

# **FREWSBURG CENTRAL SCHOOL DISTRICT**

## **CONCUSSION MANAGEMENT PROCEDURE**

### **COMMITTEE MEMBERS**

Shelly O'Boyle	District Superintendent
Tami McKotch	Director of Pupil/Personnel Services
Dr. Khan	School Physician
Chad Chitester	Board of Education Member
Josh Gilevski	MS/HS Principal
Terry Gray	PE Instructor / Athletic Director
Cherie Anderson	MS/HS Nurse
Loretta Blood	RHJ Elementary Nurse
Adam Loftus	Coach/Impact Administer
Charlie Palmer	Athletic Trainer

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## **Concussion Management Team**

The district will assemble a Concussion Management Team (CMT). The district's CMT will be comprised of:

- High School Principal
- Elementary School Principal
- Athletic Director
- Coach
- School Nurse
- School Physician
- Athletic Trainer

The CMT will coordinate trainings for all administrators, teachers, coaches, parents, and students. Training is mandatory for all physical education teachers, coaches, assistant coaches, and volunteer coaches.

The CMT will develop the training and materials needed to educate all stakeholder groups.

The CMT will develop a testing schedule annually for Neurocognitive Testing.

The CMT will review the adherence and implementation of this plan. The CMT will review individual cases, including data and documentation to make recommendations for updates and revisions to the plan.

## **Concussion Education**

The Committee recognizes that all students have the potential to sustain a concussion. Therefore, the following groups will receive training annually.

- Students (Primary, Intermediate, Middle School, High School)
- Parents of students participating in sports
- Athletic Director, Physical Education Teachers, Nurses, Coaches, Assistant Coaches, Volunteer Coaches
- Administrators, School Counselors
- Faculty and Staff working directly with students

Training on concussions will include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, school policy and procedures, and available resources for concussion management and treatment.

Information related to concussions will be present at the Mandatory Parent Meeting held in June of each year for participation in sports. The information will be available on the district's website and in the fall edition of the District Newsletter.

Concussion information including the definition, signs and symptoms, how such injuries may occur, and the guidelines for the return to school will be included in any permission form or parent consent form required for a student's participation in interscholastic sports and shall also include how to obtain such information from the department and the department of health website

Included in at least 2 practices, the coach of a contact sport will instruct athletes on ways in which concussion can be avoided.

## **Baseline Testing**

The Impact Neurocognitive Test will be administered to all students in grades 5, 7, 9, and 11.

Students in grade 5 will complete the pediatric version. If a student is participating in a sport, their ImPact test must be completed prior to the beginning of the first practice. If a student has an Individual Education Program (IEP), accommodations may be provided as listed.

Accommodations are not intended to give a student an unfair advantage, only to ensure that he/she understands the task at hand. No home based testing will be allowed.

Results will be utilized for two years. All testing information will be kept on file in the student's permanent health file.

All identified staff to administer The Impact Neurocognitive Test will complete the required training module prior to administering the assessment.

## **Post-Injury Testing**

Any student believed to have sustained a concussion will be immediately removed from athletic activities. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that he or she has been injured until proven otherwise. Students are prohibited from returning to play the day the concussion is sustained.

A student with a concussion should be assessed by a medical provider within 24-72 hours of the injury. It is recommended the student see their own primary care provider. Post injury impact testing is suggested following day 4 of the return to play protocol. Results will be shared with the parent/guardian/physician.

No such pupil shall resume athletic activity until he or she shall have been symptom free for no less than 24 hours, and has been evaluated by and received written and signed authorization from a licensed physician. The district Chief Medical Officer will review all documentation and make the final determination for Return to Play. Such authorization will be kept on file in the student's permanent health file.

Once a student diagnosed with a concussion experiences lessening symptoms, they may start with light aerobic activity, as long as it does not worsen the symptoms. A licensed physician still will need to clear the student to begin graduated return to activities protocol. If the district has concerns or questions about the licensed physician's orders, the district medical director should contact that licensed physician to discuss and clarify. Additionally, the medical director has the final authority to clear students to participate in or return to extra-class physical activities in accordance with 8 NYCRR 135.4(c)(7)(i), (provided there are no other mitigating circumstances).

