

CONCUSSION GUIDELINES AND CONSENT

WHAT IS A CONCUSSION?

- A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.

WHAT ARE THE SYMPTOMS?

- Signs and symptoms of a concussion are typically noticed immediately after the injury; however some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

- Students whom may have suffered a concussion should be removed from the athletic practice or game immediately. The student should be evaluated by the Licensed Athletic Trainers of McKinney ISD. If it is determined that the student has suffered a concussion, they will be required to see their family physician or ImPACT Physician. Students suspected of a concussion should not be allowed to return to play until appropriate medical clearance and return to play guidelines have been followed. The permission for return to play will come from appropriate health care professionals. You should also inform your child’s Coach, Athletic Trainer, and/or School Administrator, if you think that your child/player may have a concussion. When in doubt, the athlete sits out.

WHAT IF MY CHILD KEEPS PLAYING WITH A CONCUSSION?

- Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

PLEASE SEE THE FOLLOWING PAGE FOR THE MCKINNEY ISD CONCUSSION MANAGEMENT PROTOCOL AND RETURN TO PLAY GUIDELINES. THIS FORM MUST BE SIGNED BY THE PARENT/GUARDIAN AND THE STUDENT ATHLETE PRIOR TO ANY ATHLETIC PARTICIPATION.



CONCUSSION MANAGEMENT

- The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a graded program of exertion prior to medical clearance and return to play. During this period of recovery, while symptomatically following an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. Activities that require concentration and attention (e.g., scholastic work, videogames, text messaging, etc.) may exacerbate symptoms and possibly delay recovery. In such cases, the McKinney ISD Sports Medicine Staff will work in conjunction with the athlete, teachers, and parents to ensure appropriate accommodations according to physician recommendations and observations.
- **In the event a student athlete is suspected of a concussion the student will be:**
 - **Removed from athletic participation immediately**
 - **Evaluated by a Licensed Physician and/or a McKinney ISD Athletic Trainer**
 - **Administered Post-Concussion Impact Test**
 - **Progressed through return to play protocol under the direction of a Licensed Physician.**
 - **Released to participation with written clearance from Physician, Athletic Trainer & Parents.**

GRADUATED RETURN TO PLAY PROTOCOL

- Return to play protocol following a concussion follows a stepwise process progressing from rest to full-contact training. This progression has been developed and is managed by the Licensed Athletic Trainers of McKinney ISD under the supervision its Concussion Oversight Team led by a Licensed Physician. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, 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 and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

NEUROCOGNITIVE TESTING

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the first, most-widely used, and most scientifically validated computerized concussion evaluation system. McKinney ISD utilizes pre-season baseline testing and post-injury testing (usually 48-72 hours post-injury) as a tool in the concussion management protocol. Every athlete is required to complete baseline testing in the assigned years prior to participation in any athletic activities (practices or games).

Athlete's Name (print) _____ Date _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____

Athlete's Signature _____

POST CONCUSSION MANAGEMENT GUIDE

PHYSICIAN RELEASE

Any student who is suspected of sustaining a concussion must be evaluated and released by a licensed physician. The student must also successfully complete the return-to-play protocol and post-concussion ImPACT test as defined by the McKinney ISD Concussion Oversight Team. In addition, the athlete and parent/guardian will be required to sign a return to play authorization form.

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a graded program of exertion prior to medical clearance and return to play. During this period of recovery, while symptomatically following an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. **If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please telephone the MISD Athletic Trainer:**

- McKinney High School – Sarah Gill #469-302-5957 or Jake Mannis #469-302-5958
- McKinney North High School – Nick Clark 469-302-4241 or Elicia Leal #469-302-4242
- McKinney Boyd High School – Gary Hutto #469-302-3479 or Elizabeth Chapman #469-302-3480

and transport to the nearest hospital emergency department immediately.

GRADUATED RETURN TO PLAY PROTOCOL

Return to play protocol following a concussion follows a stepwise process as outlined herein. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, 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 and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

| Rehabilitation Stage | Functional Exercise at Each Stage of Rehabilitation | Objective of Each Stage |
|--------------------------------|---|---|
| 1. No activity | Complete physical and cognitive rest | Recovery |
| 2. Light aerobic exercise | Walking, swimming or stationary cycling keeping intensity ,70% MPPHR; no resistance training | Increase HR |
| 3. Sport-specific exercise | Skating drills in ice hockey, running drills in soccer, no head impact activities | Add movement |
| 4. Non-contact training drills | Progression to more complex training drills, eg, passing drills in football and ice hockey; may start progressive resistance training | Exercise, coordination, and cognitive load |
| 5. Full contact practice | Following medical clearance, participate in normal training activities | Restore confidence and assess functional skills by coaching staff |
| 6. Return to play | Normal game play | |

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**The MISD Concussion Policy Rules & Regulations are in compliance with HB-2038.*

CONCUSSION RETURN TO PLAY CONSENT

ACKNOWLEDGEMENT

The student athlete listed below has completed the McKinney ISD return to play protocol after sustaining a concussion. By signing this form, I understand the dangers associated with returning to play prematurely following a concussion. I agree that I have provided a signed release from the treating physician authorizing my child's return to play. Furthermore, I certify that my son/daughter has successfully completed the MISD return to play protocol and I give my permission for him/her to return to sports competition. In addition, I agree to comply with any ongoing requirements in the return-to-play protocol.

INFORMATION DISCLOSURE

The Family Educational Right to Privacy Act Of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians.

This authorization permits the athletic trainers and team physicians of the McKinney ISD to obtain and disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present, or future participation in athletics. I understand that I may revoke this authorization at any time by providing written notification to the Head Athletic Trainer for McKinney ISD.

IMMUNITY PROVISION

I do hereby agree to indemnify and save harmless the McKinney ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Furthermore, I will not create any cause of action or liability for a member of the concussion oversight team arising from the injury, complication, or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.

Name of School Attending: _____

Athlete's Name (print) _____ Date _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____

Athlete's Signature _____ Student ID # _____

Athletic Trainer: (print) _____ AT's Signature: _____