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Athletic Department
Concussion Policy, Return-to-Learn-Concussion Care Plan for Academics and Return To Play Protocol
rev. 2020

Definitions

Concussion: [1] A concussion is defined as a complex patho-physiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic 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 or neck or a blow 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 neurologic function that resolves spontaneously.
3. Concussion may result in neuro-pathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. In a small percentage of cases, however, post-concussive symptoms may be prolonged.
5. No abnormality on standard structural neuro-imaging studies is seen in concussion.

Second Impact Syndrome:[2] 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.

The suspected diagnosis of concussion can include one or more of the following clinical domains:

1) Symptoms-somatic (e.g., headache), cognitive (e.g., feeling like in a fog) and /or emotional symptoms (e.g., lability).
2) Physical signs (e.g., loss of consciousness, amnesia).
3) Behavioral changes (e.g., irritability).
4) Cognitive impairment (e.g., slowed reaction times).
5) Sleep disturbance (e.g., drowsiness).

If any one or more of these components is present, a concussion should be suspected and the appropriate management strategy instituted.

Baseline Testing

Any baseline test is recommended prior to the beginning of the season. East Central ISD does not provide baseline testing for its student-athletes. It is dependent upon the parent/guardian if they wish to obtain any baseline testing. Examples of baseline tests include:

1) Computerized Testing-ImPACT, CogState
2) SAC (Standardized Assessment of Concussion)
3) BESS (Balance Error Scoring System)
4) SCAT5(Sport Concussion Assessment Tool) – The SCAT5 is a combination of (The SAC-Standardized Assessment of Concussion, Modified BESS-Balance Error Scoring System, Symptom Checklist, & Glasgow Coma Scale). A reaction time test and simple neurologic screening, upper/lower extremity strength test and the full BESS test can also be added.
5) King-Devick
6) Sway Medical (iPad or other mobile device)

On-Site Athletic Trainer Evaluation Process

The on-site athletic trainer will be responsible for evaluating and administering the proper treatment plan for athletes that are **suspected** of a sustained concussion. If the Athletic trainer from the visiting team's school is present, he/she may choose to administer the treatment plan as they deem appropriate (e.g., varsity football game).

1) Sideline Evaluation-no Loss of Consciousness
    a. ECISD athletic trainers will use any combination of the following; Graded Symptom Checklist, SAC, SCAT5, King-Devick or Sway Balance(IPad) sideline test for athletes they suspect of sustaining a concussion.
    b. Any sideline test that athletic trainers from other districts deem appropriate may be used when evaluating visiting ECISD teams. It should incorporate balance testing as well as cognitive testing, and the athlete must follow up with the ECISD athletic trainers.
    c. Middle school – If an athletic trainer is present then they shall evaluate the middle school athlete and provide care or instruction. All efforts will be made to contact and discuss the injury with the student's parent/guardian.
        i. If an athletic trainer is not present, then the middle school coach should contact the athletic trainer for further instructions and notify the student's parent/guardian.
        ii. If the athletic trainer is unavailable and the injury happens during the school day, then the athlete should be referred to the middle school campus nurse for evaluation.
        iii. If the injury is after the regular school day time and the athletic trainer is unavailable, the middle school coach shall contact the parent/guardian immediately.
        iv. If the athlete shows any emergent symptoms or is deteriorating, then the middle school coach shall contact EMS immediately.
2) Sideline Evaluation-Loss of Consciousness
    a. The athletic trainer will evaluate the student using appropriate sideline testing and refer the athlete to ER.
        i. If injury is after the regular school day time and the athletic trainer is unavailable, the coach shall initiate EMS and then contact the parent/guardian immediately.
        ii. Athletic trainer needs to be notified as soon as possible thereafter.

An athlete evaluated for a concussion in a hospital emergency room or urgent care clinic will not be allowed to begin the Return to Play Protocol until they have been evaluated by a physician specially trained in concussion management or their primary care physician.

Documentation Process

Each suspected concussion should be documented as follows:

1) High School (Home Games) –Athletic trainer should notify head coach and parents.
2) High School (Away Games) – Head coach should notify ECISD athletic trainers and parents, if they are not present, as soon as possible. If the athlete is being transported to an emergency room, athletic trainers should be notified immediately.
3) Middle School – Should be documented by head coach and referred to athletic trainer as soon as possible. The head coach may also be responsible for notifying the parents, or the athletic trainer may assume this responsibility.
4) Middle School Campus Nurse – If the campus nurse suspects that an athlete has sustained a concussion, then they will refer the athlete to the athletic trainer as soon as possible. The nurse may also be responsible for notifying the parents and the appropriate middle school athletic coordinator.