- Day 1: Light aerobic activity
- Day 2: Sport-specific activity
- Day 3: Non-contact training drills
- Day 4: Non-contact training drills\*
- Day 5: Full contact practice
- Day 6: Return to play

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 with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student will drop back to the previous asymptomatic level and progress again after a further 24 hour period of rest has passed.

\*Students may be required after Day 4 of the Return to Play Progression to complete ImPact Testing as determined by the district's Chief Medical Officer. No students may participate in contact practice or a game until the student is symptom free and has authorization from the Chief Medical Officer.

## **Academic Support and Accommodations**

Students recovering from concussion can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms such as headache and fatigue, which in turn can prolong recovery. Accordingly, academic accommodations should be available to the student recovering from concussion both to ensure academic progress and to set the conditions for optimal medical recovery. Academic stress and a sense that teachers or school staff do not understand the student's concussion-related problems can complicate recovery.

Ensuring adequate rest, avoiding overexertion and overstimulation, reducing risk of re-injury and providing academic accommodations are the essential components of a return to school plan after concussion. If concussion symptoms have resulted in a student unable to participate in academic activities for more than two weeks, the District will implement a temporary Section 504 plan utilizing the Return to Learn form located at the end of this plan.

## Concussion Recovery Timeline

Stage	Description	Expected Duration	School's Action	Student's Action
I	<ul style="list-style-type: none"> <li>• Complete rest</li> </ul>	2-6 days	<ul style="list-style-type: none"> <li>• Contacted by school nurse</li> <li>• Explanation of injury and current plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Out of school</li> <li>• Strict limits for use of computer, cell phone, texting, video games, etc.</li> </ul>
II	<ul style="list-style-type: none"> <li>• Significant deficits in processing and concentration</li> <li>• Cognitive activity as tolerated</li> </ul>	2-14 days	<ul style="list-style-type: none"> <li>• Hold Educational Team Meeting and develop three categories for all assignments:               <ol style="list-style-type: none"> <li>1.) Excused; Not to be made up</li> <li>2.) Accountable; Responsible for content not process. May be notes or work shared by a classmate, or may be covered in a review sheet</li> <li>3.) Responsible; must be completed by the student and will be graded.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• In school as tolerated</li> <li>• When present, observing not participating. Get copies of notes, handouts, etc.</li> <li>• Communicate with teachers about progress/challenges</li> <li>• Be patient with slow recovery, just do your best</li> <li>• No physical/sports activity</li> </ul>
III	<ul style="list-style-type: none"> <li>• Gradual increase of time and energy, slowly resuming full workload</li> </ul>	3-7 days; Variable	<ul style="list-style-type: none"> <li>• Prioritize assignments with student, both make-up work and new work</li> <li>• Continue to use lists with the three categories for assignments until all work is completed, and assist with setting a timeline for completion of assignments</li> </ul>	<ul style="list-style-type: none"> <li>• In class/school full-time</li> <li>• Communicate with teachers on your progress with assignments</li> <li>• Communicate with teachers and parents on the pace of resuming a full workload and completing make-up work</li> <li>• No physical/sports activity (including PE class)</li> </ul>
IV	<ul style="list-style-type: none"> <li>• Complete resumption of normal activities</li> </ul>		<ul style="list-style-type: none"> <li>• Monitor completion of assignments</li> <li>• Communicate with parents and staff as to when student is caught up with assignments and working at the same pace as his/her classmates</li> <li>• Communicate with Guidance Office as grades are updated</li> </ul>	<ul style="list-style-type: none"> <li>• Resume all normal activities</li> <li>• Progress with coach – supervision resumption of participation in athletics</li> <li>• Assist with setting a timeline for completion of assignments</li> </ul>

## Return to Play Decisions

A student may return to play when a physician has reviewed the results of updated neurocognitive testing and has provided signed documentation that the student may return to the sport. Return to Play decisions are complex and will be based on the student's concussion history, severity of the injury, and results of neurocognitive testing. Final authorization will be given by the district's Chief Medical Officer in consultation with the Concussion Management Team. The district's Chief Medical Officer must make the final approval and clear the athlete to play.

