



Assumption High School Concussion Packet

Rev. 2/19/19

Assumption High School Concussion Policy and Protocol
Parent's/Guardian's Guide to Concussion
CDC Parent and Athlete Fact Sheets
Concussion Specialist Referral Information
KHSAA Concussion Protocol
Athletics Initial Return to Participation Form

Assumption High School

Concussion Policy and Protocol

All Assumption Students

If a student is suspected of having a traumatic head injury (possible concussion) in any situation other than an Assumption athletic practice or competition, the following protocol will be followed.

I. If the injury is reported to school personnel immediately:

A. The student will be sent to the school nurse, who will evaluate the severity of the student's symptoms (e.g. headaches, dizziness, nausea, etc.) using standard professional guideline for concussion identification.

B. If a concussion/head injury is suspected, the school nurse will notify the dean of students and contact the student's parent.

1. A student sustaining concussion should cease any and all activity that precipitates a recurrence or escalation of concussion-like symptoms
2. Any student suspected of having a concussion will be sent home from school and not allowed to return until symptoms resolve and/or a physician releases her to do so.
3. A Concussion Information Packet will be given to the parents that includes contact information for a concussion specialist, the Assumption Concussion Policy and Protocol, and a release of information form, to be signed and returned by the parent or given to the neurologist/medical professional treating the student after seeking medical evaluation, to allow school and medical personnel to communicate with each other regarding the student's needs.
4. The student will be tagged as "pending diagnosis" until a physician's statement (including diagnosis and general recommendations regarding academic accommodations) is provided.
5. The dean of students will notify the attendance clerk, guidance personnel, the student's dean of studies, and, if the student is an athlete, the athletic director, regarding the student's status.
 - a. The student's grade level counselor will be responsible for communicating information to the student's teachers.
 - b. The athletic director will notify the athletic trainer, who will notify the student's coach.

II. If the injury was not reported to school personnel at the time of injury:

A. Parents should notify the dean of students of any head injury/concussion that occurs outside of Assumption or that was not reported at the time of the incident.

1. If head injury/concussion is first reported to other school personnel, they will immediately forward the information to the dean of students, who will notify the school nurse and others as outlined in #5 above.
2. If the student is present at school, she will be removed from class to see the school nurse, who will evaluate the severity of the student's symptoms using standard professional guidelines for concussion identification.
 - i. A student sustaining concussion should cease any and all activity that precipitates a recurrence or escalation of concussion-like symptoms (e.g. headaches, dizziness, nausea, etc.).
 - b. If symptoms of concussion are present, the student will be sent home from school and not allowed to return until symptoms resolve and/or a physician releases her to do so.

3. A Concussion Information Packet will be given to the parents that includes contact information for a concussion specialist, the Assumption Concussion Policy and Protocol, and a release of information form, to be signed and returned to the dean of students or given to the neurologist/medical professional treating the student by the parent after seeking medical evaluation, to allow school and medical personnel to communicate with each other regarding the student's needs.
4. The student will be tagged as "pending diagnosis" until a physician's statement (including diagnosis and general recommendations regarding academic accommodations) is provided.

