

# CONCUSSION POLICY RETURN TO PLAY PROGRESSION

## **Policy**

### **CONCUSSION MANAGEMENT GUIDELINES AND PROCEDURES**

Although the Irvington Union Free School District Board of Education takes reasonable care to prevent student injuries, the District recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in interscholastic athletic activities. Parents and students are reminded that participation in any interscholastic athletic activity, extracurricular or school-sponsored activity is a privilege granted to those students who comply with and maintain necessary eligibility criteria, as provided in Board Policies 7410 and 7420. In addition, parents and students must be aware that no helmet can guarantee the prevention of a serious injury to the head or neck. To this end, the District has adopted the following policy and guidelines to aid in the proper management of concussions and head injuries.

The District will assemble a concussion management team (the CMT), which will consist of the school physician, school nurse, Athletic Director and athletic trainer. The CMT will oversee concussion management education and ensure that appropriate District staff members are provided with training relative to head injuries.

Any student who demonstrates signs, symptoms or behaviors consistent with a concussion while participating in a school-sponsored class, extracurricular activity or interscholastic athletic activity shall be immediately removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The District will take steps to notify the student's parents and/or guardians and recommend appropriate monitoring. The CMT will act as a liaison for any student returning to school and/or play following a concussion. If there is any doubt whether a student has sustained a head injury, it should be treated as a concussion until proven otherwise. If a student sustains a concussion at a time other than when engaged in a school-sponsored activity, the District expects the parent/legal guardian to report the condition to the school nurse so that the District can support the appropriate management of the condition.

### **Immediate Post-Concussion Assessment and Cognitive Testing**

The District will use ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) to assist in determining a student's ability to return to play after suffering a concussion. ImPACT is a computerized exam that is taken by student-athletes prior to the season to get a baseline reading on brain functions such as memory, reaction time, processing speed and concentration. If a student-athlete is believed to have suffered a concussion, he or she must re-take the exam to help determine if there is any change in the baseline data. This helps the CMT determine if it is safe for the student to return to play after an injury to the head, as per applicable rules and regulations.

The testing information is confidential and kept securely in a database by ImPACT, which can only be accessed with a secured password.

### **Return to Play**

Pursuant to established guidelines of the New York State Public High School Athletic Association, no student shall return to play while experiencing symptoms consistent with those of a head injury. The student shall not return to school or interscholastic activity until evaluated and released by an appropriate health care professional. Regardless,



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the District's school physician shall make the ultimate decision regarding whether the student may return to participate in school and/or interscholastic or extracurricular activities. Any student who continues to exhibit signs or symptoms of a head injury after being returned to the aforementioned activities shall be immediately removed and re-evaluated by his or her personal health care professional. Once the student is symptom-free for 24 hours thereafter, he or she will be required to present a physician's note stating that he or she has been cleared to resume activities. The District's school physician shall review the new documentation provided by the student in order to determine if it is safe for the student to return to his or her regular school activities. Depending on the severity of the head injury and individual circumstances of the student, appropriate modifications may be made to the student's participation in school in an effort to reduce the risk of re-injury and promote recovery. Collaboration and communication by the CMT, private health care professionals and parents of the student will help ensure the development of an appropriate concussion management plan for the student. Parents and/or students are expected to accurately and promptly report injuries so that the student's health can be protected.

### **Return to Play Progression**

This progression should be followed by all coaches, health care providers and parents and at the basic steps below. To go to the next step the student-athlete must be symptom-free. If the athlete has signs or symptoms, the progression must be stopped and the concussion management team, coach and therapist/trainer notified. The number of days on each step may vary and duration questions referred to the therapist/trainer and concussion management team. Typically, each stage is 24 hours and is a seven-day progression to full game play.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

### **Symptom-Free Return to Play Progression**

1. No exertion activity until asymptomatic and clearance from treating physician, good ImPACT test and trainer/therapist (as outlined in protocol).
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport-specific exercise such as running, drills, etc. Progressive addition of resistance training may begin.
4. Non-contact training and skill drills.
5. Full contact training in practice setting.
6. Return to competition scrimmage/game approval.

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest. The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer or taking a test.



## CONCUSSION CHECKLIST (NYSPHSAA, Inc.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

On Site Evaluation

Description of Injury: \_\_\_\_\_

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

**Symptoms observed at time of injury:**

Dizziness	Yes	No
Headache	Yes	No
Ringing in Ears	Yes	No
Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No
Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No
Feeling “Dazed”	Yes	No
Seizure	Yes	No
Poor Balance/Coordination	Yes	No
Memory Problems	Yes	No
Loss of Orientation	Yes	No
Blurred Vision	Yes	No
Sensitivity to Light	Yes	No
Vacant Stare	Yes	No
Sensitivity to Noise	Yes	No
Glassy Eyed	Yes	No

\* Please circle yes or no for each symptom listed above.

Other Findings/Comments: \_\_\_\_\_

Final Action Taken:      Parents Notified \_\_\_\_\_ Sent to Hospital \_\_\_\_\_

Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_



## PHYSICIAN EVALUATION

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

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

<i>Symptoms Observed:</i>	<i>First Doctor Visit</i>		<i>Second Doctor Visit</i>	
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 (after impact)	Yes	No	N/A	N/A
Retrograde Amnesia (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.

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

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

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

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

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

Second Doctor Visit: \*\*\* Athlete must be completely symptom-free in order to begin the return to play progression. If 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 return to play progression.

Athlete is still symptomatic more than seven days after injury.

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

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

