

# MORAVIA CENTRAL SCHOOL DISTRICT



Concussion Management  
Student-Athletes

## A. Common signs and symptoms of sports-related concussion

### **1. Signs (observed by others)**

- The athlete appears dazed or stunned
- Confusion (about assignments, plays, etc.)
- Forgets play
- Unsure about the game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after hit
- Loss of consciousness (any duration)

### **2. Symptoms (reported by athlete)**

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "foggy"
- Problems concentrating
- Problems remembering

## FOLLOW-UP CARE OF THE ATHLETE

### 1. When a Student returns to school from a diagnosed concussion, the school nurse will:

- Make sure all paperwork is completed
- Notify the guidance counselor of the situation to help create an individualized academic health care plan based on PCP instructions.
- Share all information with students, teachers, and AD.
- Once clearance is received from PCP, let the PE teacher, coach, AD, and student know they can begin the RTP protocol:

**Phase 1:** Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period, proceed to;

**Phase 2:** Higher impact, exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24-hour period, proceed to;

**Phase 3:** Sport-specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;

**Phase 4:** Sport-specific non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;

**Phase 5:** Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24-hour period, proceed to;

**Phase 6:** Return to full activities without restrictions

- If the six-day progressive return to practice is uneventful, then a district nurse will report all findings to the Medical Director. At this time, the school nurse will record the events of the RTP and send

them to the Medical Director via fax or email along with all other doctor's notes, and the Medical Director will make a medical determination on clearance to play. If an athlete is cleared, Medical Director or staff will send clearance back to the school nurse, and the nurse will make copies for the school nurse and Athletic Director. The school nurse will then send a copy of the clearance to the coach and the student's guidance counselor.

- If the Medical Director feels compelled to evaluate student-athlete, the school nurse will contact parents or guardians to arrange an office visit.
- If a student has no health insurance, all attempts will be made to secure health insurance for the student. If this is impossible, then the student can be sent to the Medical Director for evaluation.

**Coaches will:**

1. Reevaluate the athlete regularly.
2. Follow up with Parents as needed.
3. Keep Medical Director, AD, and school nurses informed.
4. Share all findings with Medical Director, the school nurse, and the AD.

**The student's guidance counselor will:**

1. Monitor the student's academic progress while returning from a diagnosed concussion.
2. Communicate regularly with the school health office to provide the student with the most effective care.

# RETURN TO PLAY PROCEDURES AFTER CONCUSSION

## A. Returning to participate on the same day of injury:

- As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms, but has undergone abnormal sideline cognitive testing, should be held out of activity.
- "When in doubt, hold them out."

## B. Return to play after a concussion:

1. The athlete must meet the following criteria before progressing to activity:
  - a. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
  - b. Provide written clearance from primary care physician or specialist (Athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).
  - c. Be cleared by the ATC (after the Zurich 6-Day protocol)
  - d. After reviewing all information from all medical and school professionals, the Medical Director must make the final determination and clear the student to return to play in their sport.
2. Once the above criteria are met, the athlete will be allowed back to full activity under the supervision of the Coach.
3. Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include; previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one with an extended duration of symptoms, or participating in a collision or contact sport should be progressed more slowly as dictated by the physician.



## CONCUSSION GUIDELINES FOR PARENT/STUDENT-ATHLETES

1. If a head injury is suspected, the student-athlete must seek medical evaluation for diagnosis and have the Head Injury Evaluation Form filled out by a physician.
2. The student-athlete must re-visit MD for clearance, and MD must fill out the appropriate "Head's Injury Evaluation Form" (second doctor visit).
3. Once the "Head Injury Evaluation Form" is completed, it should be submitted directly to the school nurse, who will fax the form to the school Medical Director.
4. Once the student-athlete has received clearance from the Primary Care Doctor, the student-athlete will then begin a six-step return-to-play protocol.

The program consists of

- **Phase 1:** Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period, proceed to;
- **Phase 2:** Higher impact, exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24-hour period, proceed to;
- **Phase 3:** Sport-specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;
- **Phase 4:** Sport-specific non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;
- **Phase 5:** Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24-hour period, proceed to;
- **Phase 6:** Return to full activities without restrictions.

- Upon completing the six-day program, the district nurse will send documentation to the school medical director for further review of the student-athletes files.

**5. The student-athlete cannot return to play until the school medical director receives the final clearance. This clearance will then be forwarded to the school nurse.**

For questions or concerns, contact your child's Health office or the Athletic Office:

**Health Offices:**

High School/Middle School  
Jerrica Schillawski  
(315) 497-2670, ext. 2029  
[jschillawski@moraviaschool.org](mailto:jschillawski@moraviaschool.org)

High School/Middle School  
Heather Edwards  
(315) 497-2670, ext. 2029  
[hedwards@moraviaschool.org](mailto:hedwards@moraviaschool.org)

Elementary School  
Paige Becker  
(315) 497-2670, ext. 1125  
[pbecker@moraviaschool.org](mailto:pbecker@moraviaschool.org)

**Athletic Office:**

Todd Mulvaney  
(315)497-2670, ext. 2017  
[tmulvaney@moraviaschool.org](mailto:tmulvaney@moraviaschool.org)





