



CONCUSSION MANAGEMENT

POLICY AND RESOURCE

HANDBOOK



The resources included with this handbook,
in conjunction with the online program
Brain 101: The Concussion Playbook,
provide everything you'll need for
effective concussion management.

Before implementing any policy, make sure it aligns with the concussion laws and interscholastic athletic concussion policies in your state.

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INTRODUCTION

Concussions are serious brain injuries. As many as 3.8 million occur in the U.S. every year from sports and recreational activities. If concussions aren't recognized right away and managed properly, they can lead to long-term problems such as headaches, difficulty with thinking and memory and depression.

When one of your students gets a concussion, it's critical that the entire school community knows how to respond. That means making sure all school staff, students and their parents work as a team to know how to recognize concussion signs and symptoms and understand the steps they need to take afterwards.

The *Concussion Management Policy and Resource Handbook*, when used with the *Brain 101: The Concussion Playbook* online program, will provide everything your team needs for effective concussion management.

STEP 1: CONCUSSION MANAGEMENT TEAM (CMT)

The purpose of establishing a Concussion Management Team (CMT) is to create a policy and communication plan for your school to ensure that every student who suffers a concussion is managed correctly and monitored for a safe return to activity. Be sure to include stakeholders from both the school and community:

- Administration — Superintendents, Principals, Assistant Principals
- Family Team — Parents and Students
- Athletic Team — Certified Athletic Trainers, Coaches, School Nurses
- Academic Team — Counselors and Teachers
- Medical Team — Certified Athletic Trainers, Team Physician, Licensed Psychologist with training in concussion management, Community Medical Professionals (ER, local hospital, primary care physician, referral sources, etc.)

Develop relationships with hospitals and medical providers. Work with them to develop a community-wide approach to good concussion management.

TEAM MEMBERS

CMT Communication Coordinator — serves as a liaison among healthcare providers, students, families and school staff. This person will be instrumental in helping to develop and disseminate a ***Gradual Return to Activity Plan*** for each student who needs one. Additionally, the CMT Communication Coordinator oversees the monitoring and tracking of the plan. Depending on your school, this person may be a certified athletic trainer, school counselor, school nurse, assistant administrator or other professional with strong communication skills.

Administrator — is needed to change the culture around sports concussion, put systems in place to manage it effectively, and provide the support necessary to return students to full academic and physical activity as quickly and safely as possible.

Athletic Director (AD) — supports coach/athlete/parent training, promotes a culture of awareness, ensures that coaches are teaching safe techniques, advocates for proper and well maintained equipment, monitors appropriate incident protocol, promotes good officiating and tracks injuries.

Certified Athletic Trainer (AT) — is a medical expert in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. The AT works under the direction of a licensed physician and in cooperation with other healthcare professionals, athletic administrators, coaches and parents. The AT is often the medical provider who is most familiar with each student, making it easier to evaluate and manage injuries more effectively.

School Counselor — informs teachers of learning accommodations while a student is symptomatic and in some instances may assist with the ongoing assessments necessary to move forward with longer-term needs for 504 plans.

School Nurse — (trained in assessment and management of concussions) works with the AT, school staff, the student's medical provider and family to help make recommendations on proper care and recovery.

Team Medical Provider — is often a volunteer from the community who offers services to the school at no or minimal charge and who may provide medical direction to the AT. This person needs to be appropriately trained in the assessment and management of concussions. The CMT may designate the team medical provider as the final say for back to play, although all members of the CMT have a role in the decision.

Parent Leader — can be influential in educating and communicating policy to other parents.

Student/Athlete — can be influential in educating and communicating policy to other students.

Community Medical Provider — (trained in assessment and management of concussions) provides medical expertise. This individual may be a pediatrician, family practitioner or other community healthcare provider.

Neuropsychologist or Licensed Psychologist — interprets neurocognitive test results. If you do not have one on your staff, consider inviting a professional from your community.

Hospital or Medical Center — may help with funding for computerized neurocognitive baseline assessment programs.

CMT RESPONSIBILITIES

		In Place Status			Support Materials
		Yes	Partial	No	
Concussion Management Team (CMT)	CMT developed with appropriate stakeholders				<ul style="list-style-type: none"> • <i>Concussion Management Policy and Resource Handbook</i>
	CMT meeting process and schedule defined				
	CMT Communication Coordinator(s) identified				
Funding	Funding in place				
Training	Evidence-based training programs identified				<ul style="list-style-type: none"> • <i>Brain 101: The Concussion Playbook (online training program)</i>
	Athletic trainers, coaches, athletes, parents and staff trained				
	Training documented				
Concussion Management Policy	<p><i>Recognize, Respond, Return Policy</i> created and implemented</p> <p><i>Each CMT should be familiar with the concussion laws in their state and their state's interscholastic athletic association's concussion policy.</i></p>				<ul style="list-style-type: none"> • <i>Concussion Management Policy and Resource Handbook</i> • <i>Concussion Management Team Packet</i> • <i>Parent Packet</i> • <i>Athletic Trainer/Coach Packet</i> • <i>Teacher Packet</i>
Evaluation	Concussion management policy and processes evaluated for continuous improvement				
Political Support & Visibility	Relationships with community, healthcare providers and outside stakeholders established				
	Regular communication with school board and other stakeholders who can provide political support established				

STEP 2: CONCUSSION MANAGEMENT POLICY (SAMPLE)

Note: Each CMT should be familiar with the concussion laws in their state and their state's interscholastic athletic association's concussion policy.

It is essential that staff, students and parents know how to **recognize** a concussion. If one happens, all stakeholders need to know how to **respond** in ways that protect students and ensure their safe **return** to school activities. Each school will form a Concussion Management Team (CMT) and assign a Communication Coordinator. The job of the CMT is to ensure that the **Recognize, Respond, & Return** policy is fully implemented and evaluated.

Resources to help implement a policy are included in this document and in the online program *Brain 101: The Concussion Playbook*.

RECOGNIZE

All athletic trainers, coaches, staff, student athletes and parents of student athletes will receive annual training on how to recognize the symptoms of concussion. Resources: *Brain 101: The Concussion Playbook* online training for coaches, educators, students and parents; *Concussion Management Team Packet (Signs and Symptoms of Concussion)*; *Athletic Trainer/Coach Packet (Clipboard Sheet, Concussion Response Process, Emergency and Non-Emergency Guidelines)*

RESPOND

Any athlete who shows signs or symptoms of a possible concussion must be removed immediately from the game or practice and must not be allowed to return to play until cleared by an appropriately trained healthcare provider. The athlete who has been removed should not be left alone. ***When in doubt, keep 'em out.***

CONCUSSION RESPONSE PROCESS

Immediately following a suspected concussion, the AT, coach or AD will contact the athlete's parents and suggest referral for medical evaluation. The AT, coach or AD will make sure parents receive a copy of the *Parent Packet*. The AT, coach or AD will monitor symptoms but will **never attempt to diagnose** a concussion. The AT or coach will notify the CMT Communication Coordinator.

Parents will have their child evaluated by a medical professional who is trained in the evaluation and management of concussion. The medical professional will assess the athlete and provide clearance to return to activities or provide recommendations for a Gradual Return to Activity Plan. Resources: *Parent Packet (Information for Parents, Permission for Release of Information, Accommodations Plan from Healthcare Provider, CDC Fact Sheet)*

The CMT Communication Coordinator will notify all of the athlete's teachers of the possible concussion and ensure the incident is completely documented. Resource: *Concussion Management Team Packet (Staff Notification)*

RESPOND RESPONSIBILITY CHART

AT/Coach	Parent	Concussion Management Team (CMT)
IMMEDIATELY	IMMEDIATELY	Date of Injury or next morning
Remove athlete from play	Take student to ER or contact healthcare provider	CMT Coordinator notifies school counselor, teachers and other staff
(If available) AT or other healthcare provider evaluates/refers	At Home	Ensure incident is fully documented
Arrange transport (ER or home)	Monitor and track symptoms at home	
Notify parents, explain concussion response and provide Parent Packet	Take student to healthcare provider appointment	
Day of Injury or Next Day	When Available (usually 1 – 5 days)	
Notify CMT Coordinator	Make sure CMT receives: <ul style="list-style-type: none"> •Permission to Release Information •Academic Accommodations •Medical Release (if appropriate at this time) 	

EMERGENCY GUIDELINES

The following situations indicate a medical emergency and require that a student be transported immediately to the nearest emergency room via ambulance (call 911, if available in your area):

- An athlete loses consciousness for any duration
- An athlete has symptoms of a concussion and is not stable (i.e., condition is changing or deteriorating)
- An athlete exhibits any of the following symptoms:
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - any signs or symptoms of associated injuries such as spine or skull fracture or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - seizure activity

Accompany the athlete to the emergency room, if needed, and remain with the athlete until a parent arrives. The AT or coach is responsible for informing the parents of the injury and letting them know if the athlete was transported by emergency vehicle or needs to be picked up.

NON-EMERGENCY GUIDELINES

Never allow an athlete with a suspected concussion to drive home!

- 1) Remove the athlete from play and monitor symptoms.
- 2) Notify the athlete's parents.
- 3) Provide *Parent Packet* to the parents and refer for medical evaluation.
- 4) Notify CMT Communication Coordinator.

If parents cannot be reached, and the athlete is able to be sent home:

- 1) Make sure the athlete is accompanied by a responsible adult who can monitor the athlete and understand the information in the *Parent Packet*.
- 2) Keep trying to reach a parent.

If parents cannot be reached, and there is no responsible adult capable of monitoring the athlete, the AT or coach will remain with the athlete until a parent or responsible adult arrives.

An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department or urgent care facility on the day of the injury. **ALWAYS** give parents the option of emergency transportation, even if you don't feel it is necessary.

REFERRING WHEN AWAY FROM HOME

Coaches and ATs should seek assistance from the host site certified athletic trainer or team medical provider, if available, at an away contest.

RETURN

A medical evaluation is required to begin the process of returning the student to full activity. A Gradual Return to Activity Plan will be implemented for each student diagnosed with concussion. It will be followed until the student is symptom free **AND** has medical clearance.

A Gradual Return to Activity Plan will include two components: **Return to Academics** and **Return to Play**. In the days following an injury, the brain needs both cognitive and physical rest to heal. The treating physician and the AT will develop the plan. In schools without an AT, the healthcare provider must work closely with the CMT, the injured athlete and parents.

Concussed athletes with persistent symptoms, particularly symptoms worsened by auditory and/or visual stimuli, will be kept from returning to school or have a modified school schedule early on after a concussion. The importance of cognitive rest must be stressed to the athlete, parents and teachers.

Resource: *Concussion Management Team Packet (Gradual Return to Activity Plan)*

To ensure successful return to activity, the CMT Communication Coordinator will facilitate regular and ongoing communication among the CMT, the student, teachers and parents.

RETURN TO ACADEMICS

No student will return to academics without medical clearance from the healthcare provider. Symptoms of concussion will often create learning difficulties for students. Learning accommodations will be initiated immediately after diagnosis with a gradual return to full academics as symptoms clear.

Although most symptoms clear within 2–3 weeks, in some cases, symptoms may not clear for months. In rare cases, disability may be permanent. For students with prolonged symptoms, formal procedures for learning supports will be initiated. Resources: *Teacher Packet (Return to Academics Progression, Accommodations Suggestions, Accommodations Plan from Healthcare Provider)*

RETURN TO PLAY

No student will return to play without medical clearance from the healthcare provider. The school will follow an established medically approved protocol for a Gradual Return to Play. Players will gradually increase activity in a step-by-step process. Players will advance to the next step as long as no symptoms are present. If symptoms are present, the student will stop activity, and the CMT will reassess to determine the next appropriate step. Resource: *Athletic Trainer/Coach Packet (Return to Play Progression)*

TRACK INJURIES AND MONITOR PROGRESS

A tracking system will record incidence, follow-up, return progress, and medical clearance documentation for all concussions to protect every student. This tracking system will provide legal documentation to demonstrate that an established policy is followed.

RESPONSIBILITIES OF THE CMT

The Concussion Management Team (school, home, medical) will work together to develop a Gradual Return to Activity Plan for each injured student. The CMT will distribute information about recommended accommodations for each step of the return progression. The team will monitor and track progress until the player is symptom-free and has medical clearance or, if needed, will initiate a 504 plan process.

RESPONSIBILITIES OF THE STUDENT'S PARENTS

Parents will communicate the medical diagnosis to the CMT. Recovery from concussion is not a linear process. Therefore, parents will track symptoms and continue to communicate progress to the CMT Communication Coordinator. Resources: *Parent Packet (Permission for Release of Information, Accommodations Plan from Healthcare Provider, CDC Fact Sheet)*

RESPONSIBILITIES OF THE STUDENT'S TEACHERS AND COACHES

Teachers and coaches will follow the Gradual Return to Activity Plan. They will implement accommodations, monitor the student's symptoms, and communicate regularly with the CMT Communication Coordinator. Resources: *Teacher Packet (Return to Academics Progression, Accommodations Suggestions, Accommodations Plan from Healthcare Provider), Athletic Trainer/Coach Packet (Return to Play Progression)*

RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan

AT/Coach	Parent	Concussion Management Team (CMT)
AT works with other healthcare providers and CMT to develop Return to Play Plan	Monitor and track symptoms at home	Work with medical team, AT, students and parents to develop Gradual Return to Activity Plan
Communicate regularly with CMT Coordinator	Communicate regularly with CMT Coordinator	CMT Coordinator distributes information to teachers and coordinates modifications and accommodations
AT meets daily with student	Follow-up with AT or other healthcare provider	Ensures full compliance with Gradual Return to Activity Plan (Academics and Play)
Follow Gradual Return to Play Plan	Make any necessary accommodations at home	Meet regularly until student has completely recovered (medical clearance) OR initiate 504 Plan process

After student is medically cleared for full activity

AT/Coach	Parent	Concussion Management Team (CMT)
Continue to watch for and report symptoms for remainder of sport's season	Deliver medical clearance to CMT	CMT Coordinator informs counselors, teachers, and other staff of clearance
	Continue to watch for and report symptoms for remainder of sport's season	Continue to watch for and report symptoms for remainder of sport's season

RESOURCES



Concussion
Management
Team Packet



Parent Packet



Athletic
Trainer/
Coach Packet



Teacher Packet



- Signs and Symptoms of Concussion
- Respond and Return Responsibility Charts
- Staff Notification
- Gradual Return to Activity Plan
 - Return to Academics Progression
 - Return to Play Progression

SIGNS AND SYMPTOMS OF CONCUSSION

Common signs and symptoms of sports-related concussion

SIGNS (OBSERVED BY OTHERS):

- ☐ Athlete appears dazed or stunned
- ☐ Seems confused
- ☐ Forgets plays or instructions
- ☐ Is unsure about game, score, opponent
- ☐ Moves clumsily (altered coordination)
- ☐ Exhibits balance problems
- ☐ Shows changes in mood, behavior or personality
- ☐ Responds slowly to questions
- ☐ Forgets events prior to hit or fall
- ☐ Forgets events after the hit or fall
- ☐ Loses consciousness (even briefly)

SYMPTOMS (REPORTED BY ATHLETE):

- ☐ Headache or pressure in head
- ☐ Foggy or hazy feeling
- ☐ Nausea or vomiting
- ☐ Double vision, blurry vision
- ☐ Sensitivity to light or noise
- ☐ Feeling sluggish, fatigued or groggy
- ☐ Problems concentrating
- ☐ Problems remembering
- ☐ Just not feeling right or feeling down
- ☐ Balance problems or dizziness
- ☐ Numbness or tingling
- ☐ Sleep problems

Immediately remove any athlete who shows any of these signs and symptoms following a witnessed or suspected blow to the head or body. An athlete shall not return to play until cleared by an appropriate healthcare professional.

Additionally, some symptoms of concussion may not manifest until a few days after the concussion. Student-athletes may report that they are more irritable or are feeling more emotional. These symptoms should not be discounted, and any student-athlete who reports these symptoms should be referred to a healthcare provider.

RESPOND RESPONSIBILITY CHART

AT/Coach	Parent	Concussion Management Team (CMT)
IMMEDIATELY	IMMEDIATELY	Date of Injury or next morning
Remove athlete from play	Take student to ER or contact healthcare provider	CMT Coordinator notifies school counselor, teachers and other staff
(If available) AT or other healthcare provider evaluates/refers	At Home	Ensure incident is fully documented
Arrange transport (ER or home)	Monitor and track symptoms at home	
Notify parents, explain concussion response and provide Parent Packet	Take student to healthcare provider appointment	
Day of Injury or Next Day	When Available (usually 1-5 days)	
Notify CMT Coordinator	Make sure CMT receives: <ul style="list-style-type: none">•Permission to Release Information•Academic Accommodations•Medical Release (if appropriate at this time)	

Many states now have laws requiring that any student with a suspected concussion be cleared by a healthcare provider before returning to play.

RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan

AT/Coach	Parent	Concussion Management Team (CMT)
AT works with other healthcare providers and CMT to develop Return to Play Plan	Monitor and track symptoms at home	Work with medical team, AT, students and parents to develop Gradual Return to Activity Plan
Communicate regularly with CMT Coordinator	Communicate regularly with CMT Coordinator	CMT Coordinator distributes information to teachers and coordinates modifications and accommodations
AT meets daily with student	Follow-up with AT or other healthcare provider	Ensure full compliance with Gradual Return to Activity Plan (Academics and Play)
Follow Gradual Return to Play Plan	Make any necessary accommodations at home	Meet regularly until student has completely recovered (medical clearance) OR initiate 504 Plan process

After student is medically cleared for full activity

AT/Coach	Parent	Concussion Management Team (CMT)
Continue to watch for and report symptoms for remainder of sport's season	Deliver medical clearance to CMT	CMT Coordinator informs counselors, teachers, and other staff of clearance
	Continue to watch for and report symptoms for remainder of sport's season	Continue to watch for and report symptoms for remainder of sport's season

STAFF NOTIFICATION

Note: Send after parents have returned the Permission for Release of Information from their healthcare provider.

Dear <<staff>>,

The Concussion Management Team is notifying you that <<student ID/name>> sustained a concussion on <<date>>. We are requesting that you partner with us in the management and recovery of this student. It is recommended that a student stay home from school the day after a concussion has occurred.

Each concussion is unique and may cause multiple symptoms. Some symptoms will appear immediately, whereas others may develop over the coming days or weeks. Symptoms might be subtle and are often difficult to fully recognize. It is impossible to predict the duration of the student's symptoms; however, most will be better within 2–3 weeks. A few students will take **several months** to recover. Common symptoms of concussion include:

- headache
- fogginess
- difficulty concentrating
- being easily confused
- slowed thought processes
- difficulty with memory
- nausea
- lack of energy, tiredness
- dizziness, poor balance, lightheadedness
- blurred vision
- sensitivity to light and sounds
- poor sleep
- mood changes—irritability, anxiety or tearfulness

A student who has suffered a concussion must rest his or her brain in the days following the injury. It is especially important to avoid intense stimuli such as loud noises and bright or flashing lights. After a concussion, it is typically advised that the student avoid sporting events, dances, TV, video games and using the computer. Reading and other critical thinking activities may also need to be adjusted.

You will be receiving a copy of the student's Gradual Return to Activity Plan, which will indicate the accommodations required for optimal healing. Please be flexible. Every concussion is different, and healing takes place at different rates. It will be necessary for you to monitor the student and report any worsening symptoms.

If you have any questions or concerns about concussions and mild traumatic brain injury, contact <<____>>.

Thank you.

Concussion Management Team Communication Coordinator

GRADUAL RETURN TO ACTIVITY PLAN

A healthcare professional with training in the management of concussion will recommend COGNITIVE AND PHYSICAL rest. Both are needed for the brain to heal. Typically, in the first few days following a concussion, **complete** cognitive and physical rest are needed.

Every concussion is different. A few students will be ready to return to school immediately. Most students, however, will need 2–3 days of complete rest before returning to school. For some, a longer rest period is required for symptoms to improve.

As symptoms begin to improve, students will return full time to school. However, learning accommodations will be necessary until all symptoms clear. Teachers can assist healing by canceling homework and reducing or dismissing assignments during this period. This isn't like the flu, where students can complete school-work while at home. Students need a break, not just a postponement, during this critical time.

The Concussion Management Team will develop a Gradual Return to Activity Plan, a stepped progression of increased activity over time as symptoms subside. Because the healing process is not linear or predictable, the Concussion Management Team will closely monitor and communicate progress.

To ensure successful return to activity, the CMT Communication Coordinator will facilitate regular and ongoing communication among the CMT, the student, teachers and parents.

A SUCCESSFUL GRADUAL RETURN TO ACTIVITY PLAN HAS TWO PARTS:

1. Return to Academics—a gradual return to school and academic requirements implemented by the teaching staff
2. Return to Play—a gradual return to sports implemented by the athletic staff

The Return to Activity Plan is a medical decision with input from all members of the Concussion Management Team.

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and remain at the step as long as needed. Return to the previous step if symptoms worsen. Be flexible.

Steps	Progression	Description
1	HOME—Total Rest	<ul style="list-style-type: none">• Stay at home• No driving• No mental exertion—computer, texting, video games, homework
2	HOME—Light Mental Activity	<ul style="list-style-type: none">• Stay at home• No driving• Up to 30 minutes mental exertion• No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL—Part Time Maximum accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none">• Provide quiet place for scheduled mental rest• Lunch in quiet environment• No significant classroom or standardized testing• Modify rather than postpone academics• Provide extra time, help and modified assignments
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Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms

4	SCHOOL—Part Time Moderate accommodations Shortened day/schedule	<ul style="list-style-type: none">• No standardized testing• Modified classroom testing• Moderate decrease of extra time, help and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms

5	SCHOOL—Full Time Minimal accommodations	<ul style="list-style-type: none">• No standardized testing; routine tests are OK• Continued decrease of extra time, help and modification of assignments• May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics

6	SCHOOL—Full Time Full academics No accommodations	<ul style="list-style-type: none">• Attends all classes• Full homework and testing
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When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see Signs and Symptoms of Concussion), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	No physical activity as long as there are symptoms (this step could take days or weeks)	<ul style="list-style-type: none">• Complete physical rest

Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.

2	Light aerobic activity Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none">• Walking• Swimming• Riding an exercise bike
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Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.

3	Sport-specific exercise Add movement (increased attention to coordination required)	20–30 minutes supervised play, low risk activities <ul style="list-style-type: none">• Running in gym, on the field or on treadmill• NO weightlifting• NO head impact activities• NO helmet or other equipment
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Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.

4	Non-contact training drills Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none">• Progression to more complex training drills• May start progressive resistance training• May run/jump as tolerated• Non-contact training drills in full equipment
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Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.

5	Full-contact practice Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none">• Normal training activities, under adult supervision• Full contact practice or training
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Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.

6	Return to play Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion — Journal of Clinical Neuroscience 16 (2009) 755–763



- Information For Parents
- Permission for Release of Information
- Accommodations Plan from Healthcare Provider
- CDC Fact Sheet
- Gradual Return to Activity Plan
 - Return to Academics Progression
 - Return to Play Progression

INFORMATION FOR PARENTS

Your child has sustained a head injury/concussion. It is important that you do the following:

- ☐ Have your child evaluated by a healthcare provider trained in concussions.
- ☐ Read the ***Heads Up! Fact Sheet*** to learn more about the injury and what you need to watch for in your child.
- ☐ Help protect your child's brain. It needs complete cognitive rest to heal from a concussion. That means avoiding television, computer screens, video games, text messaging, reading, loud music/noises and homework while recovering.
- ☐ Make sure you and your healthcare provider sign the ***Permission for Release of Information*** form. Return this form to your child's school.
- ☐ Monitor your child's symptoms at home and report any new or worsening symptoms to your healthcare provider and your school's Concussion Management Team.
- ☐ If your child is diagnosed with concussion, use the ***Accommodations Plan from Healthcare Provider*** to help the Concussion Management Team at your child's school develop a Gradual Return to Activity Plan.

SIGNS (OBSERVED BY OTHERS):	SYMPTOMS (REPORTED BY ATHLETE):
<ul style="list-style-type: none"><input type="checkbox"/> Athlete appears dazed or stunned<input type="checkbox"/> Seems confused<input type="checkbox"/> Forgets plays or instructions<input type="checkbox"/> Is unsure about game, score, opponent<input type="checkbox"/> Moves clumsily (altered coordination)<input type="checkbox"/> Exhibits balance problems<input type="checkbox"/> Shows changes in mood, behavior or personality<input type="checkbox"/> Responds slowly to questions<input type="checkbox"/> Forgets events prior to hit or fall<input type="checkbox"/> Forgets events after the hit or fall<input type="checkbox"/> Loses consciousness (even briefly)	<ul style="list-style-type: none"><input type="checkbox"/> Headache or pressure in head<input type="checkbox"/> Foggy or hazy feeling<input type="checkbox"/> Nausea or vomiting<input type="checkbox"/> Double vision, blurry vision<input type="checkbox"/> Sensitivity to light or noise<input type="checkbox"/> Feeling sluggish, fatigued or groggy<input type="checkbox"/> Problems concentrating<input type="checkbox"/> Problems remembering<input type="checkbox"/> Just not feeling right or feeling down<input type="checkbox"/> Balance problems or dizziness<input type="checkbox"/> Numbness or tingling<input type="checkbox"/> Sleep problems

RESPOND RESPONSIBILITY CHART

AT/Coach	Parent	Concussion Management Team (CMT)
IMMEDIATELY	IMMEDIATELY	Date of Injury or next morning
Remove athlete from play	Take student to ER or contact healthcare provider	CMT Coordinator notifies school counselor, teachers and other staff
(If available) AT or other healthcare provider evaluates/refers	At Home	Ensure incident is fully documented
Arrange transport (ER or home)	Monitor and track symptoms at home	
Notify parents, explain concussion response and provide Parent Packet	Take student to healthcare provider appointment	
Day of Injury or Next Day	When Available (usually 1-5 days)	
Notify CMT Coordinator	Make sure CMT receives: <ul style="list-style-type: none"> •Permission to Release Information •Academic Accommodations •Medical Release (if appropriate at this time) 	

Many states now have laws requiring that any student with a suspected concussion be cleared by a healthcare provider before returning to play.

PERMISSION FOR RELEASE OF INFORMATION

School District:

Name of School:

Address:

Phone:

Dear Healthcare Provider,

_____ has sustained a head injury/concussion on this date _____. Once a student exhibits signs, symptoms or behaviors consistent with concussion following an observed or suspected blow to the head or body or has been diagnosed with a concussion, a certified athletic trainer or coach may allow that member to participate in an athletic event or training only after the athlete:

- a) No longer exhibits signs, symptoms or behaviors consistent with a concussion **and**
- b) Receives a medical release form from a healthcare professional.

School District _____ is alerting you to the injury and requesting that you partner with them in the management and recovery of this student athlete.

At the time of this notification, symptoms are:

SIGNS (OBSERVED BY OTHERS):	SYMPTOMS (REPORTED BY ATHLETE):
<input type="checkbox"/> Athlete appears dazed or stunned	<input type="checkbox"/> Headache or pressure in head
<input type="checkbox"/> Seems confused	<input type="checkbox"/> Foggy or hazy feeling
<input type="checkbox"/> Forgets plays or instructions	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Is unsure about game, score, opponent	<input type="checkbox"/> Double vision, blurry vision
<input type="checkbox"/> Moves clumsily (altered coordination)	<input type="checkbox"/> Sensitivity to light or noise
<input type="checkbox"/> Exhibits balance problems	<input type="checkbox"/> Feeling sluggish, fatigued or groggy
<input type="checkbox"/> Shows changes in mood, behavior or personality	<input type="checkbox"/> Problems concentrating
<input type="checkbox"/> Responds slowly to questions	<input type="checkbox"/> Problems remembering
<input type="checkbox"/> Forgets events prior to hit or fall	<input type="checkbox"/> Just not feeling right or feeling down
<input type="checkbox"/> Forgets events after the hit or fall	<input type="checkbox"/> Balance problems or dizziness
<input type="checkbox"/> Loses consciousness (even briefly)	<input type="checkbox"/> Numbness or tingling
	<input type="checkbox"/> Sleep problems

We greatly appreciate collaborating with you on important return to activities decisions. The Release of information is signed below. *NOTE: The healthcare provider's own form may be substituted for this one.*

I approve reciprocal communication between <school district> and <Medical Practice>. At any time I may end this agreement.

Signature of Parent or Guardian

Licensed Healthcare Provider _____

Address _____ Phone _____

ACCOMMODATIONS PLAN FROM HEALTHCARE PROVIDER (SAMPLE)

Student: _____

Date of Evaluation _____

The signs and symptoms of a concussion can persist for days or weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. Daily check-ins with the student are recommended. The accommodations may need to change before the student's next medical appointment. The Concussion Management Team can make minor adjustments to the accommodations as needed.

GENERAL RECOMMENDATIONS

- ☐ No school until specified, to be reviewed on _____
- ☐ Abbreviated daily class schedule (every other day, shortened day)
- ☐ No physical education classes (including weight training, aerobics, yoga)
- ☐ Consider reducing make-up work to critical work only
- ☐ No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

RECOMMENDATIONS FOR COGNITIVE ISSUES

- ☐ Provide extended time to complete assignments and/or shortened assignments
- ☐ Provide extended time to take tests in a quiet environment
- ☐ Provide a quiet environment to take tests
- ☐ Provide written instructions for homework
- ☐ Provide class notes by teacher or peer
- ☐ Allow use of notes for test taking due to memory issues
- ☐ Consider using tape recorder for note taking

RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

- ☐ Allow time to visit school nurse for treatment of headaches or other symptoms
- ☐ Allow rest breaks during the day, if needed
- ☐ Allow "hall passing time" before or after the crowds have cleared
- ☐ Allow student to wear sunglasses indoors to control for light sensitivity
- ☐ Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

RECOMMENDATIONS FOR EMOTIONAL ISSUES

- ☐ Share progress and difficulties with parents, school nurse, counselor, medical provider and athletic trainer
- ☐ Develop an emotional support plan for the student, which may include an adult with whom the student can talk if feeling overwhelmed

Licensed Healthcare Provider _____

Phone _____

Address _____

HEADS x UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



ATENCIÓN*

CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

HOJA INFORMATIVA PARA **LOS PADRES**

¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo adolescente le informa sobre **algún** síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que notan los padres o tutores	Síntomas que reporta el atleta
<ul style="list-style-type: none"> El atleta luce aturdido o desorientado Está confundido en cuanto a su posición o lo que debe hacer Olvida las instrucciones No se muestra seguro del juego, de la puntuación ni de sus adversarios Se mueve con torpeza Responde a las preguntas con lentitud Pierde el conocimiento (aunque sea por poco tiempo) Muestra cambios de humor, conducta o personalidad No puede recordar lo ocurrido antes o después de un golpe o una caída 	<ul style="list-style-type: none"> Dolor de cabeza o "presión" en la cabeza Náuseas o vómitos Problemas de equilibrio o mareo Visión borrosa o doble Sensibilidad a la luz y al ruido Debilidad, confusión, aturdimiento o estado grogui Problemas de concentración o de memoria Confusión No se "siente bien" o se siente "desganado"

¿Cómo puede ayudar a su hijo adolescente para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.

¿Qué debe hacer si cree que su hijo adolescente ha sufrido una conmoción cerebral?

1. No permita que su hijo siga jugando. Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse.

No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.

2. Busque atención médica de inmediato. Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo adolescente y cuándo podrá volver a jugar sin riesgo alguno.

3. Enséñele a su hijo que no es sensato jugar con una conmoción cerebral. Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo adolescente lo convenza de que está "bien".

4. Avíseles a todos los entrenadores de su hijo y a la enfermera de la escuela sobre cualquier conmoción cerebral. Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo adolescente alguna vez tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales **de forma gratuita**, visite: www.cdc.gov/Concussion.

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES



RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan

AT/Coach	Parent	Concussion Management Team (CMT)
AT works with other healthcare providers and CMT to develop Return to Play Plan	Monitor and track symptoms at home	Work with medical team, AT, students and parents to develop Gradual Return to Activity Plan
Communicate regularly with CMT Coordinator	Communicate regularly with CMT Coordinator	CMT Coordinator distributes information to teachers and coordinates modifications and accommodations
AT meets daily with student	Follow-up with AT or other healthcare provider	Ensure full compliance with Gradual Return to Activity Plan (Academics and Play)
Follow Gradual Return to Play Plan	Make any necessary accommodations at home	Meet regularly until student has completely recovered (medical clearance) OR initiate 504 Plan process

After student is medically cleared for full activity

AT/Coach	Parent	Concussion Management Team (CMT)
Continue to watch for and report symptoms for remainder of sport's season	Deliver medical clearance to CMT	CMT Coordinator informs counselors, teachers, and other staff of clearance
	Continue to watch for and report symptoms for remainder of sport's season	Continue to watch for and report symptoms for remainder of sport's season

GRADUAL RETURN TO ACTIVITY PLAN

A healthcare professional with training in the management of concussion will recommend COGNITIVE AND PHYSICAL rest. Both are needed for the brain to heal. Typically, in the first few days following a concussion, **complete** cognitive and physical rest are needed.

Every concussion is different. A few students will be ready to return to school immediately. Most students, however, will need 2–3 days of complete rest before returning to school. For some, a longer rest period is required for symptoms to improve.

As symptoms begin to improve, students will return full time to school. However, learning accommodations will be necessary until all symptoms clear. Teachers can assist healing by canceling homework and reducing or dismissing assignments during this period. This isn't like the flu, where students can complete school-work while at home. Students need a break, not just a postponement, during this critical time.

The Concussion Management Team will develop a Gradual Return to Activity Plan, a stepped progression of increased activity over time as symptoms subside. Because the healing process is not linear or predictable, the Concussion Management Team will closely monitor and communicate progress.

To ensure successful return to activity, the CMT Communication Coordinator will facilitate regular and ongoing communication among the CMT, the student, teachers and parents.

A SUCCESSFUL GRADUAL RETURN TO ACTIVITY PLAN HAS TWO PARTS:

1. Return to Academics—a gradual return to school and academic requirements implemented by the teaching staff
2. Return to Play— a gradual return to sports implemented by the athletic staff

The Return to Activity Plan is a medical decision with input from all members of the Concussion Management Team.

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and remain at the step as long as needed. Return to previous step if symptoms worsen. Be flexible.

Steps	Progression	Description
1	HOME—Total Rest	<ul style="list-style-type: none">• Stay at home• No driving• No mental exertion—computer, texting, video games, homework
2	HOME—Light Mental Activity	<ul style="list-style-type: none">• Stay at home• No driving• Up to 30 minutes mental exertion• No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL—Part Time Maximum accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none">• Provide quiet place for scheduled mental rest• Lunch in quiet environment• No significant classroom or standardized testing• Modify rather than postpone academics• Provide extra time, help and modified assignments
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Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms

4	SCHOOL—Part Time Moderate accommodations Shortened day/schedule	<ul style="list-style-type: none">• No standardized testing• Modified classroom testing• Moderate decrease of extra time, help and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms

5	SCHOOL—Full Time Minimal accommodations	<ul style="list-style-type: none">• No standardized testing; routine tests are OK• Continued decrease of extra time, help and modification of assignments• May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics

6	SCHOOL—Full Time Full academics No accommodations	<ul style="list-style-type: none">• Attends all classes• Full homework and testing
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When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see the *Heads Up!* fact sheet), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	No physical activity as long as there are symptoms (this step could take days or weeks)	<ul style="list-style-type: none">• Complete physical rest

Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.

2	Light aerobic activity Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none">• Walking• Swimming• Riding an exercise bike
---	--	--

Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.

3	Sport-specific exercise Add movement (increased attention to coordination required)	20–30 minutes supervised play, low risk activities <ul style="list-style-type: none">• Running in gym, on the field or on treadmill• NO weightlifting• NO head impact activities• NO helmet or other equipment
---	---	--

Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.

4	Non-contact training drills Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none">• Progression to more complex training drills• May start progressive resistance training• May run/jump as tolerated• Non-contact training drills in full equipment
---	--	---

Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.

5	Full-contact practice Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none">• Normal training activities, under adult supervision• Full contact practice or training
---	---	---

Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.

6	Return to play Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion—Journal of Clinical Neuroscience 16 (2009) 755–763



- Clipboard Sheet
 - Signs and Symptoms of Concussion
- Concussion Response Process
- Emergency and Non-Emergency Guidelines
- Return to Play Progression

Signs and Symptoms of Concussion	
Signs You May Observe	Symptoms Experienced by Athlete
<input type="checkbox"/> appears to be dazed or stunned <input type="checkbox"/> seems confused <input type="checkbox"/> forgets plays or instructions <input type="checkbox"/> is unsure about game, score or opponent <input type="checkbox"/> moves clumsily (altered coordination) <input type="checkbox"/> exhibits balance problems <input type="checkbox"/> answers questions slowly <input type="checkbox"/> loses consciousness, even briefly <input type="checkbox"/> shows behavior or personality changes <input type="checkbox"/> forgets events prior to hit <input type="checkbox"/> forgets events after hit	<input type="checkbox"/> Headache or pressure in head <input type="checkbox"/> Foggy or hazy feeling <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Double vision, blurry vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish, fatigued or groggy <input type="checkbox"/> Problems concentrating <input type="checkbox"/> Problems remembering <input type="checkbox"/> Just not feeling right or feeling down <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Numbness or tingling

Take Action	Important Phone Numbers
<p>When in doubt, keep 'em out.</p> <p>Stand tall. Make the call.</p> <ul style="list-style-type: none"> • Get your player to an appropriately trained healthcare provider. • Immediately inform parents. <p>No play without OK.</p>	<p>Hospital phone:</p> <p>Hospital name:</p> <p style="text-align: center;">For Emergencies</p> <p style="text-align: center;">CALL 9-1-1</p>

RESPOND RESPONSIBILITY CHART

AT/Coach	Parent	Concussion Management Team (CMT)
IMMEDIATELY	IMMEDIATELY	Date of Injury or next morning
Remove athlete from play	Take student to ER or contact healthcare provider	
(If available) AT or other healthcare provider evaluates/refers	At Home	CMT Coordinator notifies school counselor, teachers and other staff
Arrange transport (ER or home)	Monitor and track symptoms at home	
	Take student to healthcare provider appointment	Ensure incident is fully documented
Notify parents, explain concussion response and provide Parent Packet	When Available (usually 1-5 days)	
Day of Injury or Next Day	Make sure CMT receives: <ul style="list-style-type: none">•Permission to Release Information•Academic Accommodations•Medical Release (if appropriate at this time)	
Notify CMT Coordinator		

It is critical that the AT or coach notify parents and the CMT Communication Coordinator immediately after any suspected concussion. Failure to do so may be a violation of state law and could result in a student not receiving accommodations necessary for healing.

EMERGENCY GUIDELINES

The following situations indicate a medical emergency and require that a student be transported immediately to the nearest emergency room via ambulance (call 911, if available in your area):

- An athlete who loses consciousness for any duration
- An athlete who has symptoms of a concussion and is not stable (i.e., condition is changing or deteriorating)
- An athlete who exhibits any of the following symptoms:
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - any signs or symptoms of associated injuries such as spine or skull fracture or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - seizure activity

Accompany the athlete to the emergency room, if needed, and remain with the athlete until a parent arrives. The athletic trainer or coach is responsible for informing the parents of the injury and letting them know if the athlete was transported by emergency vehicle or needs to be picked up.

NON-EMERGENCY GUIDELINES

Never allow an athlete with a suspected concussion to drive home!

1. Remove the athlete from play and monitor symptoms.
2. Notify the athlete's parents.
3. Provide *Parent Packet* to the parents and refer for medical evaluation.
4. Notify CMT Communication Coordinator.

If parents cannot be reached, and the athlete is able to be sent home:

1. Make sure the athlete is accompanied by a responsible adult who can monitor the athlete and understand the information in the *Parent Packet*.
2. Keep trying to reach a parent.

If parents cannot be reached and there is no responsible adult capable of monitoring the athlete, the athletic trainer or coach will remain with the athlete until a parent or responsible adult arrives.

An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department or urgent care facility on the day of the injury. **ALWAYS** give parents the option of emergency transportation, even if you don't feel it is necessary.

REFERRING WHEN AWAY FROM HOME

Athletic trainers and coaches should seek assistance from the host site certified athletic trainer or team medical provider, if available, at an away contest.

RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan

AT/Coach	Parent	Concussion Management Team (CMT)
AT works with other healthcare providers and CMT to develop Return to Play Plan	Monitor and track symptoms at home	Work with medical team, AT, students and parents to develop Gradual Return to Activity Plan
Communicate regularly with CMT Coordinator	Communicate regularly with CMT Coordinator	CMT Coordinator distributes information to teachers and coordinates modifications and accommodations
AT meets daily with student	Follow-up with AT or other healthcare provider	Ensure full compliance with Gradual Return to Activity Plan (Academics and Play)
Follow Gradual Return to Play Plan	Make any necessary accommodations at home	Meet regularly until student has completely recovered (medical clearance) OR initiate 504 Plan process

After student is medically cleared for full activity

AT/Coach	Parent	Concussion Management Team (CMT)
Continue to watch for and report symptoms for remainder of sport's season	Deliver medical clearance to CMT	CMT Coordinator informs counselors, teachers, and other staff of clearance
	Continue to watch for and report symptoms for remainder of sport's season	Continue to watch for and report symptoms for remainder of sport's season

RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see Clipboard Sheet), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	No physical activity as long as there are symptoms (this step could take days or weeks)	<ul style="list-style-type: none">Complete physical rest

Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.

2	Light aerobic activity Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none">WalkingSwimmingRiding an exercise bike
---	--	--

Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.

3	Sport-specific exercise Add movement (increased attention to coordination required)	20–30 minutes supervised play, low risk activities <ul style="list-style-type: none">Running in gym, on the field or on treadmillNO weightliftingNO head impact activitiesNO helmet or other equipment
---	---	--

Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.

4	Non-contact training drills Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none">Progression to more complex training drillsMay start progressive resistance trainingMay run/jump as toleratedNon-contact training drills in full equipment
---	--	---

Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.

5	Full-contact practice Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none">Normal training activities, under adult supervisionFull contact practice or training
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Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.

6	Return to play Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion—Journal of Clinical Neuroscience 16 (2009) 755–763



- Information for Teachers
 - Signs and Symptoms of Concussion
- Return to Academics Progression
- Accommodations Suggestions
- Accommodations Plan from Healthcare Provider

INFORMATION FOR TEACHERS

Concussions are brain injuries and can be serious. In the first few days following a concussion, **complete** cognitive and physical rest are needed for the brain to heal. Complete rest means not taxing the brain with physical or cognitive demands. This isn't like the flu, where students can complete school-work while at home. They must rest.

YOU PLAY A KEY ROLE IN ENSURING THE SUCCESSFUL RECOVERY OF A CONCUSSED STUDENT.

Every concussion is different. Students heal at different rates. It will be necessary for you to monitor the student and report any worsening symptoms to the Concussion Management Team Communication Coordinator.

SIGNS (OBSERVED BY TEACHERS):	SYMPTOMS (REPORTED BY STUDENT):
<ul style="list-style-type: none"><input type="checkbox"/> Student appears dazed or stunned<input type="checkbox"/> Seems confused<input type="checkbox"/> Forgets class schedule or assignments<input type="checkbox"/> Moves clumsily (altered coordination)<input type="checkbox"/> Exhibits balance problems<input type="checkbox"/> Answers questions slowly<input type="checkbox"/> Repeats questions<input type="checkbox"/> Shows changes in mood, behavior or personality (irritability, sadness, more emotionality, nervousness)<input type="checkbox"/> Forgets events prior to hit or fall<input type="checkbox"/> Forgets events after the hit or fall<input type="checkbox"/> Loses consciousness (even briefly)	<ul style="list-style-type: none"><input type="checkbox"/> Headache or pressure in head<input type="checkbox"/> Foggy or hazy feeling<input type="checkbox"/> Nausea or vomiting<input type="checkbox"/> Double vision, blurry vision<input type="checkbox"/> Sensitivity to light or noise<input type="checkbox"/> Feeling sluggish, fatigued or groggy<input type="checkbox"/> Problems concentrating<input type="checkbox"/> Problems remembering<input type="checkbox"/> Just not feeling right or feeling down<input type="checkbox"/> Difficulty thinking clearly<input type="checkbox"/> Balance problems or dizziness<input type="checkbox"/> Numbness or tingling<input type="checkbox"/> Sleep problems

The Concussion Management Team will provide you with a ***Gradual Return to Activity Plan***, which will indicate the temporary accommodations required for optimal healing.

BE FLEXIBLE. MOST OF THE TIME, CONCUSSIONS HEAL IN 2–3 WEEKS.

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and remain at the step as long as needed. Return to previous step if symptoms worsen. Be flexible. **The Return to Activity Plan is a medical prescription.**

Steps	Progression	Description
1	HOME—Total Rest	<ul style="list-style-type: none">• Stay at home• No driving• No mental exertion—computer, texting, video games, homework
2	HOME—Light Mental Activity	<ul style="list-style-type: none">• Stay at home• No driving• Up to 30 minutes mental exertion• No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL—Part Time Maximum accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none">• Provide quiet place for scheduled mental rest• Lunch in quiet environment• No significant classroom or standardized testing• Modify rather than postpone academics• Provide extra time, help and modified assignments
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Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms

4	SCHOOL—Part Time Moderate accommodations Shortened day/schedule	<ul style="list-style-type: none">• No standardized testing• Modified classroom testing• Moderate decrease of extra time, help and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms

5	SCHOOL—Full Time Minimal accommodations	<ul style="list-style-type: none">• No standardized testing; routine tests are OK• Continued decrease of extra time, help and modification of assignments• May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics

6	SCHOOL—Full Time Full academics No accommodations	<ul style="list-style-type: none">• Attends all classes• Full homework and testing
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When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

ACCOMMODATIONS SUGGESTIONS

As a professional educator, there is much you can do to help your students recover from concussions and help their brains to heal. Concussions may impede information processing speed and the ability to handle a full load of work. You can provide accommodations for these **temporary learning disabilities**.

The mental effort to prepare for and then take tests may worsen symptoms.	<input type="checkbox"/> Postpone or stagger tests. Avoid doubling up on tests. Provide shortened tests or extend time to take tests. <input type="checkbox"/> Modify assignments and homework. Limit the number of problems, questions or pages to read. Emotional pressure can increase symptoms. <input type="checkbox"/> Concussed students will often exhibit temporary learning difficulties similar to those associated with ADHD (see below). <input type="checkbox"/> Modify assignments—Select the most important concepts. Deliver instructions in smaller “chunks.” <input type="checkbox"/> Excuse from (or un-weight) specific tests and assignments. Remove or adjust large projects during the first critical three weeks. <input type="checkbox"/> Allow more time to complete tests.
Some students with symptoms of concussion exhibit the same characteristics as seen in ADHD.	<input type="checkbox"/> Use a reader or recorded books for assignments and testing. A buddy might be used to read assignments aloud. <input type="checkbox"/> Provide written instructions for homework. <input type="checkbox"/> Provide pre-printed class notes or allow other students to share their notes. <input type="checkbox"/> Allow the use of a tape recorder. <input type="checkbox"/> Use a smaller, quieter exam room or use a quiet part of the classroom. <input type="checkbox"/> Move the student to a seat in front of the class. Seat away from windows, doors other distracters. <input type="checkbox"/> Allow for a temporary tutor to assist in organizing and planning work. Allow another student to help access school resources.
Physical exertion may increase symptoms.	<input type="checkbox"/> Excuse from sports, PE, weight-lifting, cheer, band. <input type="checkbox"/> Reduce backpack weight by keeping textbooks in the classroom.
Students report that one of the scariest things they experience after concussion is changes in mood .	<input type="checkbox"/> Allow time to visit the school counselor, nurse or psychologist. <input type="checkbox"/> Assign a buddy to help talk to the student, listen and calm the student when upset. <input type="checkbox"/> Make arrangements to provide the student with a quiet supervised place to go to regain composure. <input type="checkbox"/> Let students know that this is one of the symptoms of concussion.
Some students are sensitive to light and/or noise after a concussion.	<input type="checkbox"/> Permit sunglasses or caps with visors indoors. <input type="checkbox"/> Permit ear protectors (not music). <input type="checkbox"/> Provide a quiet alternative place to eat. Cafeterias are loud and bright. <input type="checkbox"/> Allow extra hall passing time or allow student to leave early to the next class to avoid hallway chaos. <input type="checkbox"/> Turn down lights in one area of the classroom.

ACCOMMODATIONS PLAN FROM HEALTHCARE PROVIDER (SAMPLE)

Student: _____

Date of Evaluation _____

The signs and symptoms of a concussion can persist for days or weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. Daily check-ins with the student are recommended. The accommodations may need to change before the student's next medical appointment. The Concussion Management Team can make minor adjustments to the accommodations as needed.

GENERAL RECOMMENDATIONS

- ☐ No school until specified, to be reviewed on _____
- ☐ Abbreviated daily class schedule (every other day, shortened day)
- ☐ No physical education classes (including weight training, aerobics, yoga)
- ☐ Consider reducing make-up work to critical work only
- ☐ No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

RECOMMENDATIONS FOR COGNITIVE ISSUES

- ☐ Provide extended time to complete assignments and/or shortened assignments
- ☐ Provide extended time to take tests in a quiet environment
- ☐ Provide a quiet environment to take tests
- ☐ Provide written instructions for homework
- ☐ Provide class notes by teacher or peer
- ☐ Allow use of notes for test taking due to memory issues
- ☐ Consider using tape recorder for note taking

RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

- ☐ Allow time to visit school nurse for treatment of headaches or other symptoms, if needed
- ☐ Allow rest breaks during the day, if needed
- ☐ Allow "hall passing time" before or after the crowds have cleared
- ☐ Allow student to wear sunglasses indoors to control for light sensitivity
- ☐ Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

RECOMMENDATIONS FOR EMOTIONAL ISSUES

- ☐ Share progress and difficulties with parents, school nurse, counselor, medical provider and athletic trainer
- ☐ Develop an emotional support plan for the student, which may include an adult with whom the student can talk if feeling overwhelmed

Licensed Healthcare Provider _____

Phone _____

Address _____