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# WARREN

## TOWNSHIP HIGH SCHOOL

# Concussion Management Protocol

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*In Consultation with:*

*Warren Township High School Athletic Training Staff*

*Whitney Richards, MA, ATC*

*Alyssa Gaidar, ATC*

*Anthony Zimmer, ATC*

*ATI Physical Therapy*

*Dr. Nicole Reams*

*North Shore University Health System*

*Medical Protocol Approved by:*

*Dr. Roger Chams, MD*

*Warren Township Team Physician*

*Illinois Bone and Joint Institute*

*Created April 2011*

*Approved May 2016*

*Updated August 2018*

## Introduction

The purpose of this protocol is to clearly address the issue of concussion recognition and management here at Warren Township High School. It shall discuss the definition of a concussion, the signs and symptoms of a concussion, how the WTHS Sports Medicine staff will evaluate and classify concussions, concussion treatment, indications for Approved Medical Provider referral, and return to play procedures. This protocol is derived from the most recent evidence-based medical practice as well as from the consensus and position statements from various professional medical associations.

*Furthermore, this protocol was produced in consultation with a concussion specialist; as well as it is approved by our team Physician as a standing medical order.*

## Definition of a Concussion

Concussion is defined as a “trauma induced alteration in mental status that may or may not involve loss of consciousness<sup>2</sup>.” It may be caused by a direct blow to the head, face, and neck or elsewhere on the body with an “impulsive” force transmitted to the head. It typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours. The acute symptoms are largely due to a functional disturbance vs. a structural injury, therefore abnormalities are not seen on standard diagnostic imaging. There are a graded set of clinical symptoms that may or may not involve loss of consciousness. Clinical and cognitive symptoms typically resolve in a sequential course. In some cases, however, symptoms may be prolonged<sup>1</sup>.

## Signs and Symptoms of Concussion

Recognition of the signs and symptoms of concussion is the crux of its diagnosis and management. A symptom is something that is reported by the student; whereas a sign is something observed by coaches, parents, or medical staff. The signs and symptoms of concussion vary from person to person and incident to incident. A concussion should be suspected if **any one or more** of the following occur in conjunction with some sort of traumatic force to the head or neck<sup>1,2,3</sup>:

Symptoms Reported by Athlete	Signs Observed by Others
<ul style="list-style-type: none"> <li>• Headache</li> <li>• Nausea or vomiting</li> <li>• Dizziness</li> <li>• Blurred, double, or abnormal vision</li> <li>• Sensitivity to light and/or noise</li> <li>• Fatigue</li> <li>• Feeling “foggy” or “out of it”</li> <li>• Change in sleeping pattern</li> <li>• Concentration or memory issues</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Person appears dazed or stunned</li> <li>• Disorientation to place and/or time</li> <li>• Can’t recall events before injury</li> <li>• Can’t recall events after injury</li> <li>• Loss of consciousness</li> <li>• Seizure activity</li> <li>• Unusual changes in personality or mood</li> <li>• Nystagmus (abnormal eye tracking)</li> </ul>

It should be stressed that one does not need to lose consciousness in order to incur a concussion; rather, loss of consciousness occurs in only about 10% of cases<sup>2</sup>. A direct blow to the head is not necessary in order to get a concussion as the brain only needs to move within the cranium and collide

with the walls of the skull. Therefore, an indirect force to the head such as coming to a sudden stop by colliding with another person or object can cause movement and may result in a concussion.

## **Concussion Evaluation and Classification Algorithm**

### **Evaluation of Concussion**

The evaluation of a concussion shall begin as soon as the medical staff makes contact with the athlete, whether that is on the field or on the sideline. A detailed history shall first be taken in order to determine mechanism of injury, orientation, memory integrity, and a symptom inventory. A medical examination will also be conducted to gather vital signs and neurological baselines. Once immediate life threats are ruled out and a concussion is suspected by virtue of findings listed in the “Signs and Symptoms of Concussion” section of this protocol, the staff shall utilize the SCAT5 assessment tool (located in Appendix C) to document findings.<sup>1</sup>

If medical staff is not available to complete an evaluation of the athlete, the coaching staff must remove the athlete from competition. They should then contact the WTHS Sports Medicine staff immediately to determine further care. As the situation dictates, the medical staff will take a history over the phone and provide the appropriate recommendations. Unless the staff directs that the athlete be taken to the hospital, the athlete shall report to the Athletic Training room upon their return to campus for a more thorough medical evaluation. The athlete will then be referred to an approved Medical Provider (**MD/DO/PA/APRN**) for further evaluation.

## **Concussion Management and Treatment**

### **Immediate Field Management**

Any suspected concussion will disqualify the athlete from return to play that day. They shall continue to be monitored by the medical staff through the rest of the event. The athlete’s family and school nurse will be notified of the situation. The athlete will need to be seen by their Approved Medical Provider for further evaluation.

### **Concussion Treatment**

At this time, there is no pharmacological or therapeutic modality that exists to treat concussions. An initial period of rest in the acute symptomatic period following injury (24–48 h) may be beneficial. Cognitive rest refers to “limiting academic and cognitive stressors in activities of daily living and school activities while the student recovers from the concussion.”<sup>2</sup> The recommendations are for gradual return to school and social activities in a manner that does not exacerbate symptoms. It is also important to maintain a healthy, balanced diet and stay hydrated to assure optimal recovery. Pain medication such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) should not be taken without consulting an Approved Medical Provider. These medications can mask symptoms of a more serious head injury in the first 24-48 hours. They may also diminish any post-concussion symptoms prior to full resolution.<sup>1,2</sup>

As per school policy, if a student is suspected of having a concussion, their parents will be contacted and they shall be sent home for observation. The WTHS Sports Medicine staff encourages families to consider keeping their child home for at least 1 school day in order to promote cognitive rest.

In the past, people were told to awaken someone with a concussion every 2 hours through the night. This practice has gone by the wayside as it has been determined to be generally unnecessary (especially with grade 1 concussions) and disrupts the sleep that is so important to recovery. The student should be awakened at certain intervals during the night only if it is specifically recommended by an ordering Approved Medical Provider.<sup>2</sup>

All students shall be sent home with a Parent and Approved Medical Provider Concussion Letter. The letter summarizes this section to the parents as well as provides information for monitoring the student. The sheet is included in this protocol, and it can be located in Appendix B.

## Approved Medical Provider Referral

All **students** who sustain a suspected concussion **should** be seen by an Approved Medical Provider. All **student athletes** are **required** to see an Approved Medical Provider. We advise them to see their regular Approved Medical Provider and only use the Emergency Department, Urgent Care Centers or walk-in clinics if it is a true emergency. If the student athlete does utilize an emergency center they will be required to follow up with a primary Approved Medical Provider. Notes given by the Medical Provider must include academic accommodations as seen fit.

## Immediate Referral Indications

The following are evaluation findings indicating immediate referral to emergency department<sup>2</sup>:

<b>Loss of or fluctuating level of consciousness</b>	<b>Unusual behavior changes</b>
<b>Increasing confusion</b>	<b>Increasing irritability</b>
<b>Numbness in the arms or leg</b>	<b>Pupils are unequal in size</b>
<b>Repeated vomiting</b>	<b>Seizures</b>
<b>Slurred speech or inability to speak</b>	<b>Inability to recognize people or places</b>
<b>Worsening headaches</b>	<b>Neck Pain</b>

## Return to Learn Criteria

### Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- For the concussion care protocol to be initiated the student must be initially evaluated by a Physician (licensed to practice medicine in all of its branches), Physician Assistant or Nurse Practitioner and documentation must be provided to the school nurse or athletic trainer. An emergency room/acute care note is only temporary until seen by the student's primary Medical Provider within two days.

- Student will be allowed a two day window of academic accommodation if they are unable to get into an Approved Medical Provider immediately following the incident. After 2 days, all academic accommodations must be approved by the Medical Provider with a posted dated note. For the 2 day academic accommodations, these accommodations will be minimal and will be based on the symptoms the student reports to the school nurses (See symptom/accommodation chart Appendix A.)
- Only an Approved Medical Provider can recommend/request academic accommodations.
- The student's missed academic work will be reviewed and granted extra time to complete, in conjunction with the Approved Medical Provider recommendations, school counselor and school nurse guidance.
- For the student athlete: It is important upon return to school the student report to the athletic trainer and school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol.
- For the non-athlete student: report only to the school nurse daily.

### Three Stage Progressions to Full Return to Academic and Athletic Activity

#### Stage 1 (Initial Day 0-2)

- Characteristics
  - Severe symptoms at rest
  - Symptoms may include but are not limited to:
    - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
    - Students may complain of intense and continuous/frequent headaches
    - Students may not be able to read for more than 10 minutes without an increase in symptoms
- Initial evaluation by Approved Medical Provider
- No PE or athletic participation (includes practices and attending events)
- Interventions:
  - Recommend no school attendance for at least one full day - emphasize cognitive and physical rest
  - Athletic Recommendation: does not attend practice/games
  - No tests, quizzes or homework
  - Parent and student will have access online to the WTHS Concussion Care Protocol
- Student will be given a two day window to get to see an approved Approved Medical Provider.
- If getting in takes longer then the two day window then student will be given extended accommodation as long as the student and parents are making an effort to get into a Medical Provider's office. Once seen by the Medical Provider that was longer than the given two days then the doctor's note must be posted dated for prior accommodations.
- Student will be given a general school accommodation from initial diagnosis till seen by a Approved Medical Provider. (See Appendix A)

- Student must check in each day with the school nurse to notify staff of any changes. If student fails to come after 48 hours then all accommodations will be dropped and the student will return to normal class schedule.
- Student must make up all school work that was missed during the accommodation days.
- The school nurse will communicate to school counselors about the two day commendation. The school counselors will reach out to the appropriate teaching staff about the accommodation.

## **Stage 2: (Student sees Approved Medical Provider)**

- Any possible accommodations in this stage must come directly from the Approved Provider and post-dated for any day past stage 0.
- School Nurse will notify the appropriate school counselor to then notify appropriate teaching staff of Approved Medical Provider accommodations.
- No PE or athletic participation (may attend practices or PE class but no participation)
- For the student athlete: report daily to the athletic trainer and school nurse.
- For the non-student athlete: report daily to the school nurse for the assessment checklist.
  - If students fails to report after 48 hours. Nurses notify the counselors that student is not complying with the Return to Learn and student should return back to normal class schedule and will lose their accommodations.
- No PE or athletic participation (may attend practices/events or PE class, but no active participation, student may be placed in a study hall as an alternative to PE.)
- If the student remains in Stage 1 longer than 4 week, the student will return back to a primary or a specialized Approved Medical Provider for further evaluation. All accommodations will be dropped if the student does not return to Approved Medical Provider.
- If unable to progress to Stage 2 after 8 weeks total and it is unlikely the student will be able to make up required work, the nurses, counselors, Approved Medical Provider and parents will consider possible course level changes, or class withdrawal.
- Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact

## **Progress to stage 3 when:**

- School activity does not increase symptoms
- Overall symptoms continue to decrease
- Cleared by Approved Medical Provider

## **Stage 3: Cleared to Return to Normal Schedule (Approved Medical Provider Clearance)**

- Characteristics:
  - Asymptomatic with academic/cognitive and physical activities
- School Nurse will notify the appropriate school counselor to then notify appropriate teaching staff of Approved Medical Provider clearance.
- For the student-athlete: report daily to the athletic trainer and school nurse. Student will begin the Illinois High School Association (IHSA) required Return to Play Protocol with the athletic trainer.
- For the non-athlete student: report daily to the school nurse for assessment checklist.
- Interventions:

- Resumption of full academic responsibilities once symptoms have resolved completely as determined by Approved Medical Provider.
- Create plan for possible modification and gradual completion of required make-up work (school counselor, teacher, department supervisor)
- Consider tutoring services if student has more than 3 weeks of required academic work to make up (see addendum: Tutoring Services Requirements)
- Students are not required to makeup missed PE classes due to a concussion.
- For the non-athlete student: written clearance to full participation from primary care Approved Medical Provider will be required for return to PE participation.
- For the student athlete: required to follow the IHSA Return to Play Protocol under the direction of the athletic trainer.
- IHSA Return to Play Protocol (required)
  - Written clearance from the Approved Medical Provider is required to begin physical activity
  - The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24 hour period of rest is required before repeating that phase.
- For the student athlete: This protocol will be performed under the supervision of the athletic trainer. There are protocols modified for each individual sport (*found in Appendix D*).
  - Stage 1: Light aerobic activity
  - Stage 2: Heavy Anaerobic Activity
  - Stage 3: Non-contact/Individual drills: activity related to specific sport/skill
  - Stage 4: Controlled contact activity
  - Stage 5: Full Participation
  - Stage 6: Cleared from Protocol

### Follow Up

- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with the athletic trainer or school nurse to assess any recurring symptoms.

## Return to Play Criteria

As discussed in the “Concussion Treatment” section of this protocol, the only existing treatment is rest. Concussions take time to heal, and returning to play too soon can either seriously hamper recovery or even prove dangerous for the athlete. Two concussions too close together, especially in young athletes, can result in the conditions called Post-Concussion Syndrome and Second Impact Syndrome.

Post-Concussion Syndrome is when symptoms of a concussion continue to linger outside of the normal recovery window, usually in the presence of exertion, and may impact daily living. Although it is a rare complication, Second Impact Syndrome causes rapid swelling of the brain that is most often fatal<sup>1,2</sup>.

## Return to Play Algorithm

WTHS utilizes the ImPACT testing for both baseline and post injury neurocognitive assessment. These tests are part of the gold standard of determining return to play. The SCAT5 assessment tool will otherwise be utilized to help track the student’s recovery during the appropriate aforementioned disqualification period. Once the athlete is asymptomatic at rest for 24 hours, they shall be allowed to take the post injury ImPACT test. If the athlete has returned to baseline, they may begin the process. There is a step-wise manner in which they must progress, and at least a 24 hour period must elapse before moving to the next stage. The athlete may not move on to the next stage unless they demonstrate acceptable ability at the current stage. Any recurrence of symptoms means that the sequence must be backed up to the previously completed step. The stages of progression are as follow<sup>1</sup> and are modified per sport which can be found in Appendix D. Those sports with increased contact include a modified contact day between stage 4 & 5:

Stage	Functional Exercise	Stage Objective
1. No Activity	Complete physical & mental rest	Recovery
2. ImPACT test & light Aerobic exercise	Walking, swimming, stationary bike @ <70% of max heart rate; No resistance training	Increase heart rate and test exertion in a controlled environment
3. Sport-Specific exercise	Running, shooting, or hitting drills	Add movement with exertion
4. Non-contact training drills	Progression to more complex training drills; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Full-contact practice	Following medical clearance, return to normal training activities	Restore athlete’s confidence; coaching staff assesses functional skills
6. Return to Play	Normal game play	



## Certification and Endorsement

This protocol has been complied to conform to the most recent evidence-based medical practice and the standards as set forth by my profession. The directives contained therein will be adhered to by myself or any other athletic trainer acting on my behalf. Any deviation for this protocol shall occur only upon written orders by a Approved Medical Provider. This protocol will undergo an annual review, and it shall be revised as needed.

I have reviewed this document, and I find it to be reasonable and medically sound. This standing medical order is to be used as the WTHS concussion recognition and management protocol. This order is to be followed by all licensed athletic trainers and athletic training students serving at WTHS. Deviation from this order can only be made with a written Approved Medical Provider's order.

X \_\_\_\_\_

Dr. Roger Chams, MD  
WTHS Team Physician

## **Appendix A- Symptoms and Accommodations List**

Symptoms and Accommodations List	
Symptom	Accommodation
Headache	Allow for rest   quiet classes   dim lights   limit electronics use   early release from class
Sensitivity to Sound	Lunch in quiet room   avoid loud crowded areas.
Sensitivity to Light	Dim lights in classroom
Problems concentrating/remembering	No test taking   limit homework load   allow extra time for test taking and completing homework
Fatigue/sleep issues	Allow student to rest in Nurses Office
Visual and balance issues	Limit electronic use
Emotional Changes	Limit peer interaction

## **Appendix B- Parent and Approved Medical Provider Concussion Letter**

### **Visiting Athlete Concussion Letter**

### **Nurses Concussion Letter**

## Parent and Approved Medical Provider Concussion Letter

Dear Parent or Guardian:

Your son/daughter has a suspected concussion based on an evaluation from an Athletic Trainer on \_\_\_\_\_, 20\_\_ due to \_\_\_\_\_.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. What seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. An athlete who may have had a concussion should not return to play on the day of the injury.

**Signs and Symptoms** include but aren't limited to (highlighted are what your child have reported):

- Headache/Pressure in the Head
- Nausea/Vomiting
- Sensitivity to Light and/or Noise
- Poor Concentration/Memory Problems
- "Feeling Down"/ Not "Feeling Right"
- Sleeping Problems: Too Much or Too little
- Loss of Consciousness
- Other: \_\_\_\_\_
- Dizziness/Balance Problems
- Double/Blurry Vision
- Fatigue/Sluggishness/Grogginess
- Confusion
- Irritability/feeling "on edge"
- Slow Reaction Time
- Mood, Behavior, or Personality Changes

It is **required** that all athletes receive clearance from an **approved Medical Provider** to return to activity following a concussion. Per WTHS protocol, IHSA guidelines and Illinois State law, this clearance has to come from an MD,DO,PA or APRN in the form of a note. You can follow up with your Primary Medical Provider or one of the recommended doctors at the end of this letter.

There are some "**Red Flag**" signs or symptoms that require **immediate medical action**. If any of the existing symptoms increase or new symptoms listed below arise, please call your family Medical Provider or go to the nearest emergency room.

- Loss of consciousness
- Headache Worsens
- Unusual behavior
- Repeated Vomiting
- Weakness and/or numbness
- Cannot recognize people/places
- Slurred Speech
- Convulsions
- Increased restlessness/agitation

Your child may begin to feel normal again in a few hours. Others have symptoms for weeks or months. It is very important to allow them time to get better and to slowly return to your regular activities. If their symptoms come back when they are doing an activity, stop and rest. This is a sign that they are pushing themselves too hard. It is also important to call your doctor if they are not improving as expected or if you think that they are getting worse instead of better.

Rest is the best way to recover from a concussion. You need to rest your body and your brain. Below are some tips to help you get better:

Things that can help	Things to avoid/limit
<ul style="list-style-type: none"> <li>● Ice pack on head or neck</li> <li>● Eat a light, balanced diet</li> <li>● Get ample, uninterrupted sleep</li> <li>● Return to daily activities</li> <li>● Shorten school day</li> <li>● Lessen workload</li> <li>● Physical and mental rest</li> </ul>	<ul style="list-style-type: none"> <li>● <b>NO</b> Pain Meds for at least 24 hours</li> <li>● Watching TV, playing video games</li> <li>● Bright lights and loud noises</li> <li>● Use of electronic devices</li> <li>● Exercise and vigorous activity</li> <li>● Reading and homework</li> <li>● Anything that exacerbates symptoms</li> </ul>

#### When and how can my child Return To Play (RTP)?

Once your athlete has been cleared from a concussion and have been symptom free for 24 hours they are to take part in the Return to Play (RTP) Protocol with their Athletic Trainer. The athlete has to remain symptom free between each day. If symptoms return the athlete will have to restart the RTP process once their symptoms resolve or cleared again by their Approved Medical Provider. The process will be specific to each sport but will follow the same basic steps:

Day 1 – Athlete will take the post-concussion Impact test. If athlete obtains a valid score they will engage in 20 minutes of aerobic activity (i.e. riding a bike, walking on the treadmill at a brisk pace).

Day 2 – Athlete will perform anaerobic activities (sprinting, push-ups, sit-ups, etc.).

Day 3 – Athlete may start to practice without risk of contact (This varies from sport to sport).

Day 4 – Athlete participates in practice with controlled contact (This varies from sport to sport).

Day 5– Athlete participates in full practice without restriction on a non-contest day. The Athletic Trainer will give the athlete the IHSA concussion consent form

Day 6- The IHSA concussion consent form must be returned before the athlete can return to full play.

Be sure to take **this letter with you when you see your provider**. If you have any other questions please do not hesitate to contact one of the WTHS Athletic Trainers.

Warren Township High School Athletic Training Staff

Whitney Richards, MA, ATC  
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Anthony Zimmer, ATC  
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Alyssa Gaidar, ATC  
alyssa.gaidar@atipt.com

Dear Approved Medical Provider,

Based on the symptoms observed, I believe the athlete has sustained a concussion from this event. On the back of this letter are the symptoms observed following the incident. Per WTHS Concussion Management Team Protocol, they are being referred to you for further evaluation and clearance to return to activity. Additionally, please find the WTHS Concussion Return to Activity Protocol above. Please feel free to make any changes you would like.

If you would like to refer the athlete for further evaluation, Dr. Nicole Reams at North Shore University Health Systems has kindly offered to see athletes who have sustained concussions. Dr. Ream's office is located at 2180 Pfingsten Rd. Suite 2000, Glenview IL 60026 and her office number for referrals is (847) 570-2570.

Thank you for your time,

Warren Township High School Athletic Training Staff

## Visiting Parent and Approved Medical Provider Concussion Letter

Dear Parent or Guardian:

Your son/daughter has a suspected concussion based on an evaluation from an Athletic Trainer on \_\_\_\_\_, 20\_\_ due to \_\_\_\_\_.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. What seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. An athlete who may have had a concussion should not return to play on the day of the injury.

**Signs and Symptoms** include but aren't limited to (highlighted are what your child have reported):

Headache/Pressure in the Head	Dizziness/Balance Problems
Nausea/Vomiting	Double/Blurry Vision
Sensitivity to Light and/or Noise	Fatigue/Sluggishness/Grogginess
Poor Concentration/Memory Problems	Confusion
"Feeling Down"/ Not "Feeling Right"	Irritability/feeling "on edge"
Sleeping Problems: Too Much or Too little	Slow Reaction Time
Loss of Consciousness	Mood, Behavior, or Personality Changes
Other: _____	

Here at Warren, it is **required** that all athletes receive clearance from an approved Medical Provider to return to activity following a concussion. Per IHSA guidelines and Illinois State law, this clearance has to come from an MD, DO, PA or APRN in the form of a note. You can follow up with your Primary Medical Provider.

There are some **"Red Flag"** signs or symptoms that require **immediate medical action**. If any of the existing symptoms increase or new symptoms listed below arise, please call your family Approved Medical Provider or go to the nearest emergency room.

- Loss of consciousness
- Repeated Vomiting
- Slurred Speech
- Headache Worsens
- Weakness and/or numbness
- Convulsions
- Unusual behavior
- Cannot recognize people/places
- Increased restlessness/agitation

Your child may begin to feel normal again in a few hours. Others have symptoms for weeks or months. It is very important to allow them time to get better and to slowly return to your regular activities. If

their symptoms come back when they are doing an activity, stop and rest. This is a sign that they are pushing themselves too hard. It is also important to call your doctor if they are not improving as expected or if you think that they are getting worse instead of better.

Rest is the best way to recover from a concussion. You need to rest your body and your brain. Below are some tips to help you get better:

Things that can help	Things to avoid/limit
<ul style="list-style-type: none"> <li>• Ice pack on head or neck</li> <li>• Eat a light, balanced diet</li> <li>• Get ample, uninterrupted sleep</li> <li>• Return to daily activities</li> <li>• Shorten school day</li> <li>• Lessen workload</li> <li>• Physical and mental rest</li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>NO</u></b> Pain Meds for at least 24 hours</li> <li>• Watching TV, playing video games</li> <li>• Bright lights and loud noises</li> <li>• Use of electronic devices</li> <li>• Exercise and vigorous activity</li> <li>• Reading and homework</li> <li>• Anything that exacerbates symptoms</li> </ul>

Be sure to take **this letter with you when you see your school athletic trainer and approved Medical Provider**. If you have any other questions please do not hesitate to contact one of the WTHS Athletic Trainers or your school athletic trainer.

Warren Township High School Athletic Training Staff

Whitney Richards, MA, ATC  
whitney.richards@atipt.com

Anthony Zimmer, ATC  
anthony.zimmer@atipt.com

Alyssa Gaidar, ATC  
alyssa.gaidar@atipt.com

Dear Certified Athletic Trainer and/or Approved Medical Provider,

Based on the symptoms observed, I believe the athlete has sustained a concussion from this event. On the back of this letter are the symptoms observed following the incident. Per WTHS Concussion Management Team Protocol, they are being referred to you for further evaluation.

Please do not hesitate to contact us with any further questions.

Thank you for your time,  
Warren Township High School Athletic Training Staff



## Nursing Staff - Parent and Approved Medical Provider Concussion Letter

Dear Parent or Guardian:

Your son/daughter has a suspected concussion based on an evaluation from the School Nurse on \_\_\_\_\_, 20\_\_ due to \_\_\_\_\_.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. What seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. A student/athlete who may have had a concussion may be advised to leave for the remainder of the day of injury.

**Signs and Symptoms** include but aren't limited to (highlighted are what your child have reported):

Headache/Pressure in the Head	Dizziness/Balance Problems
Nausea/Vomiting	Double/Blurry Vision
Sensitivity to Light and/or Noise	Fatigue/Sluggishness/Grogginess
Poor Concentration/Memory Problems	Confusion
"Feeling Down"/ Not "Feeling Right"	Irritability/feeling "on edge"
Sleeping Problems: Too Much or Too little	Slow Reaction Time
Loss of Consciousness	Mood, Behavior, or Personality Changes
Other: _____	

It is **strongly suggested** that all students see an approved Medical Provider to return to activity following a concussion or to receive academic accommodations. Per Illinois State law, this clearance has to come from an MD, DO, PA or APRN in the form of a note. Any Emergency Room visits will require follow up with your primary provider.

There are some **"Red Flag"** signs or symptoms that require **immediate medical action**. If any of the existing symptoms increase or new symptoms listed below arise, please call your family Approved Medical Provider or go to the nearest emergency room.

- Loss of consciousness
- Repeated Vomiting
- Slurred Speech
- Headache Worsens
- Weakness and/or numbness
- Convulsions
- Unusual behavior
- Cannot recognize people/places
- Increased restlessness/agitation

Your child may begin to feel normal again in a few hours. Others have symptoms for weeks or months. It is very important to allow them time to get better and to slowly return to your regular activities. If

their symptoms come back when they are doing an activity, stop and rest. This is a sign that they are pushing themselves too hard. It is also important to call your doctor if they are not improving as expected or if you think that they are getting worse instead of better.

Rest is the best way to recover from a concussion. You need to rest your body and your brain. Below are some tips to help you get better:

Things that can help	Things to avoid/limit
<ul style="list-style-type: none"> <li>• Ice pack on head or neck</li> <li>• Eat a light, balanced diet</li> <li>• Get ample, uninterrupted sleep</li> <li>• Return to daily activities</li> <li>• Shorten school day</li> <li>• Lessen workload</li> <li>• Physical and mental rest</li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>NO</u></b> Pain Meds for at least 24 hours</li> <li>• Watching TV, playing video games</li> <li>• Bright lights and loud noises</li> <li>• Use of electronic devices</li> <li>• Exercise and vigorous activity</li> <li>• Reading and homework</li> <li>• Anything that exacerbates symptoms</li> </ul>

Be sure to take **this letter with you when you see your provider**. If you have any other questions please do not hesitate to contact one of the school nurses.

Warren Township High School Nursing Staff

Rhonda Nitto M.ED-PEL-CSN  
[rnitto@wths.net](mailto:rnitto@wths.net)

Laura McClory RN, BSN, NCSN  
[lmccclory@wths.net](mailto:lmccclory@wths.net)

Dear Approved Medical Provider,

Based on the symptoms observed, I believe the student has sustained a concussion from this event. On the back of this letter are the symptoms observed following the incident. Per WTHS Concussion Management Team Protocol, they are being referred to you for further evaluation.

Please do not hesitate to contact us with any further questions.

Thank you for your time,  
 Warren Township High School

## **Appendix C- Sport Concussion Assessment Test 3- SCAT 5**

# BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097506SCAT5

To download a clean version of the SCAT tool please visit the journal online (<http://dx.doi.org/10.1136/bjsports-2017-097506SCAT5>)

# SCAT5

## SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP  
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



### Patient details

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

## WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals<sup>1</sup>. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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## Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

### Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

### Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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**IMMEDIATE OR ON-FIELD ASSESSMENT**

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

**STEP 1: RED FLAGS****RED FLAGS:**

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**STEP 2: OBSERVABLE SIGNS**

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

**STEP 3: MEMORY ASSESSMENT  
MADDOCKS QUESTIONS<sup>2</sup>**

I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?

Mark Y for correct answers / N for incorrect

What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

**STEP 4: EXAMINATION****GLASGOW COMA SCALE (GCS)<sup>3</sup>**

Time of assessment:			
Date of assessment:			
<b>Best eye response (E)</b>			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
<b>Best verbal response (V)</b>			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
<b>Best motor response (M)</b>			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localises to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

**CERVICAL SPINE ASSESSMENT**

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain-free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

**In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.**

## OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

### STEP 1: ATHLETE BACKGROUND

Sport / team / school: \_\_\_\_\_

Date / time of injury: \_\_\_\_\_

Years of education completed: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M / F / Other \_\_\_\_\_

Dominant hand: left / neither / right \_\_\_\_\_

How many diagnosed concussions has the athlete had in the past?: \_\_\_\_\_

When was the most recent concussion?: \_\_\_\_\_

How long was the recovery (time to being cleared to play) from the most recent concussion?: \_\_\_\_\_ (days)

#### Has the athlete ever been:

Hospitalized for a head injury?	Yes	No
Diagnosed / treated for headache disorder or migraines?	Yes	No
Diagnosed with a learning disability / dyslexia?	Yes	No
Diagnosed with ADD / ADHD?	Yes	No
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes	No

Current medications? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID number: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

## 2

### STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read the instruction paragraph out loud then complete the symptom score. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post-injury assessment the athlete should rate their symptoms at this point in time.

Please Check: ☐ Baseline ☐ Post-Injury

Please hand the form to the athlete

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Crowdedness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
Total number of symptoms							of 22
Symptom severity score							of 132
Do your symptoms get worse with physical activity?							Y N
Do your symptoms get worse with mental activity?							Y N
If 100% is feeling perfectly normal, what percent of normal do you feel?							

Please hand form back to examiner

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Davis GA, et al. Br J Sports Med 2017;0:1-8. doi:10.1136/bjsports-2017-097506SCAT5

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**STEP 3: COGNITIVE SCREENING**

Standardised Assessment of Concussion (SAC)\*

**ORIENTATION**

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
<b>Orientation score</b>	<b>of 5</b>	

**IMMEDIATE MEMORY**

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5- or 10-word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3, I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5-word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Collar	Honey	Mirror	Saddle	Anchor			
<b>Immediate Memory Score</b>						<b>of 15</b>		
<b>Time that test trial was completed</b>								

List	Alternate 10-word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Collar	Honey	Mirror	Saddle	Anchor			
<b>Immediate Memory Score</b>						<b>of 30</b>		
<b>Time that test trial was completed</b>								

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

**CONCENTRATION****DIGITS BACKWARDS**

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-3, you would say 3-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-4-3	5-2-6	1-4-2	Y	N	0
6-2-4	4-1-5	6-5-8	Y	N	1
9-8-4	1-2-9-5	6-6-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-6-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-3-5	6-1-2-4-3	6-3-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-5-5-1-9	Y	N	0
5-9-9-1-4-8	7-9-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-2-9-2-6	4-1-8-5-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-2-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	5-4-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
<b>Digits Score</b>			<b>of 4</b>		

**MONTHS IN REVERSE ORDER**

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0	1
<b>Months Score</b>	<b>of 1</b>	
<b>Concentration Total Score (Digits + Months)</b>	<b>of 5</b>	

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**STEP 4: NEUROLOGICAL SCREEN**

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

**BALANCE EXAMINATION**

Modified Balance Error Scoring System (mBESS) testing<sup>3</sup>

Which foot was tested? (i.e. which is the non-dominant foot?)	<input type="checkbox"/> Left <input type="checkbox"/> Right
Testing surface (hard floor, field, etc.)	
Footwear (shoes, barefoot, braces, tape, etc.)	
Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**STEP 5: DELAYED RECALL**

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of words recalled accurately: \_\_\_\_\_ of 5 or \_\_\_\_\_ of 10

6

**STEP 6: DECISION**

	Date & time of assessment:		
Domain			
Symptom number (of 22)			
Symptom severity score (of 122)			
Orientation (of 5)			
Immediate memory	of 15 of 30	of 15 of 30	of 15 of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	of 5 of 10	of 5 of 10	of 5 of 10

Date and time of injury: \_\_\_\_\_

If the athlete is known to you prior to their injury, are they different from the usual self?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

(If different, describe why in the clinical notes section)

Concussion diagnosed?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

If re-testing, has the athlete improved?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Registration number (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.**

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**CLINICAL NOTES:**


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Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**CONCUSSION INJURY ADVICE**

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

**If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.**

Other important points:

**Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.**

- 1) Avoid alcohol
- 2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
  - a) Avoid sleeping tablets
  - b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics
- 3) Do not drive until cleared by a healthcare professional.
- 4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date / time of injury: \_\_\_\_\_

Date / time of medical review: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_

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Contact details or stamp

## **Appendix D- Return to Play Protocols by Sport/Activity**

### **Badminton Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Full Practice:**

Athlete will ride the bike for 10 minutes on the bike at a vigorous rate. They will then complete 1 lap of sprint/jog around the gym. The athlete is to return to a full practice. This day has to take place on a non-contest day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 4 Cleared:**

IHSA consent form must be turned in prior to starting Day 4. The athlete is to return to a full contact practice. Athlete is cleared from the program after completing all 3 days. They may now participate in full practice and contests.

### **Baseball Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete will field based on their position. Athlete may not participate in base running and batting. Pitcher can do long toss with another athlete. Athlete can do also do some light lifting in the weight room if time calls for it. Athlete cannot do any live scrimmaging or contact during the practice.

#### **Day 4 Controlled Contact:**

Athlete will field based on their position. Athlete may participate in base running and batting. The pitcher can throw pen with a live batter. This day has to take place on a non-contest day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

### **Bowling Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Full Practice:**

Athlete will ride the bike for 10 minutes on the bike at a vigorous rate. They will then complete 1 lap of sprint/jog around the gym. The athlete is to return to a full practice. This day has to take place on a non-contest day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 4 Cleared:**

IHSA consent form must be turned in prior to starting Day 4. The athlete is to return to a full contact practice. Athlete is cleared from the program after completing all 3 days. They may now participate in full practice and contests.

## **Basketball Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once Symptom Free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete will do some individual drills based on their position. Athlete will do Free Throws, Three Point Shots, Mid-Range shots. Athlete will do shooting during practice. Athlete will also do some light lifting in the weight room if time calls for it. During practice athlete can participate in walk through if necessary. Athlete cannot do any live scrimmaging or contact during the practice. (This day can be done during a warm up prior to a game that day.)

### **Day 4 Controlled Contact:**

Athlete will participate in the full practice with modified contact. Contact with a bag but not another athlete. Athlete can participate in all individual drills with the team. Athlete cannot do live scrimmage still. (This day can be done during a warm up prior to a game that day.) The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Cheerleading Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete may participate in the floor routine and mark the routine. They may not tumble, stunt, fly or base. Athlete may sideline cheer if an event falls on this day.

### **Day 4 Controlled Contact:**

Athlete may shadow and tumble with no more than one rotation. If athlete is a flyer they may only fly half the way. Bases may participate in 50% basing. Athlete may sideline cheer if event falls on this day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

### **Color Guard Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Limited Return:**

Athlete will ride the bike for 10 minutes on the bike at a vigorous rate. They will then complete 1 lap of sprint/jog around the gym. The athlete is to return to practice in a limited capacity. They can participate in marking the routine but cannot throw flag or rifle above head. This day has to take place on a non-contest day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice. This day has to take place on a non-contest day.

#### **Day 5 Cleared:**

Athlete is cleared from the program after completing all four days. They may now participate in full practice and contests.



### **Cross Country Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Limited Return:**

Athlete will run 1 miles followed by an abdominal workout. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 4. Athlete will participate in a full practice and any conditioning work. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all four days. They may now participate in full practice and contests.

## **Dance Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Limited Return:**

Athlete may participate in the marking the routine. They may only participate in half of the practice. They may not tumble. This day has to take place on a non-contest day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice. This day has to take place on a non-contest day.

### **Day 5 Cleared:**

Athlete is cleared from the program after completing all four days. They may now participate in full practice and contests.

## **Football Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete can participate in non-contact individual drills based on their position. Drills can include walk through. Athlete can also participate in conditioning and weight room activities that don't involve overhead lifts.

### **Day 4 Controlled Contact:**

Athlete can participate in controlled contact drills. Drills may not include contact with another athlete. Contact includes with bags, dummies, and sled in a controlled manner. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Golf Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete may participate by practicing their chipping, putting, and driving. Athlete may not walk golf course. . The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice by walking all 9 holes. This day has to take place on a non-contest day.

### **Day 5 Cleared:**

Athlete is cleared from the program after completing all four days. They may now participate in full practice and contests.

## **Gymnastics Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete may participate in the floor routine and mark the routine. They may not participate in any inverted routines or positions.

### **Day 4 Controlled Contact:**

Athlete may mark routine and may invert with no more than one rotation. Bases may participate in 50% basing. Athlete may sideline cheer if event falls on this day. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all four days. They may now participate in full practice and contests.

### **Ice Hockey Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete can participate in non-contact individual drills based on their position. Drills can include walk through, shooting on a goalie, individual skating drills. Athlete can only wear only their helmet in order to void any possible contact.

#### **Day 4 Controlled Contact:**

Athlete can participate in controlled contact drills. Drills may not include contact with another athlete. Contact includes with bags, dummies, in a controlled manner. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

### **Lacrosse Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete can participate in non-contact individual drills based on their position. Drills can include walk through, shooting on a goalie. Athlete can also participate in conditioning and weight room activities that don't involve overhead lifts.

#### **Day 4 Controlled Contact:**

Athlete can participate in controlled contact drills. Drills may not include contact with another athlete. Contact includes with bags, dummies in a controlled manner. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Soccer Concussion Return to Play**

\* Student must be asymptomatic between each step to move onto the next day\*

\*Student must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete can participate in non-contact individual drills based on their position. Drills include but not limited to shooting, passing, cone drills, dribbling, etc. Athlete can also participate in conditioning and weight room activities that don't involve overhead activities.

### **Day 4 Controlled Contact:**

Athlete can participate in controlled contact drills. Drills can include slide tackling and other defensive drills. Athlete will not use the head to contact the ball. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.



### **Softball Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete will field based on their position. Athlete may not participate in base running and batting. Pitcher can do long toss with another athlete. Athlete can do also do some light lifting in the weight room if time calls for it. Athlete cannot do any live scrimmaging or contact during the practice.

#### **Day 4 Controlled Contact:**

Athlete will field based on their position. Athlete may participate in base running and batting. The pitcher can throw in the bullpen with a live batter. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full practice. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Swimming/Diving Concussion Return to Play**

\* Student must be asymptomatic between each step to move onto the next day\*

\*Student must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete will ride the bike for 20 minutes at vigorous pace. Then the athlete will do 20 laps in the pool. But athlete must start in the pool; athlete cannot dive into the pool. Divers will work on standing dives into the pool from the lower diving board, in inverting. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 4 Controlled Contact:**

Athlete will start with 20 start/dives (contact) into the pool. Then athlete can do a full swim practice with no other contact. Divers will do a half of a diving practice from the high board. IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

### **Track & Field Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete can do a light running day. For sprinters they will run 4-200m sprints. Mid distance to distance athletes can run 1-2 miles. Throwers can work on spins and approaches without the shot or discuss. Jumpers and pole vaulter's can work on steps but cannot jump in the pit or vault. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

#### **Day 5 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Tennis Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20 minutes at a vigorous pace.

### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete will ride the bike for 10 minutes on the bike at a vigorous rate. They will then participate in controlled practice with individual skills. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 4 Full Practice:**

IHSA consent form must be turned in prior to starting Day 4. Athlete will ride the bike for 10 minutes on the bike at a vigorous rate. They will then complete 1 lap of sprint/jog around the gym. The athlete is to return to a full practice. This day has to take place on a non-contest day.

### **Day 5 Cleared:**

Athlete is cleared from the program after completing all 4 days. They may now participate in full practice and contests.

## **Volleyball Concussion Return to Play**

\* Athlete must be asymptomatic between each step to move onto the next day\*

\*Athlete must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Impact Test/Light Aerobic Activity:**

Once Symptom Free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20min at a vigorous pace.

### **Day 2 Heavy Anaerobic Activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete may participate in a modified practice. Athlete is able to do individual volleyball drills. Athlete may be allowed to spike, serve and set against air or with another athlete as long as it's not hit back to the recovering athlete.

### **Day 4 Modified Contact:**

Athlete may participate in a modified practice. Athlete is able to do individual volleyball drills. Athlete may be allowed to spike, serve and set against air or with another athlete and it is allowed to be hit back. No live scrimmage or game simulation. (This day can be done during a warm up prior to a game that day.) The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Contact Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. Athlete may participate in scrimmages. This day has to take place on a non-contest day.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

### **Water Polo Concussion Return to Play**

\* Student must be asymptomatic between each step to move onto the next day\*

\*Student must check-in prior to each day and check-out after each day for continual assessment\*

#### **Day 1 Impact Test/Light Aerobic Activity:**

Once symptom free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20min at a vigorous pace.

#### **Day 2 Heavy Anaerobic activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

#### **Day 3 Individual Drills:**

Athlete can participate in non-contact individual drills based on their position. Drills include but not limited to shooting, passing, swim laps, etc. Athlete can also participate in conditioning and weight room activities that don't involve overhead activities.

#### **Day 4 Controlled Contact:**

Athlete can participate in controlled contact drills. Drills can include defensive drills. Athlete will not use the head to contact the ball. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

#### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. The athlete is to return to a full contact practice. This day has to take place on a non-contest day.

#### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.

## **Wrestling Concussion Return to Play**

\* Student must be asymptomatic between each step to move onto the next day\*

\*Student must check-in prior to each day and check-out after each day for continual assessment\*

### **Day 1 Light Aerobic Activity:**

Once Symptom Free for 24 hours, athlete can sit for the Impact Test. If athlete passes the test he/she will ride the stationary bike for 20min at a vigorous pace.

### **Day 2 Heavy Anaerobic Activity:**

Athlete will do two laps of sprinting/jogging in the gym, with jumping jacks x30, pushups x10, crutches x30, and planks x30 sec at each corner of the lap.

### **Day 3 Individual Drills:**

Athlete will do three sets of shadowing/jogging in the wrestling room. Athlete will shadow alone for 1min 30sec then jog around the full mat circle for 1min 30sec with a minute break in between each rep, three reps make a set. Athlete will do 2 full sets with a 5 min break in between. Then athlete will do some light lifting/abs for 30min afterwards.

### **Day 4 Controlled Contact:**

Athlete may practice with the team in all no-contact drills. During contact athlete can participate in takedowns and doing shoots. Athlete cannot do live Wrestling. The IHSA Concussion Consent Form will be issued to athlete and filled out by athlete and parents to be returned the next day.

### **Day 5 Full Practice:**

IHSA consent form must be turned in prior to starting Day 5. Assuming athlete is still asymptomatic athlete can do a full practice including live drills. Athlete must check in after practice.

### **Day 6 Cleared:**

Athlete is cleared from the program after completing all five days. They may now participate in full practice and contests.



## Post-concussion Consent Form (RTP/RTL)



Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

### For School Use only

☐

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date \_\_\_\_\_

Date \_\_\_\_\_



## Appendix E- References and Resources

1. McCrory P, Meeuwisse W, Aubry M, et al. "Consensus Statement on Concussion in Sport: The 4<sup>th</sup> International Conference on Concussion in Sport Held in Zurich, November 2012." *Journal of Athletic Training*. 2013;47:250-258.
2. Broglio SP, Cantu RC, Gioia GA et al. "National Athletic Trainers' Association Position Statement: Management of Sport Concussion." *Journal of Athletic Training*. 2014;49(2):245-265.
3. Cantu RC. "Posttraumatic Retrograde and Anterograde Amnesia: Pathophysiology and Implications in Grading and Safe Return to Play." *Journal of Athletic Training*. 2001;36(3):244-248.
4. Holtsford S. "Head Trauma." *2009-2010 Southern Fox Valley EMS System Standard Operating Procedures*. July 2009:41.

### Resources:

1. Centers for Disease Control
2. Illinois High School Association
3. Head Smart: A Healthy Transition after Concussion – South Shore Hospital, Weymouth, MA
4. Consensus statement on concussion in sport – The 3rd International Conference on concussion in sport - Zurich, November 2008
5. Glenbrook South High School Concussion Care Guidelines – 2012, Glenview, IL

For additional questions please contact the student's school counselor, the school nurse, or the athletic trainer.

Athletic Director: Becky Belmont  
 Assistant Athletic Director: Aimee Lonigro  
 Head Athletic Trainer: Whitney Richards  
 Assistant Athletic Trainer: Alyssa Gaidar, Anthony Zimmer  
 O'Plaine Nurse: Laura McClory  
 Almond Nurse: Rhonda Nitto

### WTHS Concussion Oversight Team:

School Nurses, Athletic Director, School Counselor, Lead Teachers, Lead PE Teachers, Neurologist (Dr. Reams)