III. If a student is diagnosed by a trained physician, preferably a concussion specialist

- A. A statement from the physician including the diagnosis and general recommendations regarding school accommodations should be provided to the dean of students and, if the student is an athlete, the athletic director.
 1. The dean of students will share the information with the school nurse, attendance clerk, guidance personnel, and the student's dean of studies.
 - a. The student's grade level counselor will work with the dean of students and the student's dean of studies and communicate pertinent information to the student's teachers.
 2. The athletic director will notify the athletic trainer, who will notify the student's coach.
 3. If the physician's statement is first given to another member of the school staff, it needs to be forwarded immediately to the dean of students.
- B. Attendance and academic accommodations will be provided in accordance with the physician's general recommendations.
 1. The student should follow her physician's recommendations, which are likely to include remaining at home in a dark and stimulus-free environment until she is symptom-free. Absences will be excused, and the student should not attempt to complete any schoolwork during this time.
 2. During the period following a diagnosed concussion, parent and student access to view grades in PowerSchool will be suspended through the make-up work period. The student's dean of studies will make the needed setting changes in PowerSchool.
 3. Teachers will enter "zero place holder" grades for missed work until the student's dean of studies determines which work will need to be made up and which work the student will be excused from completing.
 4. The student's dean of studies will not be able to make this determination until the student is able to return to school for half days, as detailed below.
 5. A physician's statement releasing the student to return to school must be provided to the dean of students in order for the student to return. The statement also needs to include general recommendations regarding any accommodations needed in terms of current schoolwork and regarding how much and how fast missed schoolwork should be made up.
 - a. The physician will notify the dean of students when the student is released to return to school, who will communicate this information to the counselor, the dean of studies, and the school nurse. The counselor will communicate this to the student's teachers.
 - b. On the day of her return, the student needs to see the school nurse and her grade level counselor before going to class.
 - c. Unless medically advised to do otherwise, the student will attend school for a minimum of two half days (trial days) to gauge her tolerance for the daily academic routine.

- d. During the half days trials, the student attends classes as an observer, rather than as a participant, and will not be expected to have completed any make-up work during her absence.
 - e. If concussion-like symptoms recur, the student will need to go home from school and follow the recommendations of her physician, which may include remaining there in a dark and stimulus-free environment until she is symptom-free, at which time she will resume the half day trials.
6. If the student remains symptom-free, she will be allowed to return to a full academic day.
 - a. The student will be expected to complete current daily classwork/homework.
 - b. Academic accommodations will be provided to the greatest extent possible in accordance with her physician's general recommendations.
 - c. The student's grade level counselor will communicate with the student's teachers regarding medically-necessary accommodations.
 7. When the student is released by her physician to begin make-up work and/or take tests/quizzes, her dean of studies will work with her grade level counselor to gather from her teachers information regarding missed work.
 - a. At this point, the dean of studies will work with the teachers to determine which work will need to be made up and from which work the student will be excused.
 - b. The physician's general recommendations regarding accommodations for both current and make-up work will be followed to the greatest extent possible.
 - c. Once decisions about make-up work have been made, the student will meet with her grade level counselor and/or dean of studies to discuss plans for completing make-up work and taking tests/quizzes.
 - d. The student's grade level counselor will communicate with the student's teachers regarding medically-necessary accommodations and plans for the completion of make-up work and tests/quizzes.
 - e. The student's grade level counselor will communicate with the student's parent regarding the schedule for make-up work and taking tests/quizzes.
 - f. The grade level counselor will oversee and coordinate the student's make-up work and testing process and re-work plans as needed.
 - g. The counselor and the dean of studies will monitor the student's grades throughout the make-up work period to make sure that they are generally consistent with her past academic performance. If there are large discrepancies, the student's parents will be contacted and a return to the physician for further evaluation will be recommended.
 - h. The student's parents may need to secure tutoring services for the student in subjects where the content is linear (e.g. math, foreign language) and/or in subjects in which the student has previously experienced difficulties.
 - i. When the student has completed all needed make-up work, her dean of studies will restore her and her parents' access to her grades on PowerSchool.
 8. If concussion-like symptoms recur, the student needs to return to her physician for further evaluation and updated recommendations.

Assumption Student Athletes

If a student is suspected of suffering a traumatic head injury (possible concussion) during a school-related athletic event, the following protocol will be followed.

- I. If the injury is reported immediately
 - A. The student will be evaluated by the athletic trainer using standard professional guidelines for concussion identification.

1. Any student athlete suspected of incurring a concussion will be removed from activity and not allowed to return until the symptoms resolve and she is clearer to return by the athletic trainer or a physician, preferably a concussion specialist.
 2. If a head injury/concussion is suspected, the athletic trainer will notify the student's parents and provide them with a Concussion Information Packet that includes contact information for a concussion specialist, the Assumption Concussion Policy and Protocol, and a release of information form, to be signed and returned to the dean of students by the parent after seeking medical evaluation, to allow school and medical personnel to communicate with each other regarding the student's needs.
- B. The athletic trainer will notify the athletic director who will notify the dean of students.
- C. The student will be tagged as "pending diagnosis" until a physician's statement is provided.