The following people should be kept in the communication circle for any athlete that sustains a concussion: Coaches, Parents, School Nurse, Teachers, School Counselors, School Administrators (as deemed appropriate by Athletic Trainer)

Return to Learn-Concussion Care Plan for Academics (see Appendices)

Some individuals may be able to attend school without increasing their post-concussion symptoms, however, most students will require one or more academic modifications, depending on the nature of their injury and post-concussion symptoms, to allow for the best recovery potential. The treating physician may recommend that the student be given special

academic accommodations, (i.e. postponement or reducing exams/quizzes, reducing workload, provide pre-printed class notes, additional time to complete assignments, assistance to class, limited computer work, reading activities, ear plugs, sun glasses inside the building, etc.), until symptoms subside to allow for full recovery potential.

*If the student is struggling to fully return academically for an extended period of time, it may become necessary for the student to receive 504 accommodations. This decision would be handled on an individual basis and would be based on feedback from the student's teachers, the school's counseling team, the treating physician, the student's parents/guardians, the athletic trainers, and the school nurse.

Return to Play Protocol (Criteria) High School

[(1)]The return to play protocol follows a stepwise progression of activity until full return. The athlete cannot advance more than ONE step progression per 24-hour period, and the athlete must complete each step.

Therapeutic exercise may be prescribed by the treating physician during the recovery process, but Therapeutic exercise/rehabilitation does not count as any step in the Return to Play Protocol. If any concussive symptoms occur while the athlete is completing the Return to Play Protocol, the athlete will stop all activity until asymptomatic for 24 hours. Once symptoms resolve the athlete may resume the Protocol at the step which they became symptomatic.

**A written release on the ECISD approved form must be provided to the Athletic trainer from the treating physician before the Return to Play Protocol can begin.*

*An athlete evaluated for a concussion in a hospital emergency room or urgent care clinic will not be allowed to begin the Return to Play Protocol until they have been evaluated by a physician specially trained in concussion management or their primary care physician.

Concussion with no Loss of Consciousness

- Release from treating physician.
- *Day one* -Asymptomatic for 24 continuous hours AND a return to baseline normal range on cognitive/balance exams unless the physician has allowed the return to play protocol to begin with retesting at Day five.
- *Day two* -Light aerobic exercise (e.g., stationary bike for 10-15 minutes).
- *Day three*-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.
- *Day four*-Non-contact training drills. Practice with no contact (e.g., no pads in football).
- *Day five* -Full contact practice (*cognitive/balance testing as doctor ordered to determine a return to baseline normal range, if not returned to baseline normal range must hold until physician determination)

Must complete UIL Concussion Management Protocol Return to Play Form.

- *Day Six*- Return to full play.

Multiple Concussions (Second concussion within 6-month period) or Concussion with Loss of Consciousness

- Out of all activity for a minimum of one week (7 continuous days).
- Physician (recommended concussion specialist) visit and possible neuro-cognitive testing (Either ImPACT or any physician approved exam).
    i. Once these two criteria have been met and the athlete has been cleared by the treating physician he/she may begin the return to play protocol.
- *Day one* -Asymptomatic for 24 continuous hours AND a return to baseline normal range.
- *Day two* -Light aerobic exercise (e.g., stationary bike for 10-15 minutes).
- *Day three*-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.

- *Day four*-Non-contact training drills. Practice with no contact (e.g., no pads in football).
- *Day five* -Full contact practice.

Must complete UIL Concussion Management Protocol Return to Play Form.

- *Day Six*- Return to full play.

Return to Play Protocol (Criteria) middle school

(1)The return to play protocol follows a stepwise progression of activity until full return. The athlete cannot advance more than ONE step progression per 24-hour period, and the athlete must complete each step.

Therapeutic exercise/rehabilitation may be prescribed by the treating physician during the recovery process, but therapeutic exercise/rehabilitation does not count as any step in the Return to Play Protocol. If any concussive symptoms occur while the athlete is completing the Return to Play Protocol, the athlete will stop all activity until asymptomatic for 24 hours. Once symptoms resolve the athlete may resume the protocol at the step which they became symptomatic.

**A written release on the ECISD approved form must be provided to the Athletic trainer from the treating physician before the Return to Play Protocol can begin.*

*An athlete evaluated for a concussion in a hospital emergency room or urgent care clinic will not be allowed to begin the Return to Play Protocol until they have been evaluated by a physician specially trained in concussion management or their primary care physician.

Concussion with no Loss of Consciousness

- Parent and injured student athlete meet with the high school athletic trainer prior to starting the Return to Play Protocol. The athletic trainer contacts the appropriate middle school Athletic Coordinator, middle school campus nurse, & middle school counselor (If appropriate).
- Release from treating physician.
- *Day one* -Asymptomatic for 24 continuous hours and/or a return to baseline normal.
- *Day two* -Light aerobic exercise (e.g., stationary bike for 10-15 minutes)
    i. *Must be administered in athletic training room under supervision of athletic trainer (Dr. Release must be on file at High School). Athletic trainer notifies the middle school campus coach and/or the middle school campus nurse.*
- *Day three*-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.
    i. *May be completed in high school athletic training room or at middle school campus under the supervision of the middle school coach under the direction of the high school athletic trainer* – Daily Concussion Symptom List must be completed prior to & following exercise by the middle school campus coach. Middle school campus coach will report to athletic trainer what activity was done and the results of the symptom checklist.
- *Day four*-Non-contact training drills. Practice with no contact (e.g., no pads in football).
    i. *May be completed in high school athletic training room or at middle school campus under the supervision of the middle school coach under the direction of the high school athletic trainer* – Daily Concussion Symptom List must be completed prior to & following exercise by the middle school campus coach. Middle school campus coach will report to athletic trainer what activity was done and the results of the symptom checklist.
- *Day five* -Full contact practice.
    i. *May be completed in high school athletic training room or at middle school campus under the supervision of the middle school coach under the direction of the high school athletic trainer* – Daily Concussion Symptom List must be completed prior to & following exercise by the middle school campus coach. Middle school campus coach will report to athletic trainer what activity was done and the results of the symptom checklist.

Must complete UIL Concussion Management Protocol Return to Play Form.

- *Day Six*- Return to full play.
    i. *Athlete & parent/guardian will meet with athletic trainer to discuss progress and complete the UIL Concussion Management Protocol Return to Play Form prior to returning to full play. The athletic trainer contacts the middle school coordinator, middle school campus nurse, and middle school campus counselor (if necessary).*

Multiple Concussions (Second concussion within a 6-month period) or Concussion with Loss of Consciousness. Following the first step the protocol shall mimic the above protocol.

- Out of all activity for a minimum of one week (7 continuous days).
- Physician (recommended concussion specialist) visit and possible neuro-cognitive testing (Either ImPACT or any physician approved exam).
    i. Once the athlete has been cleared by the treating physician he/she may begin the return to play protocol.
- *Day one* -Asymptomatic for 24 continuous hours AND a return to baseline normal range.
- *Day two* -Light aerobic exercise (e.g., stationary bike for 10-15 minutes).
- *Day three*-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.
- *Day four*-Non-contact training drills. Practice with no contact (e.g., no pads in football).
- *Day five* -Full contact practice.

Must complete UIL Concussion Management Protocol Return to Play Form.

- *Day Six*- Return to full play

Appendices

a) Concussion Oversight Team
b) Parent Concussion Info/Home Instruction
c) Physician Concussion Referral/Release Form
d) Return to Learn Form-Concussion Care Plan for Academics
e) UIL Concussion Management Protocol Return to Play Form
f) Daily Symptom Checklist

REFERENCES

1) McCrory, P., et al. Consensus statement on concussion in sport- The 4th International Conference on concussion in sport, held in Zurich, November 2012. Clinical Journal of Sports Medicine, 2013;23:89-117.
2) Summary Statement by the Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: The Management of Concussion in Sports. Neurology, pg. 581-585. 1997.
3) Summary of Evidence-based Guideline Update: Evaluation and Management of Concussion in Sports. American Academy of Neurology, March 2013

ECISD Concussion Oversight Team

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East Central Independent School District
6634 New Sulphur Springs Rd
San Antonio, Texas 78263
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Parent Concussion Information and Home Instructions

If your child begins to elicit increases in these symptoms you should seek further medical care:
Increasing headache

- Nausea or vomiting
- Difficult or slurred speech
- Balance or coordination difficulty
- Unusual or out of character behavior
- Changes in level of consciousness
- Blurred or double vision
- Disorientation
- Delayed verbal or motor response
- Amnesia
- Stiffness in the neck or weakness in arms or legs
- Blood or clear fluid from nose or ears
- Abnormal drowsiness or sleepines

Please DO NOT allow your child to:

- Take any medication except Tylenol when indicated by a Dr. or Athletic Trainer
- Engage in any physical activity until evaluated by a Dr. or Athletic Trainer

Please LIMIT the following activities as they can increase your child's symptoms:

- TV time; especially violent programs
- Video game playing and rough housing
- Use of iPods, iPads, computers, and cell phones(texting)

In some cases their class work/home work can worsen their symptoms and each child will be evaluated for class modifications as needed.
If you are uncertain about the above symptoms please contact the athletic trainers at the high school.

