

# OAK PARK and RIVER FOREST HIGH SCHOOL

## Athletic Department - Concussion Information & Management Plan

The student and the student's parent/guardian understand that District 200 Board Policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer, as well as a signed parental consent form.

**ROLE:** Along with the school's team physicians (Midwest Orthopedics at RUSH), our certified athletic trainers, which are contracted through AthletiCo Physical Therapy, act as the "point persons" for dealing with athletic injuries. This includes the care and management of concussions. The Athletic Trainer will provide initial evaluation of the injury, and see to it that the athlete is properly managed and attended to during the extent of the injury.

**EVALUATION:** Management of a concussion begins with a base-line test, which is conducted by our athletic trainers prior to the season. Proper evaluation of a concussion entails monitoring symptoms, as well as basic sideline screenings. Examples of such screenings would be the Standardized Assessment of Concussions and Graded Symptom Checklist.

**REFERRAL:** All concussions must be referred on to a physician. It is the AT's discretion if the athlete should be sent to an Emergency Room for closer evaluation. Signs such as abnormal pupil response, abnormal cognition, decreasing vital signs, or a sudden increase in amount and/or severity of symptoms should warrant an immediate referral to the Emergency Room.

**RETURN TO PARTICIPATION:** Once it has been determined that an athlete has sustained a concussion, they must be removed from athletic participation immediately. The athlete must remain completely removed from athletic participation and modify their academic participation until they are symptom free at rest. Upon being *symptom free at rest for 24 hours and passing an ImPACT test*, the student-athlete may begin a progression back to sports, under the supervision of an athletic trainer, and academic participation. Under no circumstances will this protocol be accelerated. There should be approximately 24 hours (or longer) for each stage, and the athlete may return to previous stages if symptoms recur. Resistance training should only be added in later stages.

***Physician clearance AND the Parent Consent Form must be received prior to the athlete starting the Return To Play protocol***

Rehabilitation Stage	Functional Exercise	Success Goal of Each Stage
1. No activity	Complete physical/mental rest	Recovery (symptom free at rest for 24 hours)
2. Biking	Stationary cycling (30 min.)	Increase heart rate without symptoms
3. Running	Running (treadmill – 30 min.)	Add movement without symptoms
4. Agility Exercises	Sport-specific exercises. <i>(No head impact activities)</i>	Add coordination without symptoms
5. Non-contact practice	Full practice without contact	Increase exercise without symptoms
6. Full contact practice	Full practice with contact	Assess functional skills without symptoms
7. Return to play	Normal game play	

It is determined that an athlete is able to return to play when they are symptom free at rest and at exertion, and have returned to a baseline state of any tests they were administered. An athlete will not return to participation the same day as a concussive event. Once the athlete has received clearance from a physician, and has parental consent, they may begin the return to play protocol. Although an athlete receives clearance from a physician, the athletic trainer still reserves the right to hold the athlete out of participation if they have not met all of the concussion protocols in progression. ***A parent's consent alone is not a sufficient means for an athlete to return to participation.*** Athletes who have not been cleared to participate cannot be in uniform for any games.

A concussion is a brain injury and all brain injuries are serious. It is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away, and contact the athletic trainers.

**SYMPTOMS may include one or more of the following:**

**SIGNS observed by teammates, parents & coaches include:**

<ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>	<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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**How can you help your child prevent a concussion or other serious brain injury?**

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet (e.g. football, lacrosse) is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child’s coaches if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**Management of a Concussion:**

When a concussion is suspected, it should be brought to the attention of an athletic trainer and/or a physician for further evaluation. The athlete must be removed from play immediately. No athlete may return to play or physical activity, including the physical activity portion of physical education courses, after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance and parental consent. Board policy also requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

What to avoid and do when a concussion is suspected: Things that should be considered so recovery is not delayed:

- Avoid any loud noises (Music, TV, band practices)
- Avoid texting, reading, video games, typing, or internet use. All of these activities cause an increase in cognitive function which puts a strain on the brain
- Avoid any over-the-counter medications (Advil, Motrin, Ibuprofen, Aleve)
- If studying is needed to be done for a quiz or test the next day or that week, the school nurse or guidance counselor should be contacted and made aware that a concussion is suspected and postponement of any quizzes or exams may be needed. (nurses and school counselors are notified of all concussions at OPRF)
- Staying home from school may be recommended if concussed individual begins to experience headaches right away

**You should also inform your child’s coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities.** Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

This protocol is implemented to promote compliance with: Illinois House Bill SB 0007 – Youth Sports Concussion Safety Act.