

Peaster ISD INFORMATION LETTER FOR PARENTS OF STUDENTS OF CONCUCUSED ATHLETES

All athletes who sustain head injuries are required to be evaluated by a physician on the Peaster ISD concussion management team or a physician of their choosing. This protocol is mandated by HB 2038 "Natasha's Law". They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the coach. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student may be given a neurocognitive test 48 hours after the concussion. All high school athletes in contact sports will have this assessment prior to their season to form a baseline. Peaster ISD utilizes the ImPact software program for this assessment. The athlete's post-injury testing data must be within normal limits before he/she is release to activity.
4. The student must be asymptomatic at rest and exertion.
5. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions:
 - a. Physician clearance to begin activity
 - b. Light aerobic exercise (e.g. stationary bike).
 - c. Moderate aerobic exercise (e.g. elliptical/cross country ski machine).
 - d. Heavy aerobic exercise (e.g. treadmill running).
 - e. Non-contact training drills with resistance training
 - f. Full contact training drills

Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post-concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

6. Upon successful completion of the return to play protocol and prior to return to play the student must have on file a note from the concussion management physician. In addition, the student's parent or legal representative must complete this form.
7. Once the student has completed steps 1 through 6, he/she may return to their sport activity with no restrictions.

The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. I consent to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 of the treating physician's written statement and the return to play recommendations of the treating physician and understand the immunity provisions under section 38.159. Furthermore, I certify that my son/daughter has successfully completed the Peaster ISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete's
Name _____

Athlete's
Signature _____

Parent of Guardian's
Name _____

Parent or Guardian's
Signature _____

Date _____

Peaster ISD Concussion Management Team

Dr. Damond Blueitt
800 5th Avenue
Fort Worth, TX 76104
817-878-5300

Suggested Guidelines for Concussion Management

Symptoms Requiring Immediate Emergency Attention

1. Seizure activity
2. Decreased level of consciousness
3. Decrease or irregularity in respiration
4. Unequal, dilated or un-reactive pupils
5. Loss of consciousness on the field for more than 15 seconds
6. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
7. Mental status changes: lethargy, difficulty maintain alertness, confusion, or agitation
8. Nystagmus (Dancing Eyes)
9. Cranial nerve deficits

Day of Injury Referral (Not necessarily emergency transport)

1. Tinnitus
2. Amnesia
3. Vomiting
4. Motor deficits subsequent to initial on-field exam
5. Sensory deficits subsequent to initial on-field exam
6. Balance deficits subsequent to initial on-field exam
7. Cranial nerve deficits subsequent to initial on-field exam

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 (i.e. sleep, cognition, depression, aggression, etc.)

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Recommended

HOME HEAD INJURY CARE

Treatment:

- Rest
- Observation
- ABSOLUTELY NO aspirin, alcohol product, **energy drinks**, or any other type of blood thinner
- Ibuprofen (Advil or Motrin) or Acetaminophen (Tylenol) may be given in over the counter doses only
- No video game, TV, cell phone (only talking permitted, no texting or emails), ipod, computer use for the first 72 hours
- After 72 hours limit use of TV, cell phone, and iPod to 30 minute segments every 4 hours
- Limit physical activity of any kind

Report to hospital immediately if any of the following symptoms occur:

- Persistent headaches, neck, or back pain
- Bleeding or clear fluid draining from the nose or ears
- Blurred or double vision
- Weakness in the arms and or legs
- Pupils that do not change size when exposed to light
- Persistent vomiting
- Confusion, irritability, unusual drowsiness, amnesia (inability to recall names and places)
- Repeatedly asks the same questions even though you answered them minutes earlier

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 that 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. Please also realize that the student athlete may seem “normal” at times, and then affected by symptoms within the same class period or throughout the day. This is to be expected with a concussion. Symptoms can and do wax and wane.

Because these symptoms may linger for an unspecified period of time, the student athlete is likely to miss some school days and you may need to modify school work until he/she is symptom free. Workload, homework, and testing may need to be reduced or more time given. Frequent breaks while doing schoolwork are very important. Pre-printed class notes would be helpful. Math, reading, computer, or other work requiring intense concentration will be more difficult. Reading will very often lead to headaches. Students may also have trouble with the bright lights of your classroom and ask for permission to wear sunglasses. If you have this student at lunch time, they may also ask to go eat in a quiet place to avoid the noisy lunch room.

You are an important member of the team that is treating our athlete. The physician, athletic trainer, and coach only get to see a snapshot of their daily activity. Any information that you observe and you feel would be helpful to us in the care of the athlete do not hesitate to contact us and share.

Thank you in advance.

Graded Symptom Check List

NAME: _____

DATE OF INJURY: _____

Symptom	Time of injury	2-3 Hours post injury	24 Hours post injury	48 Hours post injury	72 Hours post injury
Blurred Vision					
Dizziness					
Drowsiness					
Easily Distracted					
Excess Sleep					
Fatigue					
Headache					
Inappropriate Emotions					
Insomnia					
Irritability					
Loss of Consciousness					
Memory Problems					
Mentally Foggy					
Nausea					
Nervousness					
Poor Balance					
Poor Concentration					
Ringling in Ears					
Sadness					
Seeing Stars					
Sensitivity to Light					
Sensitivity to Noise					
Sleep Disturbance					
Vomiting					

Ask the athlete to grade or score the severity of the symptom on a scale of 0 – 6

0 = not present and 6 = most severe

Comments: _____

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Return to Play Protocol for Athletes

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

1. All athletes who sustain head injuries will be evaluated by the coach or a physician chosen by the students parent or guardian. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. All high school concussed athletes will be monitored daily at school by the coach. His/her teachers will be notified if warranted of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations. This may include physician recommended absence from school or modified attendance.
3. The student may be given a neuro-cognitive test at least 48 hours after the concussion. All athletes in contact sports at the high school level will have this assessment prior to their season to form a baseline. Peaster ISD utilizes the ImPact software program for this. The athlete's post-injury testing data must be within normal limits before he/she is released to activity.
4. The student must be asymptomatic at rest and exertion.
5. Once cleared to begin activity, the student will start a progressive step-by-step procedure. The progressions will advance at the rate of one step per day. Any return of symptoms during this progression will result in the athlete repeating the return to play progression.

The following is a checklist for athletes to return to play following a concussion. Please note that once the activity phase begins, any return of symptoms will result in starting the activity phase over, from the beginning, after a 24 hour period with no symptoms.

Non-Activity Phase

- _____ 1a. Asymptomatic with complete rest.
- _____ 1b. ImPact/Neurocognitive post injury test within normal limits (if given).
- _____ 2. Physician clearance to begin activity phase.

Activity Phase

- _____ 3. Light aerobic exercise (e.g. stationary bike).
- _____ 4. Moderate aerobic exercise (e.g. elliptical/cross country ski machine).
- _____ 5. Heavy aerobic exercise (e.g. treadmill running).
- _____ 6. Non-contact training drills including resistance training.
- _____ 7. Full-contact training drills.