

# Brackett ISD - Guidelines for Sports Concussion Management

## Introduction

The **Centers for Disease Control** (CDC) estimates that approximately 300,000 cases of concussions [also known as mild traumatic brain injury (MTBI)] occur 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. Also, a 2006 report estimated 92,000 cases of concussions in American high school sports annually. Based on all reports, this trend seems to be increasing. The big concern with these statistics is the long-term risk of repeated concussions and second impact syndrome especially in the pediatric brain. These problems can have long lasting effects on the individual including early death.

In order to have a standard method of managing concussions for Brackett Independent School District athletes, the following guidelines are offered as a written protocol for concussion management.

## What is a Concussion?

A concussion is a form of mild traumatic brain injury (MTBI) and is the result of a blow to the head or body causing the brain to move rapidly within the skull. This causes tearing and stretching of the cells within the brain and, through a poorly understood process, results in a change in the brain's metabolic function causing an altered mental state. While this change usually lasts only a week or two, the symptoms and the effects of the hit can be prolonged. Gone are the days of playing through a "dinger," a "shot," or a "bell ringer."

Symptoms include but are not limited to—

- any loss of consciousness
- headache
- amnesia
- nausea and/or vomiting
- dizziness, unsteadiness, and/or vertigo
- confusion
- vision changes
- ringing in the ears
- poor concentration
- change in mood and/or behavior
- sensitivity to noise and/or light
- change in sleep patterns

## Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Educate athletes and their parents on 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. Ensure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards) and that it fits appropriately.
6. All headgear must be NOCSAE certified.
7. Make sure all 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 they are in proper working condition and replaced appropriately. All headgear must be checked each season to determine wear and usability for continued use.

### **Evaluation and Management Plan for a Suspected Concussion**

1. With a suspected concussion, the athlete is immediately pulled from all activity
2. If a designated health care professional (i.e. physician, athletic trainer, physician's assistant (PA), physician fellow, or physician resident) is present at the event to evaluate the athlete, the determination can be made at that time if a concussion has occurred and the appropriate plan of care instituted.
3. If a designated health care professional is unavailable at the time of injury, the athlete is held out of all activity until the evaluation by the appropriate personnel can occur.
4. Any suspected concussion should be evaluated immediately (i.e. same day)
5. At the time of injury, one of the following assessment tools can be utilized:
  - a. Sports Concussion Assessment Tool
  - b. Graded Symptom Checklist (GSC)
  - c. Sideline Functional & Visual Assessments
  - d. On-field Cognitive Testing
6. **The athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of concussion.**
7. **The athlete is held out of activity for at least 24 hours with a suspected concussion.**
8. With a concussion, referral to a physician occurs as soon as possible. Emergency evaluation [including activation of Emergency Medical Services (EMS) and referral to the Emergency Room (ER)] occurs when the athlete's condition is deemed unstable and/or the personnel caring for the injured athlete are no longer comfortable managing the athlete's condition.
9. Concussion symptoms and plan of care are discussed with the parents/guardians before the athlete leaves the event with these individuals. Specific home instructions and ER precautions are given as well.
10. Athlete's physician assumes care of concussion and provides plan of care to athletic trainer and coaches via written note.
11. Return to Play Guidelines given to parents
12. Parent Informed Consent and Athlete's Participation Form are given and returned signed
13. The Physician managing the athlete's concussion will clear the athlete using current standard of care practices. The Return to Play Protocol can begin once the athlete is cleared medically.
14. Any change in symptoms or condition will be reported to the managing physician immediately.

### **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 and cleared by a physician before beginning return to play protocol.
3. Student-athlete must be symptom-free for at least 7 days (or longer if directed by physician) before he/she can return to contact practice and/or game.

## Return to Play Protocol

1. No physical activity until the athlete is **symptom free** and **cleared by a physician** to start the return to play protocol
2. Activity is to progress at a rate of one step daily
  - a. Light aerobic exercise with no resistance training
  - b. Light aerobic exercise with light resistance training
  - c. Moderate aerobic exercise and medium resistance training
  - d. Full aerobic exercise with full resistance training
  - e. Non-contact sports-specific training drills
  - f. Full contact training drills
  - g. **Athlete progression continues as long as athlete remains asymptomatic. If the athlete experiences any post concussion symptoms, you should stop all activity and consult with treating physician immediately. Resumption of the return-to-play protocol will be determined by the treating physician pending possible further evaluation.**

The Brackett ISD Concussion Oversight Team includes:

Dr. Timothy Palomera, MD – Team Physician  
Marc Powell, ATC, LAT – Team Athletic Trainer  
Nicole Frets, RN – Brackett ISD Nurse

## **Brackett ISD**

### **Parental Information and Consent Form for Concussions**

#### **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 may show immediately or may not appear for hours to 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. Long-term cognitive changes and Second Impact Syndrome (having a second concussion before the initial or previous concussion has time to heal) 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, memory loss, confusion, mood changes, visual changes, fatigue, lethargy, poor attention or concentration, sleep disturbances, and aggression. An individual does not have to lose consciousness to have a concussion.

#### **What should be done if a concussion is suspected?**

1. Immediately remove student-athlete 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 physician managing the concussion and the return-to-play protocol will be managed by athletic trainers or assigned coach at your school.

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

#### **What should the athlete know about playing with a concussion?**

Teach student-athletes that it is not smart to play with a concussion. Rest until all symptoms have resolved and following the proper steps to return to athletic activity are the keys to a successful return. Sometimes athletes, parents, and 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 to let him or her return without the proper examination from a qualified physician.

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

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 evaluating for concussions, 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 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 teenage 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 under 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 Brackett 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: \_\_\_\_\_

## Return to Play Protocol—Middle School

The return-to-play protocol begins after written physician clearance to begin activity is obtained. It progresses one-step daily and continues as long as the athlete remains asymptomatic. Should symptoms reoccur, activity is stopped and the treating physician is notified immediately for possible reevaluation and guidance on continued return to activity.

### DAY 1 Light aerobic exercise (15-20 min bike)/no resistance training

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 2 Medium aerobic exercise (25-30 min bike)/ light resistance training (15-20 mins of weights and/or push-ups, sit-ups, pull-ups)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 3 Full aerobic exercise (30 min run) and moderate resistance training (30 mins of weights and/or push-ups, sit-ups, pull-ups)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 4 Noncontact practice (shell, full sports-specific activity)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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**Cleared by physician to continue to full contact practice by acknowledgement of progression of protocol in asymptomatic fashion and signing of UIL Return-to-Play form**

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### DAY 5 Full contact practice/full return to play

## Return to Play Protocol—High School

The return-to-play protocol begins after written physician clearance to begin activity is obtained. It progresses one-step daily and continues as long as the athlete remains asymptomatic. Should symptoms reoccur, activity is stopped and the treating physician is notified immediately for possible reevaluation and guidance on continued return to activity.

### DAY 1 Light aerobic exercise (15-20 min bike)/no resistance training

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 2 Medium aerobic exercise (25-30 min bike)/ light resistance training (15-20 mins of weights and/or push-ups, sit-ups, pull-ups)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 3 Full aerobic exercise (30 min run) and moderate resistance training (30 mins of weights and/or push-ups, sit-ups, pull-ups)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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### DAY 4 Noncontact practice (shell, full sports-specific activity)

DATE \_\_\_\_\_ STUDENT Signature \_\_\_\_\_

COACH Signature \_\_\_\_\_ NURSE Signature \_\_\_\_\_

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**Cleared by physician to continue to full contact practice by acknowledgement of progression of protocol in asymptomatic fashion and signing of UIL Return-to-Play form**

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### DAY 5 Full contact practice/full return to play