The student will be symptom free and have completed the 6 Phase Post-Injury Progression prior to resuming full participation in a sport.

## Concussion Return to Play (RTP) Protocol Clearance Form

Name: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_

Sports: \_\_\_\_\_ Injury Date Date: \_\_\_\_\_

PCP Clearance Date: \_\_\_\_\_ School Medical Director Clearance Date: \_\_\_\_\_

<b><u>Shut Down</u></b>	Date Completed _____	Shut-Down Full Cognitive and physical rest with signs and symptoms monitoring for at least 48 to 72 hours following injury
<b><u>Day One</u></b>	Date Completed _____	Initiation <b>Cognitive Progression</b> - Complete 10 min sub-symptom threshold intervals in a quiet environment. Careful monitor for signs and symptoms of depression <b>Physical Exertion (30- 40 % MHR)</b> - Complete ten minutes very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes
<b><u>Day Two</u></b>	Date Completed _____	Light Intensity <b>Cognitive Progression</b> - Profess to Limited Return to School <b>Physical Exertion ( 50-60% MHR)</b> - 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training
<b><u>Day Three</u></b>	Date Completed _____	Moderate Intensity <b>Cognitive Progression</b> - Allow restricted full return to school <b>Physical Exertion-</b> ( 70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training
<b><u>Day Four</u></b>	Date Completed _____	High Intensity <b>Cognitive Progression</b> - Allow unrestricted academic return to school with no PE, Complete post-injury neuropsychological testing ( IMPACT) <b>Physical Exertion-</b> ( 70 -80% THR) - 30 minutes minimal of aerobic exercise, Aggressive sport specific non -contact actives
<b><u>Impact</u></b>	Date Completed _____	<b>IMPACT TEST Post-Injury IMPACT Testing</b>
<b><u>Final Clearance</u></b>	Date Completed _____	<b>School Medical Director Clearance Date</b>
<b><u>Day Five</u></b>	Date Completed _____	Full Exertion <b>Cognitive Progression</b> - Allow a full return to school, including PE <b>Physical Exertion-</b> ( 80 -90% THR) - Contact sport/position-specific training at THR of 80-90% with bouts of 90-100%

**Comments/Notes:** \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date;** \_\_\_\_\_

## RTP Progression Following a Concussion Shut Down

*Full Cognitive and physical rest with signs and symptoms monitoring for 72 hours following injury*

STEP ONE	Soccer	Football	Basketball	Wrestling	Baseball/Softball
<b>Rest:</b> (must be symptom free for a minimum of 24 to 48 hours)	Symptom limited physical and cognitive rest	Symptom limited physical and cognitive rest	Symptom limited physical and cognitive rest	Symptom limited physical and cognitive rest	Symptom limited physical and cognitive rest

	None	Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6

Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

**Based on feedback provided by friends, team members, coaches, or parents/guardians, how different is the athlete acting compared to his/her usual self?**

No Different

Very Different

Unsure

N/A

***Based on these and other clinical findings, the following is recommended for this athlete***

Progress to the next step of RTP

Return to Asymptomatic phase of RTP

Physician Referred

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

### Day One

**Cognitive Progression** - Profess to Limited Return to School. (Complete 10 minutes sub-symptom threshold interval in a quiet environment, carefully monitor for signs and symptoms of depression) **Physical Exertion** (50-60% MHR) - 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training

Step 2	Soccer	Football	Basketball	Wrestling	Baseball/Softball
Complete 10 min. of very light aerobic exercise	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,

### Cognitive Progression

	None	Mild	Mod	Severe
Headache	0 1 2 3 4 5 6			
Pressure in Head	0 1 2 3 4 5 6			
Neck Pain	0 1 2 3 4 5 6			
Nausea/ Vomiting	0 1 2 3 4 5 6			
Dizziness	0 1 2 3 4 5 6			
Visual Changes	0 1 2 3 4 5 6			
Unsteadiness	0 1 2 3 4 5 6			
Sensitivity to Noise	0 1 2 3 4 5 6			
Sensitivity to Light	0 1 2 3 4 5 6			
Feel slowed down	0 1 2 3 4 5 6			
Feel like you're in a fog	0 1 2 3 4 5 6			
Trouble remembering	0 1 2 3 4 5 6			
Feel Fatigued/tried	0 1 2 3 4 5 6			
Confusion	0 1 2 3 4 5 6			
Drowsiness	0 1 2 3 4 5 6			
Trouble falling asleep	0 1 2 3 4 5 6			
Trouble staying asleep	0 1 2 3 4 5 6			
Emotional	0 1 2 3 4 5 6			

Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

### Physical Exertion

	None	Mild	Mod	Severe
Headache	0 1 2 3 4 5 6			
Pressure in Head	0 1 2 3 4 5 6			
Neck Pain	0 1 2 3 4 5 6			
Nausea/ Vomiting	0 1 2 3 4 5 6			
Dizziness	0 1 2 3 4 5 6			
Visual Changes	0 1 2 3 4 5 6			

Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6

Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

*Based on these and other clinical findings, the following is recommended for this athlete*

Progress to the next step of RTP

Return to Asymptomatic phase of RTP

Physician Referred

Examiner: \_\_\_\_\_

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

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

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Day Two

**Cognitive Progression** - Progress to Limited Return to School **Physical Exertion** (50-60% MHR)- 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training

STEP THREE	Soccer	Football	Basketball	Wrestling	Baseball/Softball
<b>Light Aerobic activity</b>	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,	Walking, cycling, swimming,

### Cognitive Progression

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6

Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6

Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

### Physical Exertion

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6

**Based on these and other clinical findings, the following is recommended for this athlete**

Progress to the next step of RTP                      Return to Asymptomatic phase of RTP                      Physician Referred  
 Examiner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Day Three

**Cognitive Progression-** Allow restricted full return to school. **Physical Exertion-** (70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training

<b>Step 4</b>	<b>Soccer</b>	<b>Football</b>	<b>Basketball</b>	<b>Wrestling</b>	<b>Baseball/Softball</b>
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<b>sports specific activities (no head contact) &gt;70% &lt;85%</b>	Team warm up, jogging, Running, pass and move drills, shooting drills	Team warm up, jogging, running, passing drills, running drills, blocking drills	Team warm up, jogging, running, passing drills, shooting drills, dribbling	Team warm up, jogging, running, individual technique practice	Team warm up, jogging, running, fielding ground balls slow to medium pace, hitting drills,
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### Cognitive Progression

	None	Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

### Physical Exertion

	None	Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
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Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
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Irritable	0	1	2	3	4	5	6

Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

**Based on these and other clinical findings, the following is recommended for this athlete**

Progress to the next step of RTP      Return to Asymptomatic phase of RTP      Physician Referred

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

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Day Four

**Cognitive Progression-** Allow unrestricted academic return to school with no PE, Complete post-injury neuropsychological testing (IMPACT). **Physical Exertion-** (70 -80% THR) - 30 minutes minimal of aerobic exercise, Aggressive sport specific non -contact

Step Five	Soccer	Football	Basketball	Wrestling	Baseball/Softball
<b>Sports Specific Drills.</b> <b>Have athlete in pinny to symbolize no aggressive play.</b>	Running, sprinting, dribbling, passing, offense and defensive drills such as 3vs3 and scrimmaging May do progressive resistance training <b>No head balls</b>	Running, sprinting, passing drills, running drills, O line and D line drills, tackling drills with bag No live play	Running, sprinting, team drills, live play permitted with player using pinny to symbolize non-contact Progressive resistance training	Running, sprinting, supervised practice drills (not live) Progressive resistance training, Crunches, jumping jacks, burpees, jump rope etc.	Running, sprinting, supervised practice drills (not live) Progressive resistance training, Crunches, jumping jacks, burpees, jump rope Catching drills, and throwing drills

### Cognitive Progression

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6

Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

### Physical Exertion

	None	Mild	Mod	Severe
Headache	0	1	2	3 4 5 6
Pressure in Head	0	1	2	3 4 5 6
Neck Pain	0	1	2	3 4 5 6
Nausea/ Vomiting	0	1	2	3 4 5 6
Dizziness	0	1	2	3 4 5 6
Visual Changes	0	1	2	3 4 5 6
Unsteadiness	0	1	2	3 4 5 6
Sensitivity to Noise	0	1	2	3 4 5 6
Sensitivity to Light	0	1	2	3 4 5 6
Feel slowed down	0	1	2	3 4 5 6
Feel like you're in a fog	0	1	2	3 4 5 6
Trouble remembering	0	1	2	3 4 5 6
Feel Fatigued/tried	0	1	2	3 4 5 6
Confusion	0	1	2	3 4 5 6

Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

**Impact test Completed** \_\_\_\_\_ / **SCHOOL MEDICAL DIRECTOR CLEARANCE** YES/NO **DATE** \_\_\_\_\_

*Based on these and other clinical findings, the following is recommended for this athlete*

Progress to the next step of RTP

Return to Asymptomatic phase of RTP

Physician Referred

Examiner: \_\_\_\_\_

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

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

**Student Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Day Five

**Cognitive Progression-** Allow a full return to school, including PE. **Physical Exertion-** ( 80 -90% THR) - Contact sport/position-specific training at THR of 80-90% with bouts of 90-100%

Step 6	Soccer	Football	Basketball	Wrestling	Baseball/Softball
Full Practice	Full Practice	Full Practice	Full Practice	Full Practice	Full Practice

### Cognitive Progression

	None	Mild	Mod	Severe
Headache	0	1	2	3 4 5 6
Pressure in Head	0	1	2	3 4 5 6
Neck Pain	0	1	2	3 4 5 6

Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6

Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Nausea/ Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel Fatigued/tried	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
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Irritable	0	1	2	3	4	5	6
Unusual Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
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Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

Total Number of Symptom	/24
Symptom Severity Total out of possible 144	/144
Do symptoms worsen with physical activity	YES / NO
Do symptom worsen with mental activity	YES / NO

**Physical Exertion**

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6

***Based on these and other clinical findings, the following is recommended for this athlete***

Progress To FULL CLEARANCE

Return to Asymptomatic phase of RTP

Physician Referred

Examiner: \_\_\_\_\_

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

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

	Attendance	Classroom	Testing & Quizzes	Homework & Make-up Work
Zone 1	<ul style="list-style-type: none"> <li>No school for the first 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>No Classwork</li> </ul>	<ul style="list-style-type: none"> <li>No Testing</li> </ul>	<ul style="list-style-type: none"> <li>No homework or make-up work</li> </ul>
Zone 2	<ul style="list-style-type: none"> <li>Partial or Half school days</li> <li>Frequent breaks during the day</li> <li>May benefit from being able to go to the nurse's office for quite time</li> <li>No computer classes</li> <li>No recess</li> <li>No Physical Education Class ( includes written work)</li> <li>No Music/band/chorus</li> <li>No Shop</li> <li>No lunch in the Cafeteria</li> </ul>	<ul style="list-style-type: none"> <li>Preferential seating</li> <li>Can sit in class and listen</li> <li>No active participation</li> <li>No notetaking</li> <li>Pre-printed notes/peer note-taking</li> <li>Limited screen time in class</li> <li>No screen time in class</li> <li>Written and verbal instructions</li> <li>Blue, Light blocking glasses in class</li> </ul>	<ul style="list-style-type: none"> <li>Customize make up plan for class work</li> <li>No Testing</li> </ul>	<ul style="list-style-type: none"> <li>Minimum criteria to demonstrate knowledge</li> <li>Focus on essential assignment only</li> <li>No Homework</li> <li>No make-up work</li> </ul>
	<ul style="list-style-type: none"> <li>Full days of school</li> <li>Frequent breaks during the day</li> <li>May benefit from being able to go to the nurse's office for quite time</li> <li>No computer class</li> <li>No recess</li> <li>No Physical Education Class ( includes written work)</li> <li>Music/band/chorus as tolerated</li> <li>Shop Class as tolerated</li> <li>Lunch in cafeteria as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>Participate in class as tolerated</li> <li>Listening and discussion ONLY</li> <li>Limited reading</li> <li>Noteaking as Tolerated</li> <li>Limited Screen time in class</li> <li>Tutor or 1 -on-1 instruction</li> <li>Blue,Light-blocking glasses in class</li> </ul>	<ul style="list-style-type: none"> <li>No more than one test every other day ( across all subjects)</li> <li>Customize testing schedule</li> <li>Only current topics on tests</li> <li>Extended time or multiple trials</li> <li>Quiet room for testing</li> <li>Modified test</li> </ul>	<ul style="list-style-type: none"> <li>Focus on essential assignments</li> <li>Extra time for assignment</li> <li>Modified assignments</li> <li>Can do classwork at home</li> </ul>
	<ul style="list-style-type: none"> <li>Full days of school</li> <li>Occasional breaks during the day</li> <li>Computer class as tolerated</li> <li>Walking or non-impact activity in gym</li> <li>Walking or non-impact activity at recess</li> </ul>	<ul style="list-style-type: none"> <li>Able to participate in class</li> <li>May take notes</li> <li>Screen Time as tolerated</li> <li>Reading as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>No more than 1 test or quiz per day (across all subject)</li> <li>Regular testing as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>Regular homework assignments</li> <li>Make-up work ( essential assignments)</li> </ul>
Zone 3	<ul style="list-style-type: none"> <li>Full class schedule</li> <li>Return to Physical Education class when cleared by healthcare provider</li> </ul>	<ul style="list-style-type: none"> <li>Participate fully in class ( Note taking, reading,screen time)</li> </ul>	<ul style="list-style-type: none"> <li>Normal testing/quiz schedule</li> </ul>	<ul style="list-style-type: none"> <li>Regular homework assignments</li> <li>Make up work (all)</li> </ul>

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Frewsburg Central School District: Concussion Return to Learn Guidelines



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Injury Date: \_\_\_\_\_

Frewsburg Central School District, will follow the concussion zone guidelines to help students, parents/guardians, teachers and schools staff with the back-to-school transition after a concussion. (adopted form from University of Rochester Sport Concussion Clinic)

## About Concussions

A concussion is a traumatic brain injury induced by biomechanical forces. Several Common Features that may be unlisted in clinically defining the nature of a concussive head injury include the following: Concussion results in a range of clinical signs and symptoms that may or may not include loss of consciousness and could include the following: Headache, pressure in head, neck pain, nausea/vomiting, dizziness, unsteadiness, sensitivity to light and or noise, feeling slowed down, feeling like in a fog, difficulty concentrating, trouble remembering, feeling fatigue/tired, confusion, drowsiness, trouble falling asleep, trouble staying asleep, emotional, irritable, and not acting like themselves.

### Concussion Zones:

The **ZONE** is a **student and parent/guardian directed guideline** based on the student's most significant cognitive or physical limitation, current functional capability, and reported symptoms. These zones are to assist educators in determining appropriate instructional modifications for students recovering from a concussion.

Zone 1 indicates the highest number of classroom limitations. As the student recovers, he/she will progress through Zone 2 where they will gradually increase the amount and types of activities they participate in. **In ZONE 2, students should do only the amount of work required to keep up with their classes.** They may begin making up school work when they reach Zone 3. Students should start by making up only essential assignments. Attempting to make up all missed work right away may cause symptoms to return.

In most cases, the student will show progress after a few days. If symptoms worsen, the student should revert to components of the previous zone. If the student requires longer than **2 weeks** to pass through any single zone, they should be re-evaluated by a medical professional.

**Please Fill out back side for appropriate instructional modifications for students recovering from a concussion For additional information, please contact the following personnel:**

Frewsburg High School Nurse

Cherie Anderson RN

canderson@frewsburgcsd.org

P: 716-569-7034

Frewsburg Athletic Trainer

Charlie Palmer ATC

cpalmer@frewsburgcsd.org



P: 716-569-7075