

Wahoo High School – Athletic Department

Concussion Management Plan

Purpose:

The Athletic Department recognizes that concussions pose a significant health risk for students participating in Wahoo School District sponsored athletic activities. The Athletic Department has implemented this plan to identify and assess students who have sustained a concussion, and direct these individuals with proper Return to Learn and Return to Play guidelines. This Concussion Management Plan has been developed in accordance with Nebraska LB260 Return to Play and 2014 Amendment for Return to Learn legislation, with contribution from the Center for Disease Control's Head Up Program.

Concussion Definition:

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. – CDC 2/16/2015

For More Information: http://www.cdc.gov/headsup/basics/concussion_whatitis.html

Signs and Symptoms of Concussion:

Coaches, administrators, students and parents/guardians need to be aware of the signs and symptoms of a concussion to properly recognize and intervene on behalf of the student.

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes your child or teen might be a little confused or a bit dazed, but an hour later your child might not be able to remember how he or she got hurt. Symptoms can be reported directly by the student or observed by those around them.

Physical Symptoms	Cognitive Symptoms	Emotional Symptoms
Headache	Memory loss or Difficulties	Irritability
Vision Difficulties: blurred, double	Attention Difficulties	Sadness
Nausea	Concentration Difficulties	Nervousness
Dizziness	Reasoning Difficulty	Sleep Difficulties
Balance Difficulties	Confusion	
Light Sensitivity	Slowed Reaction Time	
Noise Sensitivity		
Fatigue		
Sluggish or Groggy		
Loss of Consciousness		

Baseline Assessment:

The Athletic Department utilizes the ImPACT™ concussion management system (<https://www.impacttest.com/about/>). Baseline neurocognitive testing will be performed every two years by all students who are participating at the High School level, in Middle School Football, or sustained a concussion the previous academic year, prior to their competitive season.

Fall Sports	Winter Sports	Spring Sports
Cross Country	Boy's Basketball	Baseball
Football	Girl's Basketball	Boys Golf
Girl's Golf	Wresting	Track and Field
Softball		
Volleyball	Cheer and Dance	

The testing will provide significant data for return to play decisions. The baseline data in conjunction with physical examination will be used in determining when it is safe for the student to begin the Return to Play protocol. This is a tool used to determine neurocognitive function, and is not a sole indicator for return to sport.

Students who do not have a baseline test will have their post-concussive test results compared to ImPACT™ system norms.

Concussion Management:

When a student has a sign or symptom of concussion, they must be removed from play and not allowed to return until evaluated by an athletic trainer, physician, or medical professional trained in the evaluation and management of concussions.

Any student with neck pain should be treated as a cervical injury until ruled out by medical professionals.

Concussions can be a medical emergency if a student is in distress call 911 immediately. The following symptoms indicate immediate need to report to nearest emergency room or activate Emergency Medical Services by calling 911.

- *headaches that increase in intensity
- *vomiting
- *decreased or irregular pulse or respiration
- *unequal, dilated, unrestrictive pupils
- *slurred speech
- * seizure activity
- *changes in level of consciousness, very drowsy, difficulty awakening or losing consciousness
- *cannot recognize people or places, or becomes increasingly confused.

If the student is medically stable in Wahoo:

- Athletic Trainer (ATC) on campus: notify ATC immediately for evaluation
- ATC not on campus/off campus venue: notify ATC immediately to determine evaluation plan

Injury at away contest:

- Team ATC present: refer for evaluation
- Team ATC not present, host institution ATC available: refer to host ATC/medical staff for evaluation. Contact team ATC after evaluation/contest.

If the assessment is concussion, the student cannot return to practice or competition. Parents will be notified by team ATC and student will begin observation period until symptom free for 24 hours.

Management:

1. Students with concussions will be removed from activity, parents/guardians notified, and student will be sent home with a home care instruction sheet.
2. Student will have daily check ins with ATC during the concussion process. These will take place in person on campus or via phone and include daily symptom score.
3. The concussion management team will be notified of injury, athletic trainer will assist in Return to Learn as requested by concussion management team.
4. ImPACT™ testing will be administered within 24 to 48 hours after a concussion is suspected. If the athlete fails the first post-concussion test, the athlete must be symptom free for 24 to 48 hours prior to taking the ImPACT test again. The test is administered thereafter every four to five days, if the athlete remains symptom free, until he/she passes.
5. ImPACT™ test that has returned to original baseline will be used with clinical evaluation in Return to Play progression decision.
6. The athletic trainer can recommend further evaluation by a physician. The athletic trainer will contact the parent/guardian to discuss this recommendation if need would arise.
 - A parent/guardian may choose to seek evaluation by a physician. At no time shall a Wahoo High School Student be denied access to a physician for medical evaluation. Instructions from family physician via written documentation, or direct phone call to the athletic trainer are required for injury documentation. Input from physician will be taken into account for Return to Play progression. The supervising athletic trainer, team physician, and Athletic Department Staff have the unchallengeable authority to determine management and Return to Play decision of any ill or injured athlete.
7. The athlete will return to participation once protocol is accomplished and a signature for return is obtained by the athlete's parents or legal guardian and by the supervising athletic trainer and/or physician in charge of administering the return to play protocol.

Lincoln Orthopaedic Center

Concussion Management Protocol

No athletes should return to contact competitive sports until they are symptom free, both at rest and with exercise and have normal neuro-cognitive testing. The athlete will be tested and supervised and tested throughout the protocol by the team/school athletic trainer.

Usually, concussed athletes will start to recover rapidly once the feelings of fogginess and being slowