

West Central Cougar Co-op

Scott Morgan CUSD #2

Winchester CUSD #1

I. INTRODUCTION

The recognition and treatment of students and/or student athletes who have suffered a concussion has become a national priority. An increasing number of studies have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits. The data also suggests that concussions can lead to the development of dementia earlier than expected and has led to mandates by the National Federation of High Schools (NFHS), NCAA and the NFL, among others. The NFHS mandated rule states “Effective with the 2010 high school season, any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate health-care professional.”

Recovery from a concussion requires limitation of physical activity, including sports activities such as practice, drills, games, and at times even physical education classes. In significantly symptomatic students, mental activity should also be limited to allow the brain to heal. These activities may include limiting assignments, allowing greater time to complete quizzes and tests or assignments and less homework. Watching TV, texting, and playing video games may also slow recovery.

The West Central Cougar Co-op, Scott Morgan CUSD #2, and Winchester CUSD #1 requires the following to better manage instances of concussions in our programs:

1. All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices. This training (IHSA, Public Work, GCN, CDC, etc.) should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
2. Students suspected of having a concussion should be immediately removed from play and evaluated before being allowed to resume physical activity. All concussion evaluations should be done by a licensed healthcare professional (physician, physician's assistant, nurse practitioner, or athletic trainer) trained in the treatment and management of concussions. Before the concussed student can return to action, the most current standard of care of the concussion includes the following: (1) the student must be asymptomatic at rest; (2) the student must display normal cognitive function as exhibited on postural stability (balance) testing; and (3) the student must provide written clearance from the evaluating medical provider. Upon return, the student should only be allowed to continue if he/she continues to be asymptomatic with activity. Utilizing the above standards, as well as experience and judgment, this health care professional will be able to determine when the student has completely recovered from the concussion.
3. Information will be provided to parents about concussion annually (including signs and symptoms and risks involved with continuing to play while symptomatic) and parents will be required to provide written acknowledgement of such information prior to their child(ren) being allowed to participate in sport activity.

Once the student is medically cleared to return to physical activity, coaches in West Central Cougar Co-op, Scott Morgan CUSD #2, and Winchester CUSD #1 will be required to follow a stepwise sequence to

return to full activity. Each step should be separated by a day to day process and the student should not be allowed to advance to the next step if symptoms reappear.

II. IHSA PROTOCOL

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The above language, which first appeared in all National Federation sports rule books for the 2010-11 school term, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion, but not a revision in primary responsibilities in these areas. Previous rules required officials to remove any athlete from play who was “unconscious or apparently unconscious.” This revised language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. However, the revised language does not create a duty that officials are expected to perform a medical diagnosis. The change in rule simply calls for officials to be cognizant of athletes who display signs, symptoms, or behaviors of a concussion from the lists below and remove them from play.

NOTE: The persons who should be alert for such signs, symptoms, or behaviors consistent with a concussion in an athlete include appropriate health-care professionals, coaches, officials, parents, teammates, and, if conscious, the athlete him/herself.

Definition of a Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. A student does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

Behavior or signs observed indicative of a possible concussion include the following:

- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Can’t recall events prior to or after the injury

Symptoms reported by a player indicative of a possible concussion include the following:

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

This protocol is intended to provide the mechanics to follow during the course of activity when a student sustains an apparent concussion. For the purposes of this policy, appropriate health care professionals are defined as physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers.

1. The official shall remind the head coaches that a school-approved appropriate health care professional will need to clear for return to play any athlete removed from a contest for an apparent head injury.
2. The officials will have no role in determining concussion other than the obvious situation where a student is unconscious or apparently unconscious as is provided for under the previous rule. Officials will merely point out to a coach that a student is apparently injured and advise the coach that the player should be examined by the school-approved health care provider.
3. If it is confirmed by the school's approved health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the student may re-enter competition pursuant to the contest rules.
4. Otherwise, if a student cannot be cleared to return to play by a school-approved health care professional as defined in this protocol, that student may not be returned to competition that day and is then subject to the IHSA's Return to Play (RTP) Policy before the student can return to practice or competition.
5. In cases where an assigned IHSA state finals event medical professional is present, his/her decision to not allow an athlete to return to competition may not be overruled.
6. West Central Cougar Co-op, Scott Morgan CUSD #2, and Winchester CUSD #1 reserves the right to withhold students after a physician evaluation and clearance, if students have not completed return-to-play criteria or still demonstrate any signs or symptoms of a concussion.

Additional information regarding concussion has been made available to IHSA member schools and licensed officials and can be accessed on the IHSA Sports Medicine website at
<http://www.ihsa.org/Resources/SportsMedicine.aspx>.

III. Concussion Team

Bluffs Team:

Joe Kuhlmann – Principal
Brian Bettis – Athletic Director
Jeff Abell/Alex Ebbing – Athletic Director
Candy Wagner – Teacher
Pam Shireman – Nurse
Jodie DeGroot – School Counselor

Winchester Team:

Denny Vortman – Principal

Andy Stumpf – Principal

Jeff Abell/Alex Ebbing – Athletic Director

Brian Bettis – Athletic Director

Celeste Lashmett – School Counselor

IV. Return to Play (RTP) Protocol

Background: With the start of the 2010-11 school term, the National Federation of State High School Associations (NFHS) implemented a new national playing rule regarding potential head injuries. The rule requires “any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.” In applying that rule in Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear a student to return to play the day of a contest in which the student has been removed from the contest for a possible head injury.

Policy: In cases when a student is not cleared to return to play the same day as he/she is removed from a contest following a possible head injury (i.e., concussion), the student shall not begin return to play protocol until the student is evaluated by and receives clearance from a licensed health care provider. For the purposes of this policy, licensed health care providers consist of physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers working in conjunction with physicians licensed to practice medicine in all its branches in Illinois.

Appendix A – Return to Play Protocol lists the step by step process for student athletes to return to competition. It is important for a student’s parent(s)/guardian(s) and coach(es) to watch for concussion symptoms after each day’s return to play progression activity. A student should only move to the next step if they do not have any new symptoms at the current step. If a student’s symptoms come back or if he/she develops new symptoms, this is a sign that the student is pushing too hard. The student should stop these activities and the student’s medical provider should be contacted.

V. Return to Learn (RTL) Protocol

The district nurse or concussion team member will inform classroom teachers of the type of accommodations that will be provided to the student as they recover from the concussion. Other accommodations will be made if they are recommended by an appropriate healthcare professional, the District nurse, school counselor, or school social worker. All accommodations are provided until the student is cleared to return unless otherwise determined by the Concussion Team. The district nurse, counselor or social worker will communicate with the parent/guardian regarding the accommodations that are being provided to the student. Teachers will be notified by email of the accommodations being afforded to the student in their classroom.

Examples of accommodations include but are not limited to the following:

- Extended time on the completion of homework and tests
- Modification of assignments/tests to be non-computer based
- Reduced amount of homework questions / components
- Excused from physical education
- Delay testing during first seven-day window
- Partial day schedule
- Shortened class periods
- Rest breaks
- Preferred seating
- Alternate location
- Organizational assistance
- Notes provided by peer or teacher
- Behavioral management plan
- Emotional support

Multiple Concussions: If the student has sustained multiple concussions, the Concussion Team will meet with the parent/guardian to determine if additional accommodations should be made available to the student. These accommodations can be made for a period of one year in the form of a 504 plan. The 504 team will meet annually to determine if the student athlete is eligible for services.

*It is important for a student's parent(s)/guardian(s) and teacher(s)/coach(es) to watch for concussion symptoms after each day of school. Supports should only be decreased if the student has no new symptoms at the current level of support. If a student's symptoms come back or if he/she develops new symptoms, this is a sign that the student is pushing too hard. Communication among parents, school personnel, the student and the healthcare provider is necessary to assure a successful return to learn. If the student is an athlete, he/she must successfully complete the return to learn protocol before beginning the process to return to play.

Communications Chart

1st Time Concussion		Multiple Concussions
Coach/athletic trainer contacts the parent/guardian. Students are removed from play until medical clearance is given and return to play protocol is completed.		Coach/athletic trainer contacts the parent/guardian. Students are removed from play until medical clearance is given and return to play protocol is completed.
Coach/athletic trainer fills out injury report and contacts the athletic director by the next business day. If athletic director is not available, an administrator will be contacted. Athletic director or administrator will promptly contact school nurse, school counselor, and principal.		Coach/athletic trainer fills out injury report and contacts the athletic director by the next business day. If athletic director is not available, an administrator will be contacted. Athletic director or administrator will promptly contact school nurse, school counselor, and principal.
Nurse or concussion team member follows up with the student and parent/guardian. Concussion fact sheet and school-provided accommodations are also sent home.		Nurse or concussion team member follows up with the student and parent/guardian. Concussion fact sheet and school-provided accommodations are also sent home.
Nurse or concussion team member will inform the classroom teachers regarding appropriate accommodations.		School counselor or principal will arrange a date and time for a 504 meeting, which includes the parent/guardian, a classroom teacher, and a member of the concussion team.
The return to play protocol will be completed under the supervision of Team Rehab or a medical professional.		Accommodations per the 504 meeting are sent to all classroom teachers. The accommodations can be in effect for a one year period of time.
Once medical clearance is given (step 5), the student will participate in a full contact practice and be symptom free.		Accommodations may be renewed as determined by the 504 team during the yearly meeting.
Parent/guardian signs the Post-Concussion Consent Form and athlete can return to competition.		The student is removed from play for the remainder of the season if this is their 2nd concussion within a 12-month period, unless they have a written release from a licensed medical doctor.
		If determined eligible to play, Team Rehab or medical professional will begin return to play protocol.
		Parent/guardian signs the Post-Concussion Consent Form.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of each Stage	Symptom Free for Next 24 Hours?	Date Attained	Team Rehab or Medical Professional
1. No Activity and	Complete physical and cognitive rest	Recovery	<u>Yes:</u> Begin Step 2 <u>No:</u> Continue Resting		
2. Low-Impact Activity	Light aerobic exercise No weight lifting (i.e. 5-10 min. walking, light jogging, etc.)	Increase Heart Rate	<u>Yes:</u> Begin Step 3 <u>No:</u> Rest Further until Symptom Free		
3. Moderate, Sport Specific Aerobic Activity	Fundamental to specific sport running, plyometrics, jogging, brief running, moderate-intensity weightlifting (less time and/or less weight from typical routine), No contact	Increase Heart Rate Add Movement	<u>Yes:</u> Begin Step 4 <u>No:</u> Return to Step 2 until Symptom Free		
4. Non-Contact Sport Specific Drills	Non-contact, sport specific drills Regular weight lifting	Exercise, Coordination, and Cognitive Loading	<u>Yes:</u> Begin Step 5 <u>No:</u> Return to Step 3 until Symptom Free		
5. Medical Clearance for Return to Full Practice			<u>Yes:</u> Begin Step 6 <u>No:</u> Return to protocol until clearance is given		
6. Practice, Full Contact	Normal training Full contact in practice setting	Restore Confidence	<u>Yes:</u> Return to Competition <u>No:</u> Return to Step 4 until Symptom Free		

Appendix A: Return to Play Protocol

*Symptom-Free means NO lingering headaches, sensitivity to light/noise, fogginess, drowsiness, etc.

Reference: Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012