## Head Injury Evaluation

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Sport: \_\_\_\_\_

### Physician Evaluation

Date of First Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

Date of Second Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

| Symptoms Observed:                                    | First Doctor Visit | Second Doctor Visit |
|---|--------------------|---------------------|
| Dizziness   | Yes No             | Yes No              |
| Headache  | Yes No             | Yes No              |
| Tinnitus  | Yes No             | Yes No              |
| Nausea  | Yes No             | Yes No              |
| Fatigue   | Yes No             | Yes No              |
| Drowsy/Sleepy   | Yes No             | Yes No              |
| Sensitivity to Light                                  | Yes No             | Yes No              |
| Sensitivity to Noise                                  | Yes No             | Yes No              |
| Anterograde Amnesia<br>(After impact)                 | Yes No             | N/A N/A             |
| Retrograde Amnesia<br>(Backwards in time from impact) | Yes No             | N/A N/A             |

#### First Doctor Visit:

Did the athlete sustain a concussion? (Yes or No) (One or the other must be circled)

\*\* Post-dated releases will not be accepted. The athlete must be seen and released on the same day.

Is this the student's first concussion? (Yes or No)

Please note that if there is a history of previous concussion, then a referral for professional Management by a specialist or concussion clinic should be strongly considered.

Additional Findings/Comments \_\_\_\_\_

And/or Diagnostic Tests: \_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Second Doctor Visit:

\*\*\* Athlete must be completely symptom free before beginning six-step return to play.

If an athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.

Please check one of the following:

\_\_\_\_ Athlete is asymptomatic and is ready to begin the six-step return to play.

\_\_\_\_ Athlete is still symptomatic more than seven days after injury.

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

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

Print or stamp name: \_\_\_\_\_

Phone number: \_\_\_\_\_





## Concussion Management Checklist

\*Completed by coach or school staff

\*Completed form must go directly to Moravia Central School District Nurse

|                      |  |
|----------------------|--|
| <b>Student Name:</b> |  |
| <b>Date:</b>         |  |

- |  |     |    |                |
|--|-----|----|----------------|
| 1. Student Initial Concussion Checklist Completed.   | Yes | No | Initials _____ |
| 2. Copy of Initial Concussion Checklist sent home with the student.  | Yes | No | Initials _____ |
| 3. Concussion Information was sent home with the student.  | Yes | No | Initials _____ |
| Physician Evaluation Sign-Off sent home with the student.  | Yes | No | Initials _____ |
| 4. Copy of Student "Return to Play" protocol sent home w/ student.   | Yes | No | Initials _____ |
| 5. Initial checklist and physician evaluation form Returned to Moravia Central School within 24 hours Of injury. | Yes | No | Initials _____ |
| 6. Physician provided written release for the student to return To play/activity.                                | Yes | No | Initials _____ |
| 7. The student begins 6 steps "Return to Play" Protocol.   | Yes | No | Initials _____ |
| 8. Student completes 6-step "Return to Play" Protocol (Below)  | Yes | No | Initials _____ |

**Graduated "Return to Play" Protocol:**

**One Step may be taken each 24-hour cycle. If symptoms resume during any of the following steps, a student must revert to the previous step after remaining at rest for a 24-hour period.**

| Step | YES   | NO | Initials |
|------|---|----|----------|
| 1    | NO ACTIVITY<br>complete physical<br>rest/cognitive rest |    |          |
| 2    | Light Aerobic<br>activity                               |    |          |
| 3    | Sport Specific<br>exercise                              |    |          |
| 4    | Non-contact<br>training drills                          |    |          |
| 5    | Full Contact<br>Practice                                |    |          |
| 6    | Return to Play  |    |          |

**Comments:**

# CONCUSSION RESOURCES

American Association of Neurological Surgeons

<http://www.aans.org/Patient%20Information/Conditions%20and%20Treatments/Concussion.aspx>

Brain Injury Association of New York State

<http://www.bianys.org>

Centers for Disease Control and Prevention

<http://www.cdc.gov/concussion/index.html>

Child Health Plus

[http://www.health.ny.gov/health\\_care/managed\\_care/consumer\\_guides/about\\_child\\_health\\_plus.htm](http://www.health.ny.gov/health_care/managed_care/consumer_guides/about_child_health_plus.htm)

Consensus Statement on Concussion in Sport – The 3rd International Conference on Concussion in Sport, held in Zurich, November 2008

<http://sportconcussions.com/html/Zurich%20Statement.pdf>

ESPN Video- Life Changed by Concussion

<http://espn.go.com/video/clip?id=7525526&categoryid=5595394>

Local Departments of Social Services- New York State Department of Health

[http://www.health.ny.gov/health\\_care/medicaid/ldss.htm](http://www.health.ny.gov/health_care/medicaid/ldss.htm)

Nationwide Children's Hospital- an Educator's Guide to Concussions in the Classroom

<http://www.nationwidechildrens.org/concussions-in-the-classroom>

New York State Department of Health

[http://www.health.ny.gov/prevention/injury\\_prevention/concussion.htm](http://www.health.ny.gov/prevention/injury_prevention/concussion.htm)

New York State Public High School Athletic Association, Safety and Research

<http://www.nysphsaa.org/safety/>

SportsConcussions.org

<http://www.sportsconcussions.org/ibaseline/>

Upstate University Hospital- Concussion in the Classroom

<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>