



What is a concussion?

A concussion is a brain injury caused by a blow or jolt to the head or to another part of the body with force transmitted to the head.

Although most concussions are mild, all concussions are potentially serious and may result in complications, including brain damage and death, if not recognized and managed properly. In other words, even a “ding” or bump to the head can be serious.

SIGNS AND SYMPTOMS

You can't physically see a concussion, and most occur without loss of consciousness. Signs and symptoms may show up right after the injury or can take hours or days to fully appear. If someone you know reports any symptoms of concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention right away.

Signs

Teammates, parents and coaches should look out for:

- Vacant facial expression.
- Confused about assignment.
- Appears dazed.
- Forgets plays.
- Is unsure of game, score or opponent.

- Moves clumsily or displays uncoordinated behavior.
- Answers questions slowly.
- Slurred speech.
- Shows behavior or personality changes.
- Can't recall events before or after hit.
- Seizures or convulsions.
- Loses consciousness.

Symptoms

Symptoms of a concussion may include:

- Headaches.
- A feeling of pressure in the head.
- Nausea or vomiting.
- Neck pain.
- Balance problems or dizziness.
- Blurred, double or fuzzy vision.
- Sensitivity to light or noise.
- Feeling sluggish or slowed down.
- Feeling foggy or groggy.
- Drowsiness.
- Change in sleep pattern.
- Amnesia.
- “Don't feel right.”
- Fatigue or low energy.
- Sadness.
- Nervousness or anxiety.
- Irritability.
- More emotional.
- Confusion.
- Concentration or memory problems (forgetting game plays).
- Repeating the same question/comment.

WHAT SHOULD I DO IF I SUSPECT AN ATHLETE HAS A CONCUSSION?

If an athlete is suspected of suffering a concussion, they should be removed from the game or practice immediately. No athlete with an apparent head injury (regardless of how mild it seems) may return to activity without approval from a physician or certified athletic trainer. The athlete's condition should continue to be monitored for several hours.

IHSA POLICY requires athletes to provide the school with written clearance from a doctor* or a certified athletic trainer working with a doctor before returning to play after being removed from an interscholastic contest due to a possible head injury or concussion. When in doubt, the athlete sits out. **This refers only to a doctor licensed to practice medicine in all branches.*

Symptom reporting is on a 6-point scale, while symptom exacerbation is on a 10-point scale. Mild symptoms reported as a 0-2/6 are allowed in the first three steps of the return-to-play progression as long as symptom exacerbation does not increase more than 2/10 and last less than one hour post-exacerbation. If increased symptoms persist for more than one hour, do not progress to next step. Rest and regress to previous successful step for next 24 hours. Contact athletic trainer to inform of increased symptoms.

GENERAL RETURN-TO-PLAY GUIDELINES

Each step takes a minimum of 24 hours and should be supervised.

1. Light activity may begin the first 24-48 hours following a concussion.
 - Light activity: activities of daily living (work/school, walking).
 - Limit screen time for the first 48 hours following a concussion.
2. Aerobic exercise.
 - Stationary bike or walking at a medium pace.
 - Symptoms must be minimal. Rated less than or equal to 2 out of 6 (scale and symptoms from SCAT form).
 - Mild exacerbation of symptoms is acceptable.
 - Discontinue activity if symptoms increase by 2 points out of 10.
 - Increased symptoms should not last longer than one hour post-exercise.

3. Individual sport-specific exercise with no risk of head impact.
 - Running, change of direction or specific drills away from a team environment.

* Symptom resolution and SCAT clearance prior to step 4.

4. Noncontact training drills.
 - Can resume team training and environment (passing drills, multiplayer environment).
5. Full-contact practice.
 - Unrestricted participation.
6. Return to sports.

WHAT CAN HAPPEN IF AN ATHLETE PLAYS WITH A CONCUSSION OR RETURNS TO PLAY TOO SOON?

Continuing to play with the signs and symptoms of a concussion leaves a young athlete vulnerable to more severe and lasting injuries. The athlete is at increased risk of significant damage for a period of time after the concussion occurs, particularly if they suffer another concussion before completely recovering from the first. This can lead to prolonged recovery or severe brain swelling (second impact syndrome) with devastating and even fatal consequences.

Adolescents or teens will often fail to report symptoms of injuries, which is why educating administrators, coaches, parents and students is the key to student-athlete safety.

POST-CONCUSSION FREQUENTLY ASKED QUESTIONS

1. Do I need to take my athlete/child to the emergency department or doctor?
 - If symptoms are progressively getting worse, yes. This is called decompensating. Examples of symptoms can be found in this packet or on the form "What is a concussion?"
 - If they wake with increased headache, yes.
 - If symptoms remain constant for three days and are rated greater than a 2/6, yes.
 - If symptoms are slowly improving or are minimal (less than or equal to 2/6), no. Follow progression or check with your athletic trainer for instructions on progression.
2. What medications can they take?
 - Normal prescription medications they were using prior to injury.

- Acetaminophen/Tylenol for headaches as long as no other medications being taken have acetaminophen in them. If so, ask prescriber or pharmacist for recommendations.
 - No NSAIDs such as ibuprofen or naproxen (Advil/Aleve) for the first 24-48 hours.
3. Do I need to wake my child up every two to three hours following a concussion?
- No. Allowing your child uninterrupted sleep allows them to get into a deeper sleep, which has been shown to help with healing.
4. How much sleep is too much?
- Sleep allows the brain an environment to heal. Allow your child to sleep as much as they need. With that, sleeping 16 hours a day is excessive for most. If your athlete is sleeping two hours more than normal, wake them.
5. Do I need to sleep in the same room as the child/athlete?
- No.
6. How much activity is allowed?
- Depends on the step in the progression and symptoms:
 - If there are mild symptoms, light activity is allowed.
 - Any symptom rated at or greater than 3 out of 6 on the symptom evaluation (in this packet) activity should be limited.
 - Mild exacerbation of symptoms with activity is allowed.
 - Symptoms should not increase more than 2 points on a 10 scale and last more than one hour post-activity. (For example, if an athlete performs on a stationary bike with a headache reported as a 2/10 and it increases to a rating of 4/10 and resolves in 30 minutes after biking, this is acceptable.)
 - If increased symptoms persist, do not progress to next step. Contact athletic trainer. Proceed to previous step for the next 24 hours.
 - Step 1: Normal tasks performed on a daily basis such as school, work or walking at a slow pace.
 - No screen time for the first 48 hours (phone, computers, TV, video games, etc.).
 - Step 2: Light aerobic exercise.
 - Stationary bike or walking at a medium pace.
 - Child should be able to hold a conversation without loss of breath while on bike or walking.
 - Step 3: Sport-specific drills.
 - Individualized training (without the presence of the team or potential for head trauma) such as running, cutting, jumping, passing, throwing, catching is acceptable.
 - Step 4: Noncontact training in team environment.
 - Follow-up SCAT and clearance by an athletic trainer or doctor must be completed prior to this step.
 - Practice without contact.
 - **Driving and video games should not resume until the child/athlete has returned to a full day of school without increased symptoms.**

Symptom Evaluation							
Symptom	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
“Pressure in the 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 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
Drowsiness	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
Nervousness or anxiety	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6

(MILD) GREEN

- With all symptoms in the green or white, activities of daily living and light activity can resume.
- Mild symptom exacerbation is allowed. This rating is out of 10 similar to a pain rating. If symptom evaluation of a headache was a 2/6 and a 3/10 for a pain rating prior to exercise and increases to a 5/10 for less than an hour following activity, this is OK.
- If symptoms do not increase, the next step can be attempted the next day.
- If symptoms remain elevated, contact athletic trainer and decrease activity to previous level for 24 hours or resolution of elevated symptoms.

(MODERATE) YELLOW

- Do not start a progression. Limit activity such as work, school, screen time or any symptom-provoking activity.

(SEVERE) RED

- If symptoms are progressively worse, seek immediate treatment from the local emergency department.
- If severe symptoms are constant, seek immediate treatment from the local emergency department.

POST-CONCUSSION CONSENT FORM (RTP/RTL)



Students name: _____ Date: _____

Birthday: _____ Year in school (circle grade): 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed and consent to my student's participation 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 doctor's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating doctor or the athletic trainer, as the case may be.

RETURN TO LEARN

Post-concussed athletes will be allowed to return to school when symptoms are not aggravated by attending school. Post-concussed athletes will be given extra time to complete exams, quizzes and homework until deemed fully recovered by the team athletic trainer or doctor. While recovering, if symptoms worsen while attending school, post-concussed athletes will be allowed to exit the classroom immediately, report to the office or nurse, at which time a parent/guardian will be notified and student will be allowed to leave school to a more appropriate environment to help relieve symptoms. Depending on the severity of the athlete's symptoms, they may choose to return to the classroom.

If at any time the student's symptoms worsen and/or the staff becomes uncomfortable with the student's condition, staff should alert emergency management and/or call 911.

GENERAL RETURN-TO-PLAY GUIDELINES (Each step takes a minimum of 24 hours.)

Step 1 – Light activity may begin the first 24-48 hours following a concussion (work/school, slow-paced walking).

Initiated On: _____ Supervised By: _____

Step 2 – Aerobic exercise (riding bicycle or walking at a medium pace).

Initiated On: _____ Supervised By: _____

Step 3 – Individual sport-specific exercises with no risk of head impact (running, cutting and sport-specific activities).

Initiated On: _____ Supervised By: _____

*** Symptom resolution and Sport Concussion Assessment Tool (SCAT) clearance prior to step 4.**

Step 4 – Noncontact training drills in a team environment.

Initiated On: _____ Supervised By: _____

Step 5 – Full-contact practice.

Initiated On: _____ Supervised By: _____

Student Signature

Date

Parent/Guardian's Name

Date

Parent/Guardian's Signature

Date

Acknowledged and Approved By:

Athletic Trainer Signature

Date

School Designee Signature

Date

Doctor Signature

Date

I, (print) _____ am comfortable and in agreement with the care my child has received from the Certified Athletic Trainer for their concussion, without a further formal evaluation by a physician.

Print Name

Signature

Date