East Central Independent School District

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Concussion Referral Form

Patient Name:_____ Date:_____
Last Name First Name
ID#_____ School:_____ Sport:_____ Grade_____

Parent Release of information:

I _____ give _____permission to release any/all
Parent/Guardian Name Physician and/or Clinic Name
medical information related to the above named patient to become a confidential permanent record in his/her medical file at his/her school.

Per HB 2038 UIL student-athletes must be cleared by a physician after a suspected concussion and before beginning the District Return to Play Protocol. The athlete MUST complete the Return to Play Protocol(RTPP). The ECISD RTPP is as follows:

Release from treating physician.
Step one – Asymptomatic for 24 continuous hours.
Step two – Light aerobic exercise (e.g., stationary bike/treadmill for 10-15 minutes).
Step three – Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.
Step four – Non-contact training drills. Practice with no contact (e.g., no pads in football).
Step five – Full contact practice.
Step Six – Return to full play.

Referred by: _____
Athletic Trainer Contact Info

To be completed by health care provider.
Diagnosis/Impression:

❑ Return to play upon completion of return to play protocol
❑ Other _____

Physician's signature: _____ Date: _____

Phone number: _____

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
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Return to Learn-Concussion Care Plan for Academics

Athlete Name_____ ID#_____ School_____

Parent Name _____Contact #_____

This student has had a concussive brain injury and has both physical and cognitive deficits at this time. Full recovery is rest and time dependent. He/she is being followed by a physician and may also be undergoing cognitive testing. Please contact the athletic trainers if you have any questions or concerns.

Cognitive Guidelines – Medical professional will indicate the student's current status; however, the student may progress through steps 1-3 unless otherwise noted. Steps 4 & 5 should be initialed and dated individually by physician.

1. _____No school, homework or cognitive activity until free of headaches without medication

2. _____Athlete is symptom and headache free. May begin short periods of reading, focusing, and homework as indicated. If no return of symptoms or headache without medication, may increase length of activity to tolerance.
Time of activity:_____

3. _____ The athlete is NOT cognitively recovered at this time, but may return to school with the following checked academic considerations:

____a. Shortened day. See Class Schedule
____b. Rest breaks during classes-allow student to lay his/her head down on the desk, or step in the hall briefly. Allow student to visit nurse for rest in darkened area.
____c. Allow extra time to complete homework, quizzes, and tests. May retake quizzes and tests or redo homework if athlete performs lower than expected.
____d. Restriction from certain types of homework or classes:_____
____e. No classroom or standardized testing at this time.
(See State Assessment Note Below)

CLASS SCHEDULE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

4. _____Full academic school program as tolerated-recommend no standardized testing until cognitively recovered as determined by cognitive testing with consult and revision of any 504 accommodations. (See State Assessment Note Below)

5. _____This student is cognitively recovered and may return to full school program including standardized testing.

NOTE: As required by TEA, all students MUST participate in state assessments (STAAR, TELPAS), therefore it is recommended that the appropriate campus committee (SPED, 504) evaluate the need for accommodations on state assessments until the student is cognitively recovered.

Physician Printed Name _____ Date_____

Physician Signature _____

Follow-up Appointment Date_____

Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

_____ _____

Student Name (Please Print) *School Name (Please Print)*

Designated school district official verifies:

Please Check

☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.

☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.

☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

_____ _____

School Individual Signature *Date*

_____

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.

☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.

☐ Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.

☐ Understands the immunity provisions under Section 38.159 of the Texas Education Code.

_____ _____

Parent/Responsible Decision-Maker Signature *Date*

_____

Parent/Responsible Decision-Maker Name (Please Print)

Concussion Daily Symptoms Checklist

Athlete Name: _____ **Student ID #** _____ **Grade:** ____ **Date of Injury:** _____

Campus: _____ **Supervising Coach/Nurse/Athletic Trainer:** _____

0	1	2	3	4	5	6
NONE			MODERATE			SEVERE

NOTE: Grading of symptom severity on a scale 0-6.

	SYMPTOMS	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
Physical Findings	Headache							
	Pressure in Head							
	Neck Pain							
	Nausea/Vomitting							
	Balance Problems							
	Dizziness							
	Visual Problems							
	Fatigue/Low Energy							
	Sensitivity to Light							
	Sensitivity to Noise							
	Numbness/Tingling							
Cognitive Findings	Feeling Slowed Down							
	Feeling Mentally "Foggy"							
	“Don’t Feel Right”							
	Difficulty Concentrating							
	Difficulty Remembering							
Emotional Findings	Irritability							
	Sadness							
	More Emotional							
	Nervous/Anxious							
Sleep Findings	Drowsiness							
	Sleeping Less							
	Sleeping More							
	Trouble Falling Asleep							
Number of Symptoms/ Severity Scale (Add the Symptoms)								