

Wortham ISD Guidelines for Sports Concussion Management Without Neurocognitive Testing

Introduction

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American High School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to Wortham ISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

What is a Concussion?

Concussion – A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the correct protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual and is secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure it is in proper working condition.

Evaluation for Concussion

1. At time of injury, administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool II (SCAT III) – Appendix A
 - b. Graded Symptom Checklist (GSC) – Appendix B
 - c. Sideline Functional & Visual Assessments – Appendix A or B
 - d. On-Field Cognitive Testing – Appendix A or B
- 2. Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Physician referral
4. Home instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athlete's Participation Form
- 7. Note – If in doubt, athlete is referred to a physician and does not return to play.**

Concussion Management

1. School Modifications
 - a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
 - b. Notify teachers of post concussion symptoms.
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
2. Student must be symptom free for 24 hours and returned to classes full time before beginning return to play protocol.

Return to Play (RTP) Guidelines

1. Activity Progressions
 - a. Phase 1: Athlete must be symptom free for 24 hours
 - b. Phase 2: Light aerobic exercise with no resistance training
 - c. Phase 3: Sport-specific activity
 - d. Phase 4: Non-contact training drills with resistance training
 - e. Phase 5: Full contact training drills
- ** Note – Athlete progression continues as long as athlete is asymptomatic and tolerates each phase. If the athlete experiences any post concussion symptoms, the athlete must wait 24 hours and continue at the current phase.**
2. Physician Clearance
 - a. Athlete must be cleared by physician after completing the RTP protocol before being released to full participation.**
 - b. Please refer to Appendices A & B (separate documents) for symptom assessment.

WORTHAM ISD CONCUSSION COMMITTEE MEMBERS

I. Physician(s): Licensed physician(s) sole responsibility is to approve the concussion management committee return to play program.

Name: _____ Signature: _____ Date: _____

II. Superintendent: The district's superintendent will supervise the enforcement of the return to play program and be responsible for all paperwork.

Name: _____ Signature: _____ Date: _____

Wortham ISD

Parental Information and Consent Form for Concussion

What is a concussion?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

What are the symptoms of a concussion?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

What should be done if a concussion is suspected?

1. Immediately remove student from practice or game
2. Seek medical attention right away
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic administrator at your school.

What should the athlete know about playing with a concussion?

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

What are the risks of returning to activity too soon after sustaining a concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluation for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first --usually within a short time period (hours, days, weeks)--can slow recovery or increase the chances for long-term problems.

What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teen age athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for student-athlete's safety.

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. Create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability un Section 74.151, Civil Practice and Remedies Code;
4. Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Wortham ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete's Name (print) _____

Parent's or Guardian's Name (print) _____

Parent's or Guardian's Signature _____

Date _____