

Lampasas ISD Policy for Sports Concussion Management

What is a Concussion?

Concussion or Mild Traumatic Brain Injury (MTBI) - Concussions are the common result of a blow to the head or 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). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. 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.

Second Impact Syndrome – Second impact syndrome (SIS) refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

Prevention Strategies

1. All headgear must be NOCSAE certified.
2. Insist that safety comes first.
3. Teach and practice safe playing techniques.
4. Teach athletes the dangers of playing with a concussion.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. Make sure the headgear fits the individual, and are secured properly to the individual.
7. For all sports that require headgear, a coach or appropriate designee 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.

Evaluation for Concussion/MTBI

1. At time of injury administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool – **Appendix A**
 - b. Graded Symptom Checklist (GSC) – **Appendix B**
 - c. Observe athlete 15-20 minutes then re-evaluate
2. Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.
3. Doctor Referral – **Appendix C**
4. Home Instructions – **Appendix D**
5. Return to Play Guidelines for Parents – **Appendix E**
6. UIL Concussion Management Protocol Return to Play Form – **UIL WEBSITE**
7. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

Concussion Management

1. School modifications
 - a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
 - b. Notify teachers of post concussion symptoms.
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
2. Student must be cleared to return to activity by an appropriate health care professional before beginning the Return to Play Protocol (RTP).

Return to Play Guidelines

- *Student-Athlete shall be symptom free for 24 hours and receive medical clearance prior to initiating the return to play progression*
- *Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level*
- *If the student-athlete experiences any post concussion symptoms during the return to play progression, activity is discontinued and the student-athlete is re-evaluated by a licensed health care professional. After 24 hours of being symptom free the return to play progression is started over.*

Activity progressions

- Step 1:** Light aerobic exercise with no resistance training or weight training
 - Step 2:** Sport specific activity, moderate aerobic exercises without equipment on
 - Step 3:** Non-contact training drills in full uniform. Begin resistance training, weight training, and other exercises.
 - Step 4:** Full contact training drills
 - Step 5:** Full game play
3. Physician clearance – must be obtained before returning to competition
 4. Athletic Trainer clearance

HB 2038 (Natasha's Law) guidelines also include the following:

According to TEC section 38.156, 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 practice or competition:

1. a coach
2. a physician
3. a licensed health care professional; or
4. the student's parents or guardian or another person with legal authority to make medical decisions for the student.'

Lampasas ISD is required to maintain a Concussion Oversight Team (COT). This team is to include the district athletic trainer as well as other health care professionals. The COT develops the return to play (RTP) protocol. The RTP protocol is a minimum standard that a student must follow when a student athlete has been diagnosed and confirmed as having a concussion. A student is not required to see the physician of the COT; they may see a physician of the parents/guardians choosing.

An athletic coach may supervise Return to Play procedures but at no time is a coach of any sport allowed to clear a student to play if a concussion has been suspected or confirmed. Coaches shall take concussion education courses approved by the Commissioner of Education every two years.

The UIL Implementation Guide for Concussions is a good source of information and can be found at : <http://www.uiltexas.org/files/health/UIL-CMP-Implementation.pdf>

Another resource concerning concussions can be found from the National Federation of State High School Associations (NFHS): <http://www.uiltexas.org/files/health/2011-NFHS-SMAC-Suggested-Guidelines-for-Management-of-Concussion-in-Sports.pdf>

WHEN IN DOUBT, SIT THEM OUT!!

Appendix A

Sport Concussion Assessment Tool (SCAT)

This tool represents a standardized method of evaluating people after concussion in sport. This Tool has been produced as part of the Summary and Agreement Statement of the Second International Symposium on Concussion in Sport, Prague 2004

Sports concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathological and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an 'impulsive' force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
3. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
4. Concussion results in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
5. Concussion is typically associated with grossly normal structural neuroimaging studies.

Post Concussion Symptoms

Ask the athlete to score themselves based on how they feel now. It is recognized that a low score may be normal for some athletes, but clinical judgment should be exercised to determine if a change in symptoms has occurred following the suspected concussion event.

It should be recognized that the reporting of symptoms may not be entirely reliable. This may be due to the effects of a concussion or because the athlete's passionate desire to return to competition outweighs their natural inclination to give an honest response.

If possible, ask someone who knows the athlete well about changes in affect, personality, behavior, etc.

Remember, concussion should be suspected in the presence of ANY ONE or more of the following:

- Symptoms (such as headache), or
- Signs (such as loss of consciousness), or
- Memory problems

Any athlete with a suspected concussion should be monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle.

For more information see the "Summary and Agreement Statement of the Second International Symposium on Concussion in Sport" in the April, 2005 edition of the Clinical Journal of Sport Medicine (vol 15), British Journal of Sports Medicine (vol 39), Neurosurgery (vol 59) and the Physician and Sportsmedicine (vol 33). This tool may be copied for distribution to teams, groups and organizations.
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The SCAT Card (Sport Concussion Assessment Tool) Athlete Information

What is a concussion? A concussion is a disturbance in the function of the brain caused by a direct or indirect force to the head. It results in a variety of symptoms (like those listed below) and may, or may not, involve memory problems or loss of consciousness.

How do you feel? You should score yourself on the following symptoms, based on how you feel now.

Post Concussion Symptom Scale

	None		Moderate			Severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Balance problems or dizzy	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Vision problems	0	1	2	3	4	5	6
Hearing problems / ringing	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Feeling "dinged" or "dazed"	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6

(follow up symptoms only)

Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Other: _____	0	1	2	3	4	5	6

What should I do?

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for:

Problems could arise over the first 24-48 hours. You should not be left alone and must go to a hospital at once if you:

- Have a headache that gets worse
- Are very drowsy or can't be awakened (woken up)
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on your feet; have slurred speech

Remember, it is better to be safe. **Consult your doctor after a suspected concussion.**

What can I expect?

Concussion typically results in the rapid onset of short-lived impairment that resolves spontaneously over time. You can expect that you will be told to rest until you are fully recovered (that means resting your body and your mind). Then, your doctor will likely advise that you go through a gradual increase in exercise over several days (or longer) before returning to sport.

Sport Concussion Assessment Tool (SCAT)



The SCAT Card (Sport Concussion Assessment Tool) Medical Evaluation

Name: _____ Date: _____

Sport/Team: _____ Mouth guard? Y N

1) SIGNS

Was there loss of consciousness or unresponsiveness? Y N
Was there seizure or convulsive activity? Y N
Was there a balance problem / unsteadiness? Y N

2) MEMORY

Modified Maddocks questions (check correct)

At what venue are we? ____; Which half is it? ____; Who scored last? ____

What team did we play last? ____; Did we win last game? ____?

3) SYMPTOM SCORE

Total number of positive symptoms (from reverse side of the card) = _____

4) COGNITIVE ASSESSMENT

5 word recall

	(Examples)	Immediate	Delayed
Word 1	cat	_____	_____
Word 2	pen	_____	_____
Word 3	shoe	_____	_____
Word 4	book	_____	_____
Word 5	car	_____	_____

Months in reverse order:

Jun-May-Apr-Mar-Feb-Jan-Dec-Nov-Oct-Sep-Aug-Jul (circle incorrect)
or

Digits backwards (check correct)

5-2-8	3-9-1	_____
6-2-9-4	4-3-7-1	_____
8-3-2-7-9	1-4-9-3-6	_____
7-3-9-1-4-2	5-1-8-4-6-8	_____

Ask delayed 5-word recall now

5) NEUROLOGIC SCREENING

	Pass	Fail
Speech	_____	_____
Eye Motion and Pupils	_____	_____
Pronator Drift	_____	_____
Gait Assessment	_____	_____

Any neurologic screening abnormality necessitates formal neurologic or hospital assessment

6) RETURN TO PLAY

Athletes should not be returned to play the same day of injury.

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (e.g. stationary cycle)
3. sport-specific exercise
4. non-contact training drills (start light resistance training)
5. full contact training after medical clearance
6. return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur.

Resistance training should only be added in the later stages.

Medical clearance should be given before return to play.

Instructions:

This side of the card is for the use of medical doctors, physiotherapists or athletic therapists. In order to maximize the information gathered from the card, it is strongly suggested that all athletes participating in contact sports complete a baseline evaluation prior to the beginning of their competitive season. This card is a suggested guide only for sports concussion and is not meant to assess more severe forms of brain injury. **Please give a COPY of this card to the athlete for their information and to guide follow-up assessment.**

Signs:

Assess for each of these items and circle Y (yes) or N (no).

Memory: If needed, questions can be modified to make them specific to the sport (e.g. "period" versus "half")

Cognitive Assessment:

Select any 5 words (an example is given). Avoid choosing related words such as "dark" and "moon" which can be recalled by means of word association. Read each word at a rate of one word per second. The athlete should not be informed of the delayed testing of memory (to be done after the reverse months and/or digits). Choose a different set of words each time you perform a follow-up exam with the same candidate.

Ask the athlete to recite the months of the year in reverse order, starting with a random month. Do not start with December or January. Circle any months not recited in the correct sequence.

For digits backwards, if correct, go to the next string length. If incorrect, read trial 2. Stop after incorrect on both trials.

Neurologic Screening:

Trained medical personnel must administer this examination. These individuals might include medical doctors, physiotherapists or athletic therapists. Speech should be assessed for fluency and lack of slurring. Eye motion should reveal no diplopia in any of the 4 planes of movement (vertical, horizontal and both diagonal planes). The pronator drift is performed by asking the patient to hold both arms in front of them, palms up, with eyes closed. A positive test is pronating the forearm, dropping the arm, or drift away from midline. For gait assessment, ask the patient to walk away from you, turn and walk back.

Return to Play:

A structured, graded exertion protocol should be developed; individualized on the basis of sport, age and the concussion history of the athlete. Exercise or training should be commenced only after the athlete is clearly asymptomatic with physical and cognitive rest. Final decision for clearance to return to competition should ideally be made by a medical doctor.

For more information see the "Summary and Agreement Statement of the Second International Symposium on Concussion in Sport" in the April, 2005 Clinical Journal of Sport Medicine (vol 15), British Journal of Sports Medicine (vol 39), Neurosurgery (vol 59) and the Physician and Sportsmedicine (vol 33).
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Appendix B

Graded Symptom Checklist for Concussion

Name: _____ Age: _____ Sport: _____

Date of Injury: _____ Approximate Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
"Don't Feel Right"	Yes	No	Feeling "Dazed"	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare	Yes	No	Sensitivity to Noise	Yes	No
Glassy Eyed	Yes	No			

*** Circle Yes or No for each symptom*

Other findings/comments: _____

Action Taken: Parents notified Sent to Hospital

Evaluator's Signature: _____ Title: _____

Date: _____ Phone Number: _____

Appendix C

Physician Referral Checklist

Day of Injury Referral

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurologic function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal, dilated or un-reactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
20. Seizure activity*

Note: * indicates that the athlete needs to be transported immediately to the nearest emergency department.

Delayed Referral (after the day of the injury)

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (ie. sleep, cognition, depression, aggression, etc.)

Appendix D

Home Instructions

_____ has sustained a concussion during _____ today. To make sure he/she recovers please follow the following important recommendations:

1. Please review the items outlined on the **Physician Referral Checklist**. If any of these problems develop, please call 911 or your family physician.
2. Things that **are OK to do**:
 - a. Take acetaminophen (Tylenol)
 - b. Use ice packs on head or neck as needed for comfort
 - c. Eat a light diet
 - d. Go to sleep (rest is very important)
 - e. No strenuous activity or sports
 - f. Return to school
3. Things that **should not be allowed**:
 - a. Eat spicy foods
 - b. Watch TV or play video games
 - c. Listen to ipod or talk on telephone
 - d. Read
 - e. Use a computer
 - f. Bright lights
 - g. Loud noise
 - h. Drink alcohol
4. Things there **is no need to do**:
 - a. Check eyes with a flashlight
 - b. Wake up every hour
 - c. Test reflexes

Further recommendations:

Instructions provided to: _____

Signature: _____

Instructions provided by: _____

Signature: _____

Date: _____

Contact Number: _____

APPENDIX E

Lampasas 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—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. Lampasas ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician.
2. The student will be monitored daily 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.
3. The student must be asymptomatic at rest and exertion.

4. Return to Play Guidelines

- *Student-Athlete shall be symptom free for 24 hours and receive medical clearance prior to initiating the return to play progression*
- *Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level*
- *If the student-athlete experiences any post concussion symptoms during the return to play progression, activity is discontinued and the student-athlete is re-evaluated by a licensed health care professional. After 24 hours of being symptom free the return to play progression is started over.*

Activity progressions

Step 1: Light aerobic exercise with no resistance training or weight training

Step 2: Sport specific activity, moderate aerobic exercises without equipment on

Step 3: Non-contact training drills in full uniform. Begin resistance training, weight training, and other exercises.

Step 4: Full contact training drills

Step 5: Full game play

5. Upon completion of the return to play protocol, **the physician of record must provide a written statement** that in the physician's professional judgment it is safe for the athlete to return to play.

6. Once the student has completed steps 1 through 5, and signed a UIL Return to Play form, he/she may return to their sport with no restrictions

UIL Return to Play form to be signed by LISD Athletic Trainer and Parent/Guardian found at:
http://www.uil texas.org/files/health/UIL_Return_to_Play_Form.pdf

LAMPASAS ISD Return to Play Guidelines

****Information for Treating Physician****

Lampasas ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician.
2. The student will be monitored daily 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.
3. The student must be asymptomatic at rest and exertion.

4. Return to Play Guidelines

- *Student-Athlete shall be symptom free for 24 hours and receive medical clearance prior to initiating the return to play progression*
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Step 4: Full contact training drills

Step 5: Full game play

5. Upon completion of the return to play protocol, the **physician of record must provide a written statement** that in the physician's professional judgment it is safe for the athlete to return to play.

6. Once the student has completed steps 1 through 5, and signed a UIL Concussion Management Protocol Return to Play form, he/she may return to their sport activity with no restrictions.

Lampasas ISD
Authorization for the Release of Medical Information

The Family Educational Right to Privacy Act Of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians. This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Lampasas ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics. The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Lampasas ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the athletic trainer at the high school. I understand revocation will not have any effect on actions Lampasas ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

Date: _____

Lampasas ISD

Teacher Information for Concussion Management

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 his/her counselors and 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 me.

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