# PALACIOS ISD ATHLETIC DEPARTMENT
# GUIDELINES FOR CONCUSSION MANAGEMENT

## Introduction

Approximately 10 percent of all athletes involved in contact sports suffer a Mild Traumatic Brain Injury (concussion) each season; some estimates are as high as 19 percent. Because many mild concussions can go undiagnosed and unreported, it is difficult to estimate precisely the rate of concussion in any sport. Symptoms are not always definite, and knowing when it is safe for an athlete to return to play is not always clear.

The recognition and management of concussion in athletes can be difficult for a number of reasons:

Athletes who have experienced a concussion can display a wide variety of symptoms. Although the classic symptoms of loss of unconsciousness, confusion, memory loss, and/or balance problems may be present in some athletes with mild traumatic brain injury, there may or may not be obvious signs that a concussion has occurred.

Post-concussion symptoms can be quite subtle and may go unnoticed by the athletes, team medical staff, or coaches. Many coaches and other team personnel may have limited training in recognizing signs of concussion and therefore, may not accurately diagnose the injury when it has occurred. Players may be reluctant to report concussion symptoms for fear that they will be removed from the game, and this may jeopardize their status on the team, or their athletic careers.

Palacios ISD is compliant with HB 2038, 82®. A student removed from an athletic practice or competition would not be permitted to practice or compete again until the student had been evaluated and cleared to play through a school-issued written statement by the family's physician. The student's parent or guardian and student would have to return the physician's statement and complete a consent form indicating that they have been informed and consented to the policies established under the return-to-play protocol; understood the risks associated with the student's returning to play and would comply with any ongoing requirements outlined by the concussion policy; consented to the physician's disclosure of health information that was related to the concussion treatments; and understood the district or school's immunity from liability provisions. The Palacios ISD Concussion Oversight Team includes:

Cassidy Burke, ATC, LAT - Athletic Trainer
John Pulvino, DO - Team Doctor
Travis Hoffer - Athletic Director

## Recovery and safe return-to-play

It is crucial to allow enough healing and recovery time following a concussion to present further damage. Research suggests that the effects of repeated concussions are cumulative over time.

Most athletes who experience an initial concussion can recover completely as long as they do not return to contact sports too soon. Following a concussion, there is a period of change in brain function that may last anywhere from 24 hours to 10 days. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk or permanent brain injury increases.

## Definitions

*Concussion or Mild Traumatic Brain Injury (MTBI)* - A concussion or MTBI is 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 of 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, 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. Symptoms can also include a loss of consciousness but many do not. 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.

## Palacios Independent School District
## Head Injury Notification & Physician Clearance Return to Play (RTP) Protocol

Student name/ID:_____ /_____

Date:____/___ / 20____

Sport:_____

**Head injury was**: { } Observed by PISD staff { } Reported by student during school sponsored practice/game { } Reported by student/parent occurring on ____ /____ /_____ (date) outside of PISD sponsored activities

## HEAD INJURY DESCRIPTION

**OBSERVED SIGNS:**

{ } Dazed/stunned { } Loss of Consciousness
{ } Clumsy movements
{ } Cannot recall events prior to hit
{ } Cannot recall events after hit
{ } Confused { } Slow speech
{ } Other:_____

**SELF-REPORTED SIGNS:**

{ } Headache { } Loss of balance
{ } Disrupted sleep { } Inability to concentrate/focus { } Nausea { } Dizziness { } Loss of memory
{ } Other:_____

**OBTAIN EMERGENCY CARE IF:**

{X} increase in confusion/agitation
{X} Symptoms worsen
{X} Extreme drowsiness/cannot be awakened
{X} Slurred Speech {X} Seizure

## RETURN TO PLAY PROTOCOL

In accordance with PISD Board policy FM (LEGAL) and Texas Education Code Sec. 38. 151-160, any student athlete must be removed from UIL practice/play if a coach, physician, licensed healthcare provider, or parent/guardian believes the student athlete may have sustained a concussion. **After physician clearance**, the athlete must complete the PISD RTP protocol outlined below before returning to UIL practice/play.

- Level 1: Light aerobic exercises (5-10min. w/o resistance training)
- Level 2: Moderate aerobic exercises (15-20 min. mod. Intensity run)
- Level 3: Non-contact drills (full uniform with resistance training)
- Level 4: Full contact practice/training
- Level 5: Full game play

_____ _____ ( ____ )_____-_____ ____ / _____ /_____ Printed name

PISD HCP/coach Signature PISD HCP/coach Phone number Date

_____ _____ ( ____ )_____-_____ ____ / _____ /_____ Printed name

Parent/Guardian Signature Parent/Guardian Phone number Date

# PHYSICIAN RELEASE

**(Completed by treating physician only. APRN, PA and DC are not acceptable according to Texas Education Code)**

**Physicians:** In order for a student athlete to return to UIL competition, he/she must be evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician. If applicable, please attached a detailed description of your recommended classroom accommodations to this form. PISD will discontinue classroom accommodations upon the athlete's successful completion of Level 4 of the RTP unless otherwise specified in your communication. In your professional opinion:

{ } Athlete **IS CLEARED** to participate in the RTP protocol beginning on ___/___/20___, requires no classroom accommodations, and should return to full athletic practice/play upon completion of RTP.

{ } Athlete IS CLEARED to participate in the RTP protocol beginning on __/__/20__, requires no classroom accommodations, and **MUST BE REEVALUATED** by me before return to full athletic practice/play. { } Athlete IS NOT CLEARED for the RTP and will be reevaluated on __/__/20___.

{ } Other (i.e. Recommended classroom modifications):



_____ _____ ( ____ )_____-_____ ____ / _____ /20____ Printed name **Physician**

Signature & Credentials Phone number Date

## Prevention Strategies

Helmets, headgear, and mouth guards do not prevent all concussions.

1. All headgear must be NOCSAE certified.
2. Make sure the headgear fits the individual.
3. 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 it is in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times.

## Evaluations for Concussion/MTBI

1. At time of injury administer one of these assessment tests:
   a. Sports Concussion Assessment Tool (SCAT5)
   b. Grade Symptom Checklist (GSC)
2. Observe athlete 15 to 20 minutes and re-evaluate.
3. Athlete does not return to a game or practice if he/she has any signs or symptoms of Mild Traumatic Brain Injury (Concussion).
4. Doctor Referral
5. Home Instructions
6. Return to Play Guidelines for Parents
7. **Note - If in doubt, athlete is referred to physician and does not return to play.**

## Concussion Management

1. Recommended school modifications
   a. Notify Assistant Principal and Counselor of the student that he/she has MTBI
   b. Notify Counselor and Assistant Principal 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 with physician authorization.
2. Student must show no signs of post-concussion symptoms before return to play protocol begins.
3. Student will not return to full practice or competition for a minimum of 7 days, unless cleared by a medical physician.
4. **The treating physician must sign and check the designated CLEARED or NOT CLEARED portion of the physician release box at the bottom of the Head Injury Notification & Physician Clearance for Return to Play Protocol. The physician must also provide a written statement to the parent and athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play.**
5. Student athlete and the parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.

## Return to Play Guidelines & Protocol

In accordance with Texas Education Code Sec. 38.151-160, any student athlete must be removed from UIL practice/play if a coach, physician, licensed healthcare provider, or parent/guardian believes the student athlete may have sustained a concussion. After 24 hour rest from all activity and **physician clearance**, the athlete must complete the PISD RTP protocol outlined below before returning to UIL practice/play. Athlete must show no signs of post-concussion symptoms before Return to Play Protocol begins.

1. Athlete activity progressions

   • Level 1: Light aerobic exercise (5-10 min. w/o resistance training) • Level 2: Moderate aerobic activity (5-20 min. Moderate intensity run) • Level 3: Non-contact training drills (Full uniform w/ resistance training) • Level 4: Full contact training drills can begin

   • Level 5: Return to full participation (pending physician clearance) ❖ **Note - Athlete activity progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, stop physical activity until symptom free for 24- 48 hours. Resume with phase or level in which they were previously asymptomatic.**

2. Physician clearance through Dr. Pulvino, or a doctor of the family's choice.
3. Athletic Trainer clearance

# DOCTOR REFERRAL

**Immediate Emergency Referral -**

**The athlete needs to be transported immediately to the nearest emergency department, if displaying signs/symptoms such as:**

1. Deterioration of neurologic function
2. Decreasing level of consciousness
3. Decrease or irregularity in respiration
4. Decrease or irregularity in pulse
5. Unequal, dilated or unreactive pupils
6. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
7. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
8. Seizure activity

**Day of Injury Referral**

1. Loss 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 one hour after initial assessment

**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 (i.e., sleep, cognition, depression, aggression, etc.)

**Return to Play**

1. After 24 hour rest from all activity and physician clearance along with the return to play protocol being complete
    a. The student athlete and the parent/guardian must have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.

# 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 in 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. Any pain medication other than acetaminophen (Tylenol)
   b. Watching TV
   c. Listening to loud music or texting/talking on cell phone
   d. Reading
   e. Use of a computer
   f. Bright lights
   g. Loud noise
   h. Drinking alcohol
   I. Driving until cleared by Medical Provider
4. Things there are no need to do:
   a. Check eyes with a flashlight
   b. Wake up every hour
   c. Test reflexes
   d. Stay In bed
5. Have student report to athletic training room at 7:00 a.m. tomorrow morning for a follow up exam.

Further recommendations:

Instructions provided to:

Signature:

Instructions provided by:

Signature:

Date: Time:

Contact Number: