

In the event an athlete is removed from play for concussion-like symptoms, according to school and state policy, the athlete may not return to play until evaluated by a physician.

-The athlete **must** be seen by a physician to determine whether or not the athlete has sustained a concussion. This may be the school physician, your pediatrician or primary care physician, or another qualified physician.

-The **Physician Concussion Evaluation Form** is available in the Athletics office, Athletic Trainer's Office, or on the school website (www.ppcsd.org) under the *Athletics* tab on the *Athletic Training* page files.

Once an athlete is diagnosed by the physician with a concussion:

-Any notes from the physician (regarding the athlete's diagnosis, excuse from gym/sports, etc...) must be given to the school nurse, athletic director's secretary, and the athletic trainer.

-You can either bring in the notes personally or fax them to the **nurse's office: (518) 398-0169**. Copies will then be made and given to the school nurse, Mrs. Remsburger, and Ms. Stapleton.

-The athlete may not return to play until cleared by the school physician.

Once the athlete is symptom free for 24 hours:

-They will need to be cleared by our school physician, Dr. Karl Heymann with Mount Kisco Medical Group: (845)231-5600

Once the athlete is cleared by Dr. Heymann:

-The physician's note must be given to the school nurse, athletic director's secretary, and the athletic trainer, either in person or faxed to the high school office or nurse's office.

-We will need a note from the physician that athlete is cleared to start the Concussion Return to Play Protocol, as listed in the Code Of Conduct Policy.

Attached are copies of the Code of Conduct policy (which all parents and athletes signed prior to the sports season) and the NYSPHSAA concussion information sheet.

PINE PLAINS CENTRAL SCHOOL DISTRICT

CONCUSSION GUIDELINES AND PROCEDURES

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Any student exhibiting those signs, symptoms or behaviors while participating in an interscholastic athletic activity shall be removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. 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. The school's chief medical officer (school physician) will make the final decision on return to activity including physical education class and after-school sports. Concussion education should be provided for coaches. Education of parents/athletes should be accomplished through preseason meetings for sports and/ or information sheets provided to parents. Education should include, but not be limited to the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRI's, management of the injury and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all athletes returning to school after suffering a concussion regardless if the accident occurred outside of school or while participating in a school activity.

Signs, Symptoms, and Behaviors of a Possible Head Trauma

1. Problems in Brain Function

- A. **Confused state** – dazed look, vacant state, confusion about what happened or what is happening
- B. **Memory Problems** – Can't remember assignment on play, opponent, score of game, or period of game. Can't remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast etc.
- C. **Symptoms reported by athlete** – Headache, nausea, or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in the ears, feeling foggy or groggy.
- D. **Lack of sustained attention** – Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.

2. Speed of Brain Function:

- Slow response to questions
- Slow slurred speech or incoherent speech
- slow body movements
- Slow reaction time.

3. Unusual Behaviors:

- Behaving in a combative, aggressive, or very silly manner, or just atypical for the individual.
- Repeatedly asking the same question over and over.
- Restless and irritable behavior with constant motion and attempts to return to play or leave.
- Reactions that seem out of proportion and inappropriate.
- Changing position frequently and having trouble resting or finding a comfortable position.

These can be manifestations of post-head trauma difficulties.

4. Problems with Balance or Coordination:

- Dizzy
- Slow, clumsy movements
- Inability to walk a straight line
- Inability to balance on one foot with eyes closed.

Concussion Management Protocol

Return to play

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours and has a signed release by the school physician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Day 1: No exertional activity until medically cleared and asymptomatic for 24 hours.

Day 2: Begin low-impact activity such as walking, stationary bike, etc.

Day 3: Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

Day 4: Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.

Day 5: Full contact in practice setting

After following the five day progression and the athlete remains without symptoms, he or she may return to play. Athlete must remain asymptomatic to progress to next day. Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with exercise. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.