

Post Concussion Instructions

To: Parent/Guardian:

From: Ryan Blackmore, at Magrath High School

Name of School Representative

Name of School

Assistant Athletic Director, 403-634-8067

Position of School Representative Phone Number of School Representative

Your child/ward may have sustained a concussion, and by policy has been removed from play until he/she has been medically cleared to return to play by a qualified health care professional.

It is not within our purview to dictate how or by whom your child should be managed medically. The following have been adapted from guidelines published by the National Athletic Trainer's Association and serve as general guidelines only for immediate management during the first 24 hours:

It is OK to:

- | | |
|--|--|
| 1. Use Acetaminophen (Tylenol) for headaches | 2. Use Ice pack on head and neck as needed for comfort |
| 3. Eat a carbohydrate-rich diet | 4. Go to sleep |
| 5. Rest (no strenuous activity or sports) | |

There is NO need to:

- | | |
|-------------------------------|---|
| 1. Check eyes with flashlight | 2. Wake up frequently (unless otherwise instructed) |
| 3. Test reflexes | 4. Stay in bed |

Do NOT:

- | | |
|--------------------------------|-------------------------------------|
| 1. Drink alcohol | 2. Drive a car or operate machinery |
| 3. Engage in physical activity | 4. Engage in mental activity |

Do monitor for significant Changes:

Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:

- | | |
|--------------------------------------|---|
| 1. Persistent or projectile vomiting | 2. Slurred speech or inability to speak |
| 3. Unequal pupil size | 4. Increased confusion |
| 5. Difficulty being wakened | 6. Weakness or numbness in extremities |
| 7. Fluid draining from ears or nose | 8. Unusual behaviour |
| 9. Continuing or worsening headaches | 10. Loss of consciousness |
| 11. Seizures | |

Improvement

The best indication that an individual that has suffered a significant head injury is progressing satisfactorily, is that he/she is alert and behaving normally.

Contact your health care provider

Before returning to physical activity, contact your health care provider for evaluation. If a concussion has been diagnosed, use the attached form to help your Doctor determine when your child is fully recovered and able to resume normal activities, including sports.

Talk to your Doctor about the following:

1. Management of the symptoms
2. Appropriate levels of school activity or the need for reducing academic coursework for a temporary time.
3. Appropriate level of physical activity.

*******Before your child will be allowed to return to play, you will need to return the "Concussion Return to Play Clearance Form" signed by your Doctor to the school.*******

Concussion Return to Play Clearance Form

To: Health Care Provider

This form has been developed in order to provide a uniform method for health care professionals to provide a written release for student/athletes to return to play after having suffered a concussion or having demonstrated signs, symptoms or behaviours, consistent with a concussion and having been removed from competition or practice as a result.

As of Sept. 2016, School policy requires that a child suspected of having sustained a concussion be removed from sporting events and prohibited from returning to play until that child has been evaluated by an appropriate health care provider.

While this form does not presume to dictate to professionals how to practice medicine, the guidelines for return to play from a concussion do represent consensus expert opinion from national and world leaders in sport concussion management. The components of this form are intended to address concerns of coaches, parents, student/athletes, administrators, and healthcare professionals regarding written clearance from a health care professional for a concussed student/athlete to return to play.

In order to maintain compliance with the Policy, our organization requests that the healthcare provider utilize this form in granting medical clearance to return to sporting events.

SUGGESTED PRINCIPLES IN CLEARING A STUDENT/ATHLETE TO RETURN TO PLAY

Recovery from concussion and progression through the Return-to-Play stages is individualized and *determined on a case by case basis*. Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity in which the student/athlete participates. Student/athletes with a history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.

The following table is adapted from the 4th International Conference on Concussion in Sport¹ and provides the framework for the return to play protocol.

It is expected that student/athletes will start in stage 1 and remain in stage 1 until symptom free.

The patient may, under the direction of a health care professional, progress to the next stage only when the assessment battery has normalized. The assessment battery may include any or all of the following:

- a. Symptom assessment
- b. Cognitive assessment with computerized or other appropriate neuropsychological assessment
- c. Balance assessment along with general neurologic examination.

It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.

Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6.

There may be circumstances, based on an individual's concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional.

Each athlete with a concussion shall be personally evaluated by an appropriate health care professional at least one time during this process.

When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by an appropriate health care professional or recognized concussion management program, a clearance may be obtained from the individual designated on this form if authorized by the managing health care professional.

A completed *Concussion Return to Play Clearance Form* indicating the student is medically released to return to full competition shall be provided to school officials prior to a student who has been removed from a contest or practice for a suspected concussion, being allowed to return to play.

Concussion Return to Play Clearance Form

Student / Athlete Name

School

Date of Birth

Ryan Blackmore

Assistant Athletic Director

403-634-8067

Name of School Representative*

Position of School Representative

Phone number

Date of Injury

Date of Initial Exam

*The school representative is the individual from the school who provided this form to the student athlete and is familiar with the student/athlete and this incidence of injury.

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me (the Doctor). **The athlete has completed the return to play protocol and is cleared to return to competitive play as of this date.**

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me (the Doctor). **This athlete is NOT medically released for participation. The Athlete must advance through the Return to Play Protocol under supervision of the school designated personnel.**

By signing this form, the Doctor is certifying that, they are a licensed Health Care Provider practicing within their scope of practice. The signature invokes the condition checked above.

Date of Step 5 completed

Date of Medical Clearance in applicable

Health Care Professional Name (printed)

Health Care Professional Name (Signature)

Health Care Professional Phone

Health Care Professional Address

Graduated Return to Play Protocol

Stage	Functional Exercise or Activity	Objective
1. No Structured physical or cognitive activity Date Tested:	Only basic Activities of daily living. When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	Rest and Recover, avoidance of overexertion. Date Cleared: Initial :
2. Light Aerobic Physical Activity Date Tested:	Non-impact aerobic activity at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.	Increase heart rate, maintain condition, assess tolerance of activity. Date Cleared: Initial:
3. Moderate aerobic physical activity and Non-contact trainmen drills at half speed. Date Tested:	Non-contact sport specific drills at reduced speed; Aerobic activity at 70 - 85% estimated max. heart rate; light resistance training	Begin assimilation into team dynamics, introduce more motion and non-impact jarring. Date Cleared: Initial:
4. Non-contact trainmen drills at full speed. Date Tested:	Regular Non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting.	Ensure tolerance of all regular activities short of physical contact. Date Cleared: Initial:
5. Full contact Practice Date Tested:	Full contact Practice	Asses functional skill by coaching staff, ensure tolerance of contact activities. Date Cleared: Initial: