



SOCORRO INDEPENDENT SCHOOL DISTRICT

Department of Athletics

GUIDELINES FOR SPORTS CONCUSSION MANAGEMENT

INTRODUCTION

The Center for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American High School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to SISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are 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 from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, 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 patterns. These symptoms may be temporary or long lasting.

PREVENTION STRATEGIES

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and is secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure they fit and function properly. Padding should be checked to make sure they are in proper working condition.
9. Neuro-psychology testing on students that participate in sports prior to the season.



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EVALUATION FOR CONCUSSION

1. At the time of injury administer one of these assessment tests:
 - a. Sports Concussion Assessment Tool (SCAT)
 - b. Standardized Assessment of Concussion (SAC)
 - c. Graded Symptom Checklist (GSC)
 - d. Sideline Functional & Visual Assessments
 - e. On-field Cognitive Testing
2. **Athlete does not return to the game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Licensed Physician Referral
4. Home Instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athletes Participation Form
7. Neuro-psychology testing 48 hours after injury and as needed in the post injury evaluations.
8. **Note- If in doubt, athlete is referred to a Licensed Physician and does not return to play.**
9. **In the case of any SUSPECTED concussion, the athlete must be removed from all activity and must complete the return-to-play (RTP) protocol regardless of physician diagnosis.**

CONCUSSION MANAGEMENT

1. School Modifications
 - a. Notify school nurse and all classroom teachers of the student that he/she has a concussion
 - b. Notify teachers of post-concussion symptoms.
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
2. Student must be inactive for a minimum of 7 days from the date of incident before beginning return to play protocol.

RETURN TO PLAY GUIDELINES

1. Activity Progressions

Phase 1

1. No activity for a minimum of 7 days regardless of Licensed Physician release.
2. Athlete must be symptom free with physician clearance before beginning Phase 2.

Phase 2

1. Day 1- Light aerobic exercise 5 – 10 minutes on exercise bike or light jogging with no resistance training
2. Day 2- Moderate Aerobic activity and Resistance training. 15 – 20min. running in the gym or on the field with no protective equipment, 20 min. of resistance training may include push-ups and sit ups, **No** weight lifting.
3. Day 3- Sports Specific drills. Weight Lifting, Cutting, sprinting, etc. **No** uniform or protective equipment
4. Day 4- Return to Full Controlled Practice
5. Day 5- Return to full activity. Once the athlete has completed phase 1 – 2.

***Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step.**

If athletes experiences symptoms three times during the return-to-play protocol, they must be re-evaluated by a physician.*

Phase 3

Licensed Athletic Trainer and/or Middle School Nurse clearance



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PHYSICIAN REFERRAL CHECKLIST

Athlete will be sent to see physicians if any of the following symptoms are present.

DAY OF INJURY REFERRAL

1. Loss of consciousness on the field*
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 to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptom as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal or unreactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, confusion or agitation*
20. Seizure activity*

Note: *indicates that the athlete needs to be transported immediately to the nearest emergency department.

DELAYED REFERRAL (after the day of the injury)

1. Any of the findings on the day of injury referral categories
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.)



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RETURN TO PLAY GUIDELINES FOR PARENTS

TEACH IT'S NOT SMART TO PLAY WITH A CONCUSSION. Rest is the key after a concussion. Occasionally athletes, parents, school staff and/or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

PREVENT LONG-TERM PROBLEMS. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Socorro ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. You son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain a head injury are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the coach and athletic trainer. His/her teachers will be notified of the injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the SISD Concussion Management Policy. The progressions will advance at the rate of one step per day as long as no symptoms become present. The progressions are as follows:

Phase 1

1. No activity for a minimum of 7 days regardless of Licensed Physician release.
2. Athlete must be symptom free with physician clearance before starting return-to-play protocol.

Phase 2

1. Day 1- Light aerobic exercise 5 – 10 minutes on exercise bike or light jogging with no resistance training
2. Day 2- Moderate Aerobic activity and Resistance training. 15 – 20min. running in the gym or on the field with no protective equipment, 20 min. of resistance training may include push-ups and sit ups, **No** weight lifting.
3. Day 3- Sports Specific drills. Cutting, sprinting, etc. **No** uniform or protective equipment
4. Day 4- Return to Full Controlled Practice
5. Day 5- Return to full activity. Once the athlete has completed phase 1 – 2.

***Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step.** If athletes experiences symptoms three times during the return-to-play protocol, they must be re-evaluated by a physician.*

Phase 3

Athletic Trainer Clearance and / or Middle School Nurse clearance



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PARENTAL INFORMATION AND CONSENT FORM

WHAT IS A CONCUSSION?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

WHAT ARE THE SYMPTOMS?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances and aggression. The individual may or may not have lost consciousness.

WHAT SHOULD BE DONE IF A CONCUSSION IS SUSPECTED?

1. Immediately remove the student from practice or game
2. Seek medical attention right away
3. As per Texas State Law Sec. 38.156., the student must be removed and:
 - a. be evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
 - b. successfully complete each requirement of the return-to-play protocol established under Section [38.153](#) necessary for the student to return to play;
 - c. the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play;
 - d. the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - e. The final permission for return to play will come from the appropriate athletic trainer or middle school nurse.

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

WHAT SHOULD THE ATHLETE KNOW ABOUT PLAYING WITH A CONCUSSION?

