

# Hyde Park Central Schools

## STUDENT

### Return to Play/Activity Program following a Concussion

The following program has been established in accordance to New York State law and current national guidelines. As such, it is imperative to remember the safety of the student is the primary concern of the Hyde Park Central School District and its medical personnel.

The information contained below is to be used as mere guidelines that are to be implemented in the time following a concussive event. **This information is not to be considered as all-inclusive or all encompassing:**

When a student shows signs or symptoms of a concussion or is suspected to have sustained a brain injury after an evaluation by medical personnel or athletic trainer at the time of the incident:

1. The participant will not be allowed to return to play in the current game, practice, or activity;
2. The participant will not be left alone; regular monitoring for deterioration is essential over the initial few hours following injury;
3. Following the initial injury, the Student must follow up with their primary care physician or by an Emergency Department within the first 24 hours.
4. The Student must have the “Initial Concussion Checklist by Athletic Trainer or Coach/Nurse” and the “Concussion Checklist Physician Evaluation” signed and dated by #3 above. These forms must be returned to a School Nurse in the school building.
5. The Athletic Trainer or designee will supervise and document the “Return to Play Program.” A school district medical provider has final determination for students return to play status.

The cornerstone of proper concussion management is to rest until all symptoms resolve and then a graded program of exertion before return to sport/activity. The program is broken down into five steps in which only one is covered per one 24 hour period. The five steps involved with the Return to Play Program are:

1. Stage One – Rest until symptom free (asymptomatic)
  - Once athlete is asymptomatic for 24 hours and has received clearance to proceed by their physician, they can progress to stage two.\*
2. Stage Two – Light Aerobic Exercise
  - Athlete will be continuously monitored. If any signs and symptoms occur during activity, the activity will be stopped. Stage two can be reattempted after the athlete has been asymptomatic for an additional 24 hours.
  - Once stage two is completed and athlete remains asymptomatic for 24 hours post exertion, they can progress to stage three.
3. Stage Three – Moderate Aerobic Exercise
  - Athlete will be continuously monitored. If any signs and symptoms occur during activity, the activity will be stopped. Stage three can be reattempted after the athlete has been asymptomatic for an additional 24 hours.
  - Once stage three is completed and athlete remains asymptomatic for 24 hours post exertion, they can progress to stage four.
4. Stage Four – Intense Activity and Non-Contact Sport Activity

- Athlete will be continuously monitored. If any signs and symptoms occur during activity, the activity will be stopped. Stage four can be reattempted after the athlete has been asymptomatic for an additional 24 hours.
  - Once stage four is completed and student/athlete remains asymptomatic post exertion, they can be cleared by school district medical provider.
  - When school district medical provider approves clearance, student/athlete may participate without restriction.
5. Stage Five – Full Participation/Full Clearance
- No limitations. May participate in contact sports.
  - If any signs and symptoms occur, activity will be stopped. Stage four will be reattempted after the student/athlete has been asymptomatic for an additional 24 hours.
  - If asymptomatic after reattempting stage four for 24 hours, student/athlete will be re-assessed for full participation/full clearance.

Students suffering from a history of concussion will be handled on a case-by-case basis. Those with multiple concussions may require additional rest and may be held out for the remainder of the season. Those suffering from three concussions should be disqualified from participating in athletics. For safety of the student athlete, the district physician has the authority to make the final return to play decision should a dispute arise.

## **SIGNS, SYMPTOMS, AND BEHAVIORS OF A POSSIBLE HEAD TRAUMA**

### **1. Problems in Brain Function**

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

**2. Speed of Brain Function:** Slow response to questions; slow slurred speech, incoherent speech, slow body movements, slow reaction time.

**3. Unusual Behaviors:** Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.

**4. Problems with Balance and Coordination:** Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

Physician Evaluation

To be completed by Student athlete's primary care Physician or ER Physician Only

Date of First Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Date of Second Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

\*PLEASE INDICATE YES OR NO IN YOUR RESPECTIVE COLUMNS.

Symptoms Observed:                      First Doctor Visit                      Second Doctor Visit

Vertigo	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy / Sleepy	Yes	No	Yes	No
Photophobia	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Ante Grade Amnesia	Yes	No	Yes	No
Retro Grade Amnesia	Yes	No	Yes	No

First Doctor Visit:                      **(one or the other must be circled)**

- |   |     |    |
|---|-----|----|
| 1. Did you review the "Initial Concussion Checklist" provided by the Athletic Trainer or Coach/Nurse? | Yes | No |
| 2. Did the student sustain a concussion?  | Yes | No |
| 3. Positive finding on neurological exam?   | Yes | No |

Additional Finding/Comments:

Recommendations/Limitations:

Note: Physician clearance to participate triggers the start of HPCSD's return to play procedure.

Physician's Signature: \_\_\_\_\_

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

Print Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Second Doctor Visit:

Please check one of the following:

Student is asymptomatic and is ready to begin the return to play/activity progression. \_\_\_\_\_

Student is still symptomatic after seven days. Must be referred to a concussion specialist/clinic. \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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

Print Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

# Hyde Park Central School District

## Medical Clearance for Return-To-Play Following Head Trauma (Concussion)

1. Name of Student: \_\_\_\_\_

2. Date of Concussion (head trauma): \_\_\_\_\_

3. Loss of Consciousness: (circle one)                      yes                      no

4. Date of Private Physician Clearance: \_\_\_\_\_

Return-to-play staging begins after receiving physician clearance. Approximately twenty-four hours for each stage. The student/athlete will repeat the stage if symptoms develop.

Stage	Asymptomatic (no signs or symptoms of a concussion) (date & initials of examiner)
Stage 1: Rest (physical & mental) No symptoms for 24 hours Medical clearance to resume participation	Pass (P)   Fail (F)   Date      P   F   Date      P   F   Date Reason for failure:  Initials: 1.                      2.                      3.
Stage 2: Light aerobic exercise 20 minutes (e.g. walking, jogging, stationary bike) If symptoms occur, stop activity. Can be tried again once asymptomatic for 24 hours.	P   F      P   F   Date      P   F   Date Reason for failure:  Initials: 1.                      2.                      3.
Stage 3: Moderate aerobic exercise 30 minutes	P   F      P   F   Date      P   F   Date Reason for failure:  Initials: 1.                      2.                      3.

<p>Stage 4: Intense activity and non-contact sport activity 45 minutes (start light-resistance training and sport related activity)</p>	<p>P F P F Date P F Date Reason for failure: Initials: 1. 2. 3.</p>
<p>Stage 5: Full participation/Full clearance <b>Medical clearance required by the school district medical provider</b></p>	<p>District Medical provider signature and date:</p>



