

WEIMAR INDEPENDENT SCHOOL

Recovery and Safe Return-To-Play Protocol

Recovery and Safe Return-to-play

It is crucial to allow enough healing and recovery time frame following a concussion to prevent further damage. Research suggests that the effects of repeated concussions are cumulative over time.

Most athletes who experience an initial concussion can recover completely as long as they do not return to contact sports too soon. Following a concussion, there is a period of change in brain function that may last anywhere from 24 hours to 10 days. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk of permanent brain injury increases.

Definitions:

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

Second Impact Syndrome (SIS) - Second impact syndrome refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

Prevention Strategies:

Helmets, headgear and mouth guards do not prevent all concussions.

1. All headgear must be NOCSAE certified.
2. Made sure the headgear fits the individual.
3. For all sports that required headgear, a coach or appropriate designate should check headgear before use to make sure it fits appropriately. Padding should be checked to make sure they are in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times.

Evaluation for Concussion/MTBI

1. At the time of injury administer the following assessment test:

- “Heads Up: Brain Injury in Your Practice” Centers for Disease Control and Prevention on-field recognition and management of concussion palm card tool.
2. Observe the athlete for 15 to 20 minutes and re-evaluate.
 3. Athlete does not return to a game or practice if he/she has any signs or symptoms of Mild Traumatic Brain Injury (Concussion).
 4. Doctor Referral
 5. Home Instructions
 6. UIL Concussion Management Protocol-Return to Play Form
 7. **Note- If in doubt, the athlete is referred to a physician and does not return to play.**

Concussion Management:

1. Recommended school modifications:
 - Notify Principal, Counselor and School Nurse of the student that he/she has a potential Mild Traumatic Brain Injury.
 - Notify Principal, Counselor and School Nurse of post concussion symptoms.
 - Student may need special Accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
 - Student may only be able to attend school for half days or may need daily rest periods until symptoms subside with physician authorization.
2. Student must show no signs of post-concussion symptoms before return to play protocol begins.
3. Student will not return to full practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. The student athlete must satisfactorily complete the protocol established by the Weimar ISD's COT.
4. The treating physician must provide a written statement to the parent and athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play.
5. Student athlete and the parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.

Return to Play Guidelines:

Athlete must show no signs of post-concussion symptoms before return to play protocol begins.

1. Athlete activity progressions

Step 1: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

Step 2: Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Step 3: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Step 4: Full contact practice or training.

Step 5: Full game play.

***NOTE- Athlete activity progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, stop physical activity until symptom free for 24-48 hours. Resume with phase or level in which they were previously asymptomatic.**

2. Physician clearance

3. Athletic Trainer clearance

Doctor Referral

Immediate Emergency Referral-

The athlete needs to be transported immediately to the nearest emergency department.

1. Deterioration of neurologic function
2. Decreasing level of consciousness
3. Decrease or irregularity in respiration
4. Decrease or irregularity in pulse
5. Unequal, dilated or unreactive pupils
6. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
7. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
8. Seizure activity

Day of Injury Referral:

1. Loss of consciousness on the field (court)
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those

Delayed Referral (after the day of the injury):

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (ie. Sleep, cognition, depression, aggression, etc.)

Return to Play Referral:

1. During or after return to play progression
 - a. The treating physician must provide a written statement to the parent and athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play.
 - b. Student athlete and the parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.