- > Slurred speech

**\*Symptoms may include one or more of the following:**

- >Headaches
- >“Pressure in head”
- > Nausea or vomiting
- > Neck pain
- > Balance problems or dizziness
- > Blurred, double, or fuzzy vision
- > Sensitivity to light or noise
- > Feeling sluggish or slowed down
- > Feeling foggy
- > Drowsiness
- >Amnesia
- >“Don’t feel right”
- > Fatigue or low energy
- > Sadness
- > Nervousness or anxiety
- > Irritability
- > More emotional
- > Confusion
- > Concentration or memory problems
- > Repeating the same question/comment
- > Change in sleep patterns

\*Adapted from the CDC, AAP and 3rd International Conference on Concussion in Sport

**Parent/ Guardian Copy**

## **WPS Concussion Information Sheet**

### **What can happen if my student-athlete keeps on playing with a concussion or returns too soon?**

Student-athletes with the signs and symptoms of concussions should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the student-athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the student-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 student-athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and student-athletes is the key for the student-athlete's safety.

### **If you think your student-athlete has suffered a concussion**

Any student-athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No student-athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the student-athlete should continue for several hours. WPS requires the consistent and uniform implementation of well-established "return to play" concussion guidelines that have been recommended for several years:

"A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the student-athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider, which will initiate the 'Gradual Return to Sports Participation Program'.

You should also inform your child's coach if you think that your child may have a concussion. Remember... it's better to miss one game than miss the whole season. And..."when in doubt, the athlete sits out."

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/Concussions>

**I have read and understand the Concussion Information Sheet. Further, I understand that Waynesboro Public Schools requires written medical clearance and follows a 5 day step-wise return to play program for any athlete who suffers a concussion.**

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC, AAP and 3rd International Conference on Concussion in Sport

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**I have read and understand the Concussion Information Sheet. Further, I understand that Waynesboro Public Schools requires written medical clearance and follows a 5 day step-wise return to play program for any athlete who suffers a concussion.**

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC, AAP and 3rd International Conference on Concussion in Sport

## References

Brenner, Joel, et al "Chesapeake Public Schools Sports Concussion Management Plan" 5.2011

CDC educational material available online at [http://www.cdc.gov/concussion/HeadsUp/high\\_school.html](http://www.cdc.gov/concussion/HeadsUp/high_school.html)

Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, 2008. *Clinical Journal of Sports Medicine* 2009.

Guskiewicz, Kevin M. et.al. "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion" (online) <http://www.nata.org/position-statements>

Halstead, Mark E. and Kevin D. Walter. "Clinical Report Sport Related Concussion in Children and Adolescents." (online) <http://pediatrics.aappublications.org/cgi/reprint/peds.2010-2005v1>

McCrary, P. "Consensus statement on concussion in sport – The 3rd International Conference on concussion in sport, held in Zurich, November 2008" (online) <http://www.sportconcussions.com/html/Zurich%20Statement.pdf>

National Federation of High Schools "Concussions, What You Need to Know" (online) [http://nfhslearn.com/courses/concussion/v1\\_0/concussion.aspx?lid=238806](http://nfhslearn.com/courses/concussion/v1_0/concussion.aspx?lid=238806)

**Adopted: August 13, 2013**