

# District 86-Hinsdale Central High School-Athletic Training Concussion Protocol

## Recognition:

Assessment of concussion like symptoms must be determined immediately following one of the following:

- Direct head to head contact
- Direct trauma following a vicious hit
- Head to ground Contact.
- Symptoms may occur with no contact

According to the IHSA, a coach, referee or Athletic Trainer may pull ANY athlete from competition if suspicious for a concussion. That individual must be cleared by an Athletic Trainer or Team Physician prior to being allowed to return. If any concussion like symptoms are present that athlete WILL NOT be allowed to return to that game (same day). If a concussion is suspected, the athlete must be seen and cleared by a physician (MD/DO). If the athlete is cleared by a physician but still presents concussion like symptoms, the Athletic Trainer can withhold that athlete from competition/practice of a IHSA/school sponsored event or sport.

## Symptoms to look for:

- Headache
- Dizziness
- Nausea
- Light or sound sensitivity
- Feeling in a fog or out of their body
- Difficult remembering simple words/ previous coach discussions
- Difficulty concentrating
- Extreme fatigue/ lethargy

## Monitor:

Concussion symptoms will be monitored by athletic trainer following injury until released to their parents. Parents are to watch for worsening symptoms, if symptoms worsen same day or in evening a referral to doctor is warranted.

(\*\*KEY NOTE: a mild headache with no other symptoms does not indicate a concussion, follow-up with ATC next day for re-evaluation to discuss progress is a necessity\*\*)

## Follow-up:

The athlete MUST check in next day following injury if they attend school, otherwise a phone call will be made home.

Once athlete is symptom free for 24 hours they will be re-evaluated, and Post-Injury IMPACT TEST will be done. Athlete must be symptom free and pass test to begin return to play guidelines.

## Return to Play Daily Break Down:

- **Day 1:** Pass IMPACT Post-Injury test. Aerobic exercise (eg stationary bike); 65% max heart rate 20 minutes. Balance exam (eg BESS) and dynamic balance exercise. Occulomotor exam and optokinetic exposure.
- **Day 2:** Treadmill/outdoor jogging, 60-80% max heart rate (supervised jogging 1 mile). Progressive cognitive loading w/exertion/balance /optokinetic.
- **Day 3:** Sport specific exercise functional drills (20 yard forward/backward springs, zigzag cuts, figure 8's) lifting, push-ups, Valsalva activities.
- **Day 4:** Light practice (**No contact**), drills, break-down activities, (**no team scrimmage**).
- **Day 5:** Full contact practice after medical clearance.
- **Day 6:** Return to game competition.

**\*\*IF ANY SYMPTOMS DEVELOP ON ANY DAY OF ACTIVITIY OR FOLLOWING ACTIVITIY, THAT DAY WILL BE REPEATED UNTIL NO SYMPTOMS DEVELOP\*\***

**REFERRAL IF NEEDED:** If symptoms persist for more than 24hrs then the student must be referred to a Physician (MD/DO). A physician's note of clearance will be needed to begin the Return-to-Play protocol. Students must meet the Return-to-Play guidelines in order to return to strenuous activities (sports and physical education).

***(\*\*If a physician note states to return the athlete to activities and the ATC does not feel the athlete is safe to return, the ATC will withhold the athlete until they have met the above guidelines\*\*)***

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