

## **Lefors ISD Athletic Department**

### **Concussion Management Guidelines & Return-to-Play Protocol**

#### **Introduction**

The understanding of sports-related concussion has evolved dramatically in recent years. We now know that young athletes are particularly vulnerable to the effects of a concussion. Once considered little more than a “ding” on the head, it is now understood that a concussion has the potential to result in short or long-term changes in brain function, or in some cases, death.

There are numerous definitions of concussion available in medical literature as well as in the “guidelines” developed by the various state organizations. The feature universally expressed across definitions is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time.

The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs, the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers.

#### **Legislation:**

**Section 38.153** of the Texas Education Code now requires that each school district appoint a concussion oversight team consisting of, at minimum, one physician and the district’s licensed athletic trainer. This team will establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student’s return to practice or competition following the force or impact believed to have caused a concussion.

Lefors ISD’s concussion oversight team consists of Joey Czubinski, Athletic Director, Kelley Porter, ATC, LAT; and is directed by Kevin Sieck, M.D. The following management guidelines and return-to-play criteria adopted by this team specifically meet UIL requirements and ensure the health and safety of all students participating in Lefors athletic activities.

**Section 38.158** of the Texas Education Code will, beginning in September of 2012, require all coaches and members of the concussion oversight team to complete an approved training course every two years and submit proof of completion to the district’s athletic director.

#### **Responsible Individuals:**

At every UIL activity in which participation carries a potential risk for concussion, the licensed athletic trainer employed by the district will be the individual responsible for identifying student-athletes with symptoms of concussion injuries. The licensed athletic trainer will be responsible for determining the presence of the symptoms of a concussion as well as creating the appropriate documentation related to the injury event. In the event the licensed athletic trainer is not in attendance the athletic director will be the responsible individual.

## **Recognition and Management:**

Concussions can produce a wide variety of symptoms that should be familiar to those having responsibility for the well-being of student-athletes engaged in competitive sports. Any one or group of symptoms may appear immediately and be temporary, or delayed and long lasting. All members of the Lefors athletic staff will be trained in the observable signs and symptoms of a concussion, and the appropriate management steps.

Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion.

Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can't recall events prior to hit; can't recall events after hit.

When it is suspected that a player has a concussion, coaches will follow the "Heads Up"

4-step Action Plan:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a licensed athletic trainer or other qualified health-care professional.
3. Inform the athlete's parents or guardians about the possible concussion.
4. Keep the athlete out of play until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

## **Return to Play Protocol:**

In accordance with **Section 38.156** of the Texas Education Code, a student suspected of having a concussion will be immediately removed from athletics practice or competition and will not be permitted to practice or compete again until:

(1) The student has been evaluated by a treating physician chosen by the student or the student's parent or guardian.

(2) The treating physician has provided a written statement indicating that, in the physician's professional judgment; it is safe for the student to return to play.

(3) The student and the student's parent or guardian have signed the UIL consent form indicating they understand the risks of the student returning to play and will comply with any ongoing requirements deemed necessary by the involved health care providers. This form also consents to disclosure to

appropriate persons of the treating physician's written statement, and ensures both the student and the student's parent or guardian understands the immunity provisions under **TEC Section 38.159**.

Following clearance and compliance with the above information, the student will be released into the care of the district's licensed athletic trainer and a supervised progression of activities will be initiated using this standardized protocol:

- Student-athlete shall be symptom free for 24 hours 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 activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

**Phase 1:**

No exertional physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.

**Phase 2:**

Step 1. When the athlete completes Phase 1, begin light aerobic exercise – 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise.

Step 2. Moderate aerobic exercise - 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Step 3. Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercise.

Step 4. Full contact practice or training.

Step 5. Full game play.