



- 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.

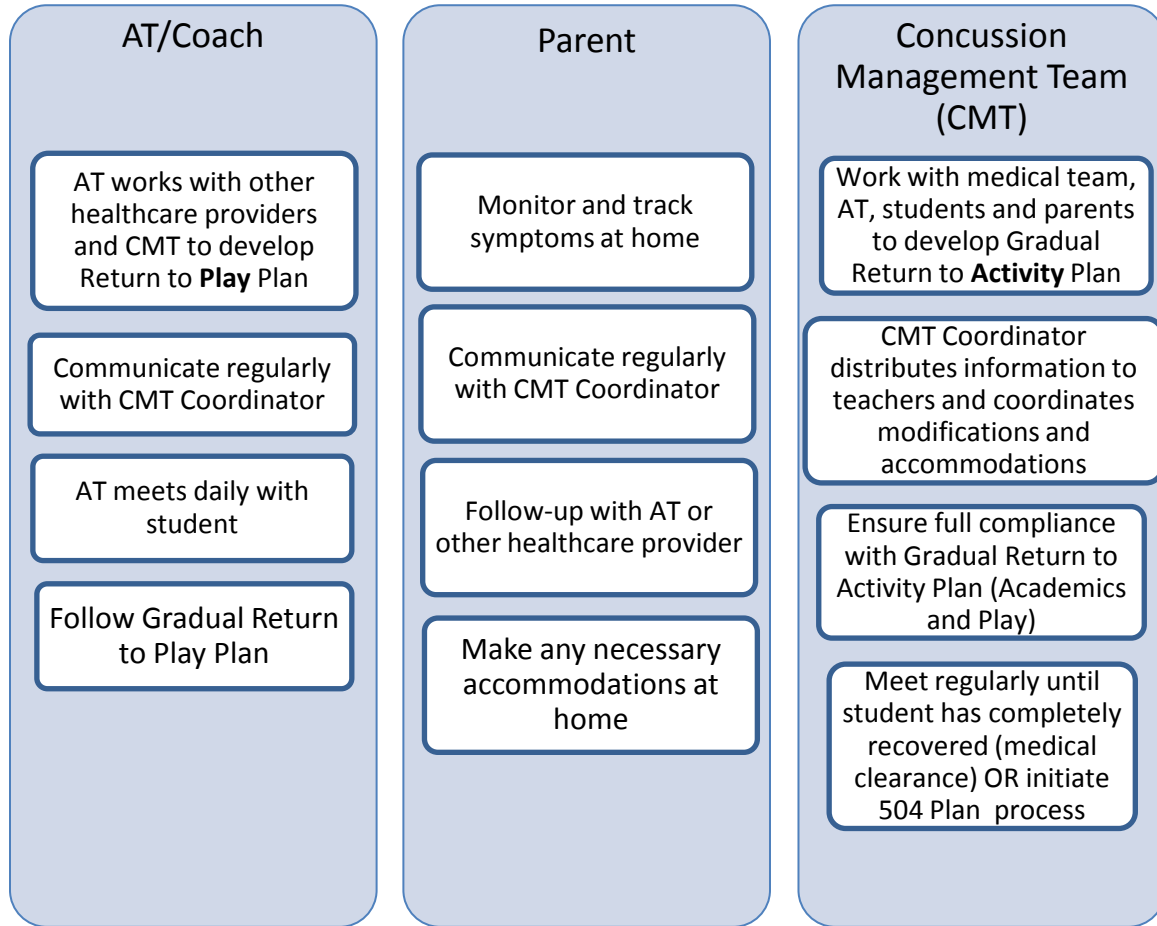
RESPOND RESPONSIBILITY CHART

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	
(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	
Notify parents, explain concussion response and provide Parent Packet	Take student to healthcare provider appointment	Ensure incident is fully documented
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)	

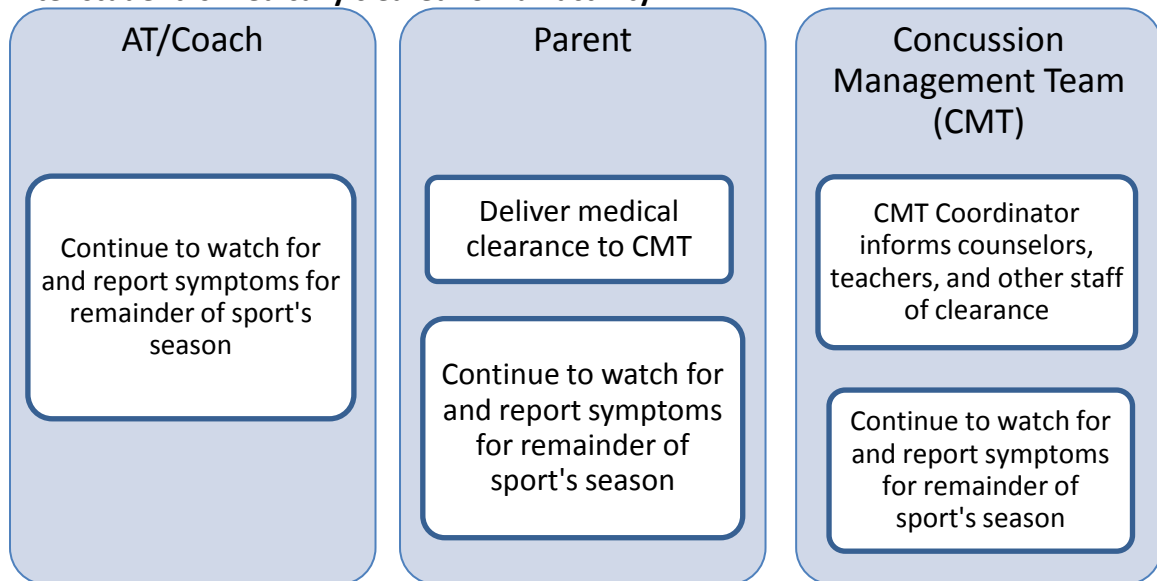
Many states now have laws requiring that any student with a suspected concussion be cleared by a healthcare provider before returning to play.

RETURN RESPONSIBILITY CHART

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



After student is medically cleared for full activity



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