

Decatur Independent School District

Sport Concussion Policy

Introduction

In order to comply with recent trends and UIL guidelines, the Decatur Independent School District has developed a concussion policy and concussion return to play management guidelines using the latest recommendations from the NCAA and recent evidence-based literature on sport concussion management.

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for Decatur ISD athletes suspected of sustaining a concussion.

A concussion occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, concentration, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. The Texas UIL defines a concussion as follows:

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:

1. include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns;
2. and involve loss of consciousness. (UIL Implementation Guide for Concussions, 2011)

Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea or vomiting
- Slurred speech
- Fatigue

Some symptoms of concussions may be immediate or delayed in onset by hours or days after injury:

- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise

- Sleep disturbances
- Psychological adjustment problems and depression
- Disorders of taste and smell

Loss of consciousness is not necessary to have a concussion. It is important to identify these symptoms on the field of play to begin the appropriate management. The following concussion management and Return-to-Play guidelines are to be followed with suspicion of concussion

Concussion Management Protocol

1. When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussion.
2. A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and not return to activity for the remainder of that day. "When in doubt, sit them out!"
3. No student-athlete suspected of sustaining a concussion shall be permitted to return to sport that same day.
4. The student-athlete should receive serial monitoring for deterioration; preferably with a guardian, or parent, or someone that can follow the instructions.
5. The student-athlete should be evaluated by a team physician or healthcare provider. Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play should follow a medically supervised stepwise process.
 - a. Healthcare providers should practice within the standards as established for their professional practice (e.g., physician, certified athletic trainer, nurse practitioner, physician assistant, neurologist, neuropsychologist).
 - b. A countable coach should not serve as the primary supervisor for an athletics healthcare provider nor should they have sole hiring or firing authority over that provider.
6. Final authority for Return-to-Play shall reside with the healthcare provider.
7. Student-athletes must obtain a written release from the healthcare provider in order to have Return-to-Play. Student -athletes without a written release from a healthcare provider, do not get released to play.
 - a. The written release will be kept on file with the school's athletic trainer.
8. A consent form will be included on the written medical release that must be signed by the student and the parent, guardian, or responsible party for the student-athletes medical care.
 - a. The consent form will acknowledge that the student-athlete performed the steps required for Return-to-Play.
 - b. The student-athlete and parent understands the risks in returning to sport, will continue to comply with the concussion management protocol, will follow any healthcare provider Return-to-Sport recommendations, and will inform the healthcare provider if there are any recurrence or new symptoms.

Gradual Return to Sports Participation Program Following a Concussion

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).

Stage	Level of Activity	Recommendations/Recommend Exercises
1	Rest/Recovery	Complete rest and recovery. No athletic activity. Patient must be symptom-free for 24 hours to proceed with next step.
2	Light Aerobic Activity	Keeping heart rate < 70% maximal heart rate. Walking, swimming, stationary bike. Example exercise: Stationary bike at 10-14 mph for 20 minutes.
3	Heavy Aerobic Activity	Increasing aerobic load. Periods of more intense athletic activity. Example exercises: Stationary bike sprint-recovery (18-20mph to 10-14mph) sustained for 30 second sprint, 30 second recovery x 10. Light bodyweight circuit: Squats/sit-ups/pushups: 20 each x 3 with 2-5 minute break between.
4	Sport Specific Activities	Beginning sport specific activities. Example exercises: 60 yard shuttle run x 10 (40 sec rest); and plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3; and non-contact, sports-specific drills for approximately 15 minutes
5	Integration into practice	Continuing sport specific drills. Integration into simple team drills and activities. No head trauma or impact.
6	Full contact practice	Limited, controlled return to full contact practice. Student athlete will be monitored for symptoms.
7	Return to Regular Game Play	Unrestricted return to play and continued monitoring of symptoms.

(Adapted from 2010 AAP Sport-Related Concussion in Children and Adolescents; 2008 Zurich Concussion in Sport Group Consensus and UNC at Chapel Hill Sports Concussion Policy 2010.)

Each stage is completed in sequential order. The first stage is a minimum of 24 hours. The student-athlete must have no symptoms before progressing from stage 1. Stages 2,3,4 may be completed in the same day, but are typically performed over multiple days. Steps 5, 6, and 7 will each be performed on separate and subsequent days. The student athlete must be completely asymptomatic before advancing to the next stage. If symptoms recur during the rehabilitation program, the student-athlete should stop immediately. Once asymptomatic after at least another 24 hours, the student-athlete should resume at the previous asymptomatic level and try to progress again. Typical recovery time is around 5-7 days and may have student athlete miss the next scheduled sporting event. Student athletes must contact their licensed health care provider if symptoms recur. Any student-athlete with multiple concussions or prolonged symptoms may require a longer concussion-rehabilitation program, which is ideally created by a physician who is experienced in concussion management.

Potential Need for School/Academic Adjustments & Modification Following Concussion (Return to Learn)

Not only can a concussion create slow return to play, it can also have both cognitive and physical effects of the patient in the classroom as well. The UIL has suggested the following steps be undertaken to help maximize recovery of the student-athlete in the safest, shortest time period.

- Notify school nurse and all classroom teachers regarding the student athlete's condition.
- Advise teachers of post-concussion symptoms.
- Student **may** need (only until asymptomatic) special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc.) until concussion symptoms resolve.
- Student may only be able to attend school for half days or may need daily rest periods until symptoms subside. In special circumstances the student may require homebound status for a brief period.