Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

<table>
<thead>
<tr>
<th>These are some SIGNS concussion (what others can see in an injured athlete):</th>
<th>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</th>
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<tbody>
<tr>
<td>Dazed or stunned appearance</td>
<td>Headache</td>
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<tr>
<td>Change in the level of consciousness or awareness</td>
<td>Nausea</td>
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<tr>
<td>Confused about assignment</td>
<td>Dizzy or unsteady</td>
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<td>Forgets plays</td>
<td>Sensitive to light or noise</td>
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<tr>
<td>Unsure of score, game, opponent</td>
<td>Feeling mentally foggy</td>
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<tr>
<td>Clumsy</td>
<td>Problems with concentration and memory</td>
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<tr>
<td>Answers more slowly than usual</td>
<td>Confused</td>
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<tr>
<td>Shows behavior changes</td>
<td>Slow</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td></td>
</tr>
<tr>
<td>Asks repetitive questions or memory concerns</td>
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</table>

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. “When in doubt sit them out.”

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.
RETURN TO PLAY:

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for **one step per 24 hours**. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

**STEP ONE:** About 15 minutes of light exercise: stationary biking or jogging

**STEP TWO:** More strenuous running and sprinting in the gym or field without equipment

**STEP THREE:** Begin non-contact drills in full uniform. May also resume weight lifting

**STEP FOUR:** Full practice with contact

**STEP FIVE:** Full game clearance

PREVENTION: *(There is nothing that truly prevents concussion!)*

Education and recognition of concussion are the keys in reducing the risk of problems with concussion. Proper equipment fit and use may reduce the risk of concussion. However, helmets do NOT prevent concussion. They are used to prevent facial injuries and skull fractures. Most importantly, proper technique for hitting/contact is vital. For example; athletes that lower their head while making a football tackle have a significantly higher risk for concussion and neck injuries. Athletes should never lead with their head or helmet. The WIAA encourages every member school to promote concussion education and bring about a positive change in concussion culture by discussing this topic with all teachers, coaches, athletes and parents. Further reading and additional education material can be obtained through the following locations:

- [www.nfhs.com](http://www.nfhs.com)
- [www.nfhslearn.com](http://www.nfhslearn.com) (free concussion education video)
- [www.cdc.gov/concussion/headsup/high_school.html](http://www.cdc.gov/concussion/headsup/high_school.html) (Heads Up program)
- [www.wisportsconcussion.org](http://www.wisportsconcussion.org) (Wisconsin Sports Concussion Collaborative)
Concussions and School Performance

These recommendations come directly from the Wisconsin Interscholastic Athletic Association (WIAA):

A major concern with a concussion is that it can interfere with school performance. The signs and symptoms of poor short- and long-term memory, concentration and organization may temporarily turn a good student into a poor student. The best way to address this is to decrease the academic workload by potentially taking time off from school or going partial days. Injured athletes should have extra time to complete homework and tests, and they should be given written instructions for homework. New information should be presented slowly and repeated. Injured athletes will need additional time to catch up and may benefit from tutoring. Prorating homework and eliminating any non-essential assignments can be helpful. If an athlete develops worsening symptoms at school, he/she should be allowed to visit the school nurse. Classes like PE and Tech Ed (Shop) should be avoided. If the injured student is sensitive to noise, he/she should be excused from choir, band and the loud lunchroom (allow to eat in a quiet area). It may be helpful to avoid computer-based classes. The best use of the student’s time is not to observe others in the aforementioned classes, but to use that time to rest in a quiet area or receive tutoring to help catch up. The school and coaches should maintain regular contact with the injured athlete’s parents to update progress. Athletes with a concussion should return to full speed academics without accommodations before returning to sports.

Rest from physical exertion is an essential component of concussion treatment. Further contact is to be avoided at all costs due to risk of repeat concussion and Second Impact Syndrome. Physical exertion can also worsen symptoms and prolong concussion recovery - this includes aerobic conditioning and resistance training. Only an appropriate health care provider can clear an injured athlete to resume physical activity.

It is also important to remember that the athlete’s concussion can interfere with work and social events (movies, dances, attending games, etc.). Injured athletes need to practice good sleep habits and sleep well at night in order to recover. Brief “power” naps during the day may be helpful as well. Athletes should decrease brain stimulation at home by limiting video games, computer time, text messaging, and TV/movies.
Neuropsychological testing can be a helpful component of concussion management, as it can provide insight into brain function. Computerized testing is best used as a tool in concussion management, but can help ensure safe return to activity. Testing is currently done using computerized neuropsychological testing (example: ImPACT, Axon Sports) or through a more detailed written test administered by a neuropsychologist. For proper concussion management, neuropsychological evaluation should not “stand alone” and must be combined with the medical evaluation of concussion.

If neuropsychological testing is available, ideally a baseline or pre-injury test is obtained prior to the season. This baseline should be done in a quiet environment when the athlete is well rested. It is felt that baseline testing should be repeated every one to two years for the developing adolescent brain. If there is no baseline available, an experienced health care provider may compare the injured athlete’s scores to age established norms. The WIAA feels that neuropsychological testing can be a very useful tool with regard to concussion management.
Whitnall School District
Concussion Consent Form

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, ____________________________, of Whitnall High School,

Student/Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

__________________________________________________________
Signature and printed name of student/athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

__________________________________________________________
Signature and printed name of parent/guardian

Date