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Occasionally athletes, parents, school staff and/or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

WHAT ARE THE RISKS OF RETURNING TO ACTIVITY TOO SOON AFTER SUSTAINING A CONCUSSION?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

Athlete's Name (Please print): _____

ID #: _____

Athlete's Signature: _____

Parent or Guardian's Name (Please print): _____

Date: _____

Parent or Guardian's Signature: _____



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AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Socorro ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis and related personal identifiable health information to the athlete's treating medical team. This information includes injuries or illnesses relevant to past, present or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Socorro ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the athletic trainer at the respective high school. I understand revocation will not have any effect on actions Socorro ISD has taken in reliance on this authorization prior to receiving the revocation.

I understand that school personnel will be informed of my child's medical condition and/or disability when necessary for my child's well-being.

Printed Name of Student Athlete: _____ ID#: _____

Signature of Student Athlete: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____



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PHYSICIAN CLEARANCE FORM

Dear Dr. _____,

_____ has sustained a possible concussion on _____.
(athlete name) (date)

As per Texas State Law, this athlete needs to be evaluated before he/she can begin a return to play protocol. Please evaluate him/her for clearance to begin a return-to-play protocol.

His/Her symptoms include:

Athlete is cleared to begin return-to-play protocol

Date Cleared: _____

Athlete MAY NOT begin return-to-play protocol

Physician's Diagnosis:

Physician Name (please print): _____

Physician Signature: _____

Date: _____

As per TX State Law HB 2038. Only a **Licensed Physician may clear an athlete to begin the return-to-play protocol.**

Sec. 3.151 Definitions: 8. "Physician" means a person who holds a license to practice medicine in this state.



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CONCUSSION MANAGEMENT HOME INSTRUCTIONS

Dear Parent/Guardian:

Your child, _____ has sustained a possible concussion during _____
(athlete name) (sporting event/practice)
today _____. To make sure he/she recovers, please follow the following important recommendations.
(date)

1. Please review the items outlined on the Physician Referral Checklist. If any of these problems develop, please call your physician or 911.
2. Things that are OK to do:
 - a. Take acetaminophen (Tylenol)
 - b. Use ice packs on head or neck as needed for comfort
 - c. Eat a light diet
 - d. Go to sleep (rest is extremely important)
 - e. Return to school (unless otherwise specified)
3. Things that should **NOT** be allowed:
 - a. Strenuous activity or sports
 - b. Watch TV
 - c. Listen to iPod or talk or text on telephone
 - d. Read
 - e. Use a computer
 - f. Play video games
 - g. Bright lights
 - h. Loud noise
 - i. Drink alcohol
4. **Things that are NOT needed:**
 - a. Check eyes with flashlight
 - b. Wake them up every hour
 - c. Test reflexes
5. Have the athlete report to the athletic training room at as scheduled by your athletic trainer for a follow-up exam.

Further Recommendations:

Instructions provided to: _____

Signature: _____

Instructions provided by: _____

Signature: _____

Date: _____ Time: _____

Contact Number of ATC/LAT named above: _____

CONCUSSION RETURN TO PLAY DOCUMENTATION



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Name: _____ Date of concussion: _____ Date Physician cleared: _____

1. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the SISD Concussion Management Policy. The progressions will advance at the rate of one step per day as long as no symptoms become present. The progressions are as follows:

2. Activity Progressions

Phase 1

1. No activity for a minimum of 7 days regardless of Licensed Physician release.
2. Athlete must be symptom free with physician clearance before starting return-to-play protocol.

Phase 2

1. Day 1- Light aerobic exercise 5 – 10 minutes on exercise bike or light jogging with no resistance training
2. Day 2- Moderate Aerobic activity and Resistance training. 15 – 20min. running in the gym or on the field with no protective equipment, 20 min. of resistance training may include push-ups and sit ups, **No** weight lifting.
3. Day 3- Sports Specific drills. Cutting, sprinting, etc. **No** uniform or protective equipment
4. Day 4- Return to Full Controlled Practice
5. Day 5- Return to full activity. Once the athlete has completed phase 1 – 2.

***Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step.** If athletes experiences symptoms three times during the return-to-play protocol, they must be re-evaluated by a Licensed physician.*

Phase 3

Athletic Trainer Clearance and / or Middle School Nurse clearance

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Day ___: Date: _____ Cleared _____ Not Cleared _____

Comments: _____ Int. _____

Student Athlete has completed the five day RTPP. He/she returned to full sport activity on _____ with no restrictions.

Athletic Trainer: _____ Date: _____



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Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)



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LETTER TO TEACHERS ON CONCUSSION SYMPTOMS & MANAGEMENT

Dear Teacher,

_____ is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post-concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury and you may consult with him/her at any time. The student athlete's counselor and the appropriate administrators are also aware of the injury.

You are an important member of the team that is treating _____ for their head injury. The physician and I only get a small snapshot of his/her daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion. However, please be informed that all information shared about this athlete's condition is protected under the HIPPA Privacy Act and disclosure of any information to unnecessary parties is a violation of this act.

If you have any further questions, please contact me.

Thank you,

Athletic Trainer

Phone: () -

Email:

Ron Durkes

SISD Athletic Director

915-937-0506



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Concussion Oversight Committee

Dr. Islas	Texas Tech Medical Center
Dr. Wright	Texas Tech Medical Center
Patrick Solis	EL Dorado High School
Chris Lopez	9 th Grade Academy
Dennis Brown	Eastlake High School
Michelle Moe	Americas High School
Eric Fajardo	Montwood High School
Juan Renteria	Socorro High School