II. If the injury was not reported at the time of injury:

- A. Parents should notify the dean of students of any head injury/concussion that occurs at an Assumption athletic activity that was not reported to Assumption personnel at the time of the incident.
1. Students may report to their coach, who is then responsible for informing the athletic director, who will then notify the dean of students.
 2. The dean of students will notify the athletic director, the school nurse, attendance clerk, guidance personnel, and the student's dean of studies regarding the student's status.
 - a. The student's grade level counselor will be responsible for communicating information to the student's teachers.
 - b. The athletic director will notify the athletic trainer, who will notify the student's coach.
- B. If the student is present at school, she will be removed from class to see the school nurse, who will evaluate the severity of the student's symptoms using standard professional guidelines for concussion identification.
1. A student sustaining concussion should cease any and all activity that precipitates a recurrence or escalation of concussion-like symptoms (e.g. headaches, dizziness, nausea, etc.).
 2. If symptoms of concussion are present, the student will be sent home from school and not allowed to return until symptoms resolve and/or a physician releases her to do so.
 3. A Concussion Information Packet will be given to the parents that includes contact information for a concussion specialist, the Assumption Concussion Policy and Protocol, and a release of information form, to be signed and returned to the dean of students by the parent after seeking medical evaluation, to allow school and medical personnel to communicate with each other regarding the student's needs.
 4. The student will be tagged as "pending diagnosis" until a physician's statement (including diagnosis and general recommendations regarding academic accommodations) is provided.

III. The Concussion Policy and Protocol for all students as detailed above will be followed for student athletes.

IV. Once the student athlete has completed the half day trials for returning to school without a recurrence of symptoms, she will see the athletic trainer.

- A. The athletic trainer will have the student re-take the IMPACT post-concussion test, if applicable.
1. All composite scores must fall within the baseline range for the student athlete to begin the "return to play" protocol.
 2. The athletic trainer will provide the student athlete with an Initial Return to Participation form (page 1) to take to her physician.

- B. The student athlete will take her post-concussion test results and the Initial Return to Participation form (page 1) to her physician to obtain clearance to begin the “return to play” protocol.
- V. Once cleared by her physician, the student athlete may begin the 4-step “return to play” progression (on page 1 of the Initial Return to Participation form) under the direct supervision of the athletic trainer.
- A. If the student athlete experiences a recurrence of concussion-like symptoms during the 4-step progression, she must immediately stop activity and wait at least 24 hours and until she is symptom-free, and then drop back to the previous step of the progression.
 - 1. The athletic trainer will recommend that the student athlete see her physician for additional evaluation if recurrence of symptoms persists.
 - B. Upon successful completion of the 4-day progression, the student athlete must return to her physician, who will sign off on page 2 of the Initial Return to Participation form that the “return to play” protocol has been successfully completed.
 - C. The physician-signed Initial Return to Participation form (page 2) must be returned to the athletic trainer, who will notify the student athlete’s coach and the athletic director and forward the form to the athletic director.
 - D. With the student athlete’s parent’s permission, the athletic trainer may communicate via phone or email the results of the 4-day progression to the physician, who may then authorize the athletic trainer to sign off on page 2 of the Initial Return to Participation form.
- V. Once the student athlete’s physician/athletic trainer has signed off on page 2 of the Initial Return to Participation form, she may return to full athletic participation.
- A. If concussion-like symptoms recur at any time, the student athlete’s participation will be suspended immediately and she must see her physician for further evaluation and updated recommendations.



A Parent's / Guardian's Guide To Concussion

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

What is a concussion?

- A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently moved within the skull, typically from a blow to the head or body. An athlete does not need to lose consciousness (be “knocked-out”) to suffer a concussion. In fact, less than ten percent of concussed athletes suffer loss of consciousness.

Concussion Facts

- A concussion is a type of traumatic brain injury. The result is a functional problem rather than a clear structural injury, causing it to be invisible to standard medical imaging (CT, or “CAT” scans, and MRI scans).
- It is estimated that over 300,000 high school athletes across the United States suffer a concussion each year. (Data from the NFHS Injury Surveillance System, “High School RIO™”)
- Concussions occur most frequently in football, but ice hockey, lacrosse, soccer, and basketball follow closely behind. All athletes are at risk, in all activities, regardless of gender.
- A concussion may cause multiple symptoms that can be categorized as physical, behavioral, and cognitive. Physical symptoms include headaches, dizziness, and sleep changes, among others. Some behavioral changes include irritability, anxiety, and depression. Cognitive symptoms, or thinking changes, include trouble with focus, memory, and word finding. Many symptoms appear immediately after the injury, while others may develop over the next several days. Concussions can result in symptoms that interfere with normal daily life in addition to difficulty with school, work, and social life.
- Concussion symptoms may last from a few days to several months. It is important to remember that each student athlete responds and recovers differently.
- Athletes should not return to sports or activities that will put them at risk for another head injury until the concussion has completely resolved. To do so puts them at risk for prolonged symptoms and a more severe injury. Participation in physical education classes or exercise should be discussed with a qualified appropriate health-care professional.

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, the athlete must be immediately removed from that activity and be evaluated by a qualified appropriate health-care professional. Continuing to exercise, practice, or play when experiencing concussion

symptoms can lead to worsening of symptoms, increased risk for further injury and rarely death. Parents and coaches are not expected to make the diagnosis of a concussion. A medical professional trained in the diagnosis and management of concussions will do so. However, you must be aware of the signs and symptoms of a concussion. If you are suspicious that your child has suffered a concussion, your child must stop activity right away and be evaluated.

When in doubt, sit them out!

All student-athletes who sustain a concussion need to be evaluated by a health care professional who is experienced in concussion management. If your child's school has an athletic trainer (AT), please inform the AT of your concerns. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or difficulty answering simple questions, you should take your child for immediate emergency medical attention.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, ATHLETIC TRAINERS, FRIENDS, TEACHERS OR COACHES	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache
Is confused about what to do	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit	Confusion
Can't recall events after hit	

When can an athlete return to play following a concussion?

After suffering a concussion, **no athlete should EVER return to play or practice on that same day.** Studies have shown that the young brain does not recover quickly enough for an athlete to safely return to activity in such a short time.

Concerns over athletes returning to play too quickly have led lawmakers in all 50 states and the District of Columbia to pass laws stating that **no player shall return to play the day of a concussion, and the athlete must be cleared by an appropriate health-**

care professional before being allowed to return to play in games or practices.

The laws typically also mandate that players, parents and coaches receive education on the dangers and recognizing the signs and symptoms of concussion. Click here to see what your state law requires: <http://usafootball.com/blog/health-and-safety/see-where-your-state-stands-concussion-law>.

Once an athlete no longer has symptoms of a concussion AND is cleared for return to play, the athlete should proceed with activity in a step-wise fashion in a carefully controlled and monitored environment to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step every 24 hours. **Please be aware that some states mandate for a longer duration before return to play.** An example of a typical return-to-play schedule is shown below:

Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.

Step 2: Running in the gym or on the field. No helmet or other equipment.

Step 3: Non-contact training drills in full equipment. Weight training can begin.

Step 4: Full contact practice or training.

Step 5: Game play.

- If symptoms occur at any step, the athlete should immediately stop activity and consult with a qualified appropriate health-care professional before moving on.**

How can a concussion affect schoolwork?

Following a concussion, many student-athletes have difficulty in school. These problems may last from days to months and often involve difficulties with short-term memory, concentration and organization.

In many cases after the injury, it is best to decrease the athlete's class load early in the recovery phase. This may include staying home from school for a few days, followed by academic adjustments (such as a reduced class schedule), until the athlete has fully recovered. Decreasing the stress on the brain and not allowing the athlete to push through symptoms will hasten the recovery time and ensure total resolution of symptoms.

What can I do?

- Both you and your child should learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Encourage your child to tell the medical and/or coaching staff if any of these signs and symptoms appear after a blow to the head or body.
- Emphasize to administrators, coaches, physicians, athletic trainers, teachers and other parents your concerns and expectations about concussion and safe play.
- Encourage your child to tell the medical and coaching staff if there is suspicion that a teammate has suffered a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior in students that could indicate a concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Click here for more information about returning to school after a concussion:
http://www.cdc.gov/headsup/basics/return_to_school.html

Other Frequently Asked Questions:

Why is it so important that athletes not return to play until they have completely recovered from a concussion?

Student-athletes that return to play too soon may lengthen their recovery time. They also risk recurrent, cumulative or even catastrophic consequences if they suffer another concussion. Such risk and difficulties are prevented if each athlete is allowed time to recover from a concussion and the return-to-play decisions are carefully and individually made. No athlete should return to sport or other at-risk activity when signs or symptoms of concussion are present and recovery is ongoing.

Is a “CAT scan” or MRI needed to diagnose a concussion?

No! Concussion diagnosis is based upon the athlete’s history of the injury and an appropriate health-care professional’s physical examination and testing. CT and MRI scans are rarely needed following a concussion. However, they are helpful in identifying life-threatening head and brain injuries such as skull fractures, bleeding or swelling.

What is the best treatment to help my child recover quickly from a concussion?

Treatment for concussion varies from one person to the next. Immediately after a concussion, the best treatment is physical and cognitive rest. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, the appropriate health-care professional may allow increased use of computers, phone, video games, etc., but the access must be lessened or eliminated if symptoms worsen. There are no medications to treat concussions, but an appropriate health-care professional may prescribe medications and therapies to treat symptoms of a concussion, such as headache, dizziness, sleep changes, etc. Some athletes may require rehabilitative therapies, such as physical, occupational, vestibular, ocular or speech/cognitive. Others may require treatment for mood and behavior changes.

How long do the symptoms of a concussion usually last?

For most concussions, symptoms will usually go away within 2–3 weeks of the initial injury. You should anticipate that your child will likely be held out of full participation in sports for several weeks following a concussion. In some cases, symptoms may last for many more weeks or sometimes several months. Symptoms such as headache, memory problems, poor concentration, difficulty sleeping and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before consideration to stop playing sports?

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances that surround each individual injury, such as how the injury occurred as well as the number and duration of symptoms following the concussion, are very important. These circumstances must be individually considered when assessing an athlete’s risk for potential long-term consequences and potentially more serious brain injuries. The decision to “retire” from sports is a decision best reached after a complete evaluation by your child’s primary care provider and consultation with an appropriate health-care professional who specializes in treating concussions.

I've read recently that concussions may cause long-term brain damage in athletes, especially professional football players. Is this a risk for high school athletes who have had a concussion?

The issue of “chronic traumatic encephalopathy (CTE)” has received a great deal of media attention. Currently, CTE can only be diagnosed by autopsy. It has been described in the brains of professional and amateur athletes, including boxers, football players, hockey players, and soccer players, among others. Very little is known about all the causes of these dramatic abnormalities in the brains of these unfortunate players. At this time we do not know the long-term effects of concussions or the cumulative effects of multiple sub-concussive blows that happen during high school athletics. In light of this, it is important to carefully manage every concussion and all concussion-like signs and symptoms on an individual basis.

Some of this information has been adapted from the CDC’s “Heads Up: Concussion in High School Sports” materials by the NFHS’s Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

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DISCLAIMER – NFHS Position Statements and Guidelines

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

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 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.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know 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.

If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.





Dr. Seifert a graduate of the University of Oklahoma College of Medicine in Oklahoma City, Oklahoma. He completed his internal medicine internship at the University of Louisville and his residency in neurology at the University of Texas-Houston. He then completed a fellowship in headache & facial pain at the renowned Houston Headache Clinic, under the direction of the late Dr. Ninan Mathew.

Dr. Seifert currently serves as director of Norton Healthcare's Sports Concussion Program. His comprehensive sports concussion program is comprised of multidisciplinary services, including neurology, neurosurgery, pediatrics, emergency medicine, neuroradiology, sports medicine and physical therapy. Dr. Seifert cares for athletes of all ages and levels - from youth sports to professional leagues.

Dr. Seifert is currently the Team Neurologist for Western Kentucky University, Indiana University-Southeast, Bellarmine University, and Spalding University. He is Chairman of the Kentucky Boxing & Wrestling Commission's Medical Advisory Panel and also serves as Head of the NCAA Headache Task Force. His research interests include post-traumatic headache in athletes as well as combat sports medicine. He is an active member of the American Academy of Neurology, the American Headache Society, and the National Headache Foundation.

Prior to joining Norton Healthcare, Dr. Seifert served with St. Matthews Neurology for nearly four years. He concurrently worked as a neurology hospitalist, caring for many patients at Norton Suburban Hospital during that time.

Assumption High School enjoys a special relationship with Dr. Tad Seifert and his staff. Parents are always free to seek medical providers of choice for their daughters, but we encourage them to consult with Dr. Seifert when a concussion is involved. Dr. Seifert and his team see Assumption students as quickly as possible, often the next day, and frequently offer Saturday clinic hours. Dr. Seifert communicates directly with school personnel, providing recommendations for academic accommodations that are tailored to Assumption's academic program so we can support the student through the recovery process in a way that keeps her moving forward academically while protecting her grades and allowing her brain the time needed to heal. He also directly communicates medical treatment plan information as appropriate to our school nurse and athletic trainer so we can help meet and support the student's medical needs at school and as she moves through the return to play protocol for athletics. Even when a concussion is originally diagnosed by ER personnel, the student's pediatrician, or another neurologist, we encourage our parents to take their daughters to Dr. Seifert so he can provide them (and us) with his very detailed and specific recommendations for accommodations that reflect his understanding of our academic program.

To schedule an appointment with Dr. Seifert or for more information, call Norton Neurology Services:

Norton Neurology Services
 Norton Medical Plaza 3, Suite 101
 4123 Dutchmans Lane
 Louisville, KY 40207
 (502) 899-6782
 Fax: (502) 899-6783

Website: <https://nortonhealthcare.com/providers/tad-d-seifert-md>

Video link: Dr. Seifert answers the most common questions his patients ask him in a series of short videos:

http://www.youtube.com/watch?feature=player_embedded&list=PLq2g5i7R5RO1oej_LmKPIHXGVPpB9HiQu&v=c8o48wulTOo

AUTHORIZATION TO RELEASE INFORMATION

if seeing a medical provider other than Dr. Tad Seifert at Norton Neurology Services

I, _____, the parent of _____, hereby give permission for Assumption High School personnel and the medical professional noted on this form to share information with each other related to my daughter's medical condition and her school attendance, academic performance, and participation in school activities, including athletics if applicable.

Assumption High School Personnel may include

- the dean of students
- my daughter's academic dean
- my daughter's student assistance counselor
- if my daughter is an athlete, the athletic director and the athletic trainer
- the school nurse

Medical statements being provided to school personnel should be sent to dean of students Cindi Baughman:

Mailing address: Assumption High School, 2170 Tyler Lane, Louisville, KY 40205

Email address: cindi.baughman@ahsrockets.org

Phone number: 502-271-2503 (direct line)

Fax number: 502-454-8411

Name of Medical Professional _____

Address _____

Email address _____

Phone number _____ Fax number _____

This authorization must be signed and dated for validity and may be revoked at anytime except to the extent that action has already occurred prior to the revocation. I release the disclosing party from any liability that may be incurred by giving this information to the above named person or agency.

Signature of parent/guardian _____ **Date** _____

This release expires one year from date of signing unless otherwise indicated:
_____.

**Please return this form to
dean of students Cindi Baughman at Assumption High School.**

SPORTS MEDICINE POLICY- PROTOCOL RELATED TO CONCUSSIONS AND CONCUSSED STUDENT-ATHLETES FOR ALL INTERSCHOLASTIC ATHLETICS IN THE COMMONWEALTH OF KENTUCKY

(Released: June, 2010, Commissioner Julian Tackett, Updated per General Assembly Action, April, 2012)

Sec. 1) INTRODUCTION

a) In various sports playing rule codes, the National Federation of High Schools (NFHS) has implemented standard language dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly differently in each rule book due to the nature of breaks in time intervals at contests in different sports) states:

(1) Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. (Please see NFHS Suggested Guidelines for Management of Concussion in the Appendix in the back of each NFHS Rules Book).

(2) The NFHS also has recommended concussion guidelines through its Sports Medicine Advisory Committee (SMAC). These recommendations include:

- a. No student-athlete should return to play (RTP) or practice on the same day of a concussion.
- b. Any student-athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
- c. Any student-athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
- d. After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.

(3) To implement these rules, and based on KRS 160.445 and 156.070(2) as amended by the Kentucky General Assembly in 2012, the KHSAA has defined this policy and parameters to guide all interscholastic school athletic representatives and all KHSAA licensed sports officials. References to signs and symptoms of concussion are detailed by the NFHS through its SMAC upon consultation with the Centers for Disease Control and Prevention (CDC).

POLICY ON CONCUSSIONS DURING INTERSCHOLASTIC PLAY IN THE COMMONWEALTH OF KENTUCKY

Sec. 1) FOUNDATIONAL RECOMMENDATIONS

a) The treatment of concussions and suspected concussions should be conducted within the recommended protocols and procedures of the Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport Held in Zurich, November 2008.

Sec. 2) SUSPECTED CONCUSSION

a) A student-athlete suspected by an interscholastic coach, school athletic personnel or contest official of sustaining a concussion (displaying signs/symptoms of a concussion) during an athletic practice or contest shall be removed from practice or play immediately. The student-athlete shall not return to play prior to the ending of practice or competition until the student-athlete is evaluated to determine if a concussion has occurred.

b) A physician or licensed health care provider whose scope of practice and training includes the evaluation and management of concussions and other brain injuries is empowered to make the on-site determination that a student-athlete has or has not been concussed. This will generally include an MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician's Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer). This may also include other licensed health care providers with the proper

scope of practice and training whose qualifying credentials have been made known to member school personnel in advance and who have completed approved training.

c) The player should be medically evaluated on site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury. The appropriate disposition of the player must be determined by the treating health care provider in a timely manner. Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the SCAT2 or other similar tool. The player should not be left alone following the injury, and serial monitoring for deterioration is essential over the initial few hours following injury.

d) If any one of these individuals listed in (b) answers that "yes", there has been a concussion, that decision is final and is not appealable.

e) If medical coverage by a person empowered to make the concussion assessment is not on site, and signs/symptoms of concussion have been observed, a concussion is presumed until such evaluation can be performed. If no health care provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.

f) No student-athlete may return to practice or play in interscholastic athletics that day in that event that a concussion is diagnosed or presumed.

g) A student-athlete may return to play at the time of a suspected concussion if it is determined by appropriate medical personnel that no concussion has occurred.

Sec. 3) ROLE OF COACHES IN ADMINISTERING THE POLICY

a) Coaches are to be current in their certification regarding the KMA/KHSAA sports Safety Course, including the specific segment(s) related to identifying the signs and symptoms of concussions.

b) Coaches must review and know the signs and symptoms of concussion and direct immediate removal of any student-athlete who displays these signs or symptoms for evaluation by appropriate medical personnel.

c) Coaches have no other role in the process with respect to diagnosis of concussion or medical treatment.

d) It remains the ultimate responsibility of the coaching staff in all sports to ensure that players are only put into practice or contests if they are physically capable of performing.

Sec. 4) ROLE OF CONTEST OFFICIALS IN ADMINISTERING THE POLICY

a) Officials are to review and know the signs and symptoms of concussion and direct immediate removal of any student-athlete who displays these signs or symptoms.

b) Officials have no other role in the process with respect to diagnosis of concussion or medical treatment.

Sec. 5) RETURN TO PLAY POLICY FOR A STUDENT-ATHLETE RECEIVING A CONCUSSION, AFTER THE MANDATORY REMOVAL THAT DAY

a) Once a concussion has been diagnosed (or presumed) by lack of examination by an appropriate health care provider, only an MD or DO can authorize return to play on a subsequent day, and such shall be in writing to the administration of the school.

b) Such approval should not be given unless a stepwise protocol has been observed by all practitioners with separate periods for

- (1) No activity;
- (2) Light aerobic exercise;
- (3) Sport-specific exercise;
- (4) Non-contact training drills;
- (5) Full-contact/competition practice; and
- (6) Return to normal game play.

c) It is highly recommended that each of these protocol steps be no less than twenty-four hours in length.

d) School administration shall then notify the coach as to the permission to return to practice or play.

e) If an event continues over multiple days, then the designated event physician has ultimate authority over return to play decisions and such return to play may not be prior to the third day following the initial diagnosis and until all steps of the protocol in Section (b) have been followed.



Post Head Injury/Concussion Initial Return to Participation

(Page 1 of 2)

This form must be completed for any student athlete who has sustained a sports-related concussion and must be kept on file in the athletic office.

Athlete Name: _____ DOB: ____/____/____

Sport: _____ Injury Date: ____/____/____ Level (Varsity, JV, etc.): _____

I (treating physician) certify that the above listed athlete has been evaluated for a concussive head injury, and currently is/has:
(All Boxes MUST be checked before proceeding)

<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Normal neurological exam	<input type="checkbox"/> Returned to normal classroom activity
<input type="checkbox"/> Off medications related to this concussion	<input type="checkbox"/> Neuropsychological testing (as available) has returned to baseline	

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of an athletic trainer, coach, or other health care professional as of the date indicated below. If the athlete experiences a return of any of her concussion symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer, or coach.

Physician Name: _____ Signature/Degree: _____

Phone: _____ Fax: _____ Today's Date: _____

Graded Return to Play Protocol

Each step, beginning with step 2, should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms, she must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision—please initial and date the box next to each completed step

Once the athlete has completed full practice (i.e. stage 5), please sign and date below and return this form to the athlete's physician (MD/DO) for review and request the physician complete the return to competition form for the athlete to resume full activity.

Rehabilitation stage	Functional exercise at each stage	Objective	Date completed	Initials
1. No Activity	Rest; physical and cognitive	Recovery	Noted above	Signed above
2. Light aerobic exercise	Walking, swimming, stationary bike, HR<70% maximum; no weight training	Increased heart rate		
3. Sport-specific exercise	Non-contact drills	Add movement		
4. Non-contact training	Complex (non-contact) drills/practice	Exercise, coordination and cognitive load		
5. Full contact practice	Full contact practice	Restore confidence and simulate game situations		
6. Return to full activity	Return to competition	After completion of the steps above, Page 2 of this Initial Return to Participation form must be completed by physician.		

I attest the above named athlete has completed the graded return to play protocol as dated above.

Athletic Trainer/Coach

Name: _____ AT License Number: _____ Phone: _____

Athletic Trainer/Coach

Signature: _____ Date: ____/____/____

Athlete Signature: _____ Date: ____/____/____

Physician Reviewed: _____



Assumption High School Athletic Department

Post Head Injury/Concussion Initial Return to Participation

(Page 2 of 2)

This form must be completed for any student athlete who has sustained a sports-related concussion and must be kept on file in the athletic office.

Return to Competition Affidavit

Student Athlete's Name: _____

Date of Birth: ____/____/____ Injury Date: ____/____/____

Formal Diagnosis: _____

School: _____

Sport: _____

I certify that I have reviewed the signed graded return to activity protocol provided to me on behalf of the athlete named above. This athlete is cleared for a complete return to **full-contact physical activity** as of ____/____/____.

This student athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer, or coach and to refrain from activity should her symptoms return.

Physician Name: _____

Physician Signature: _____ License No.: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Date: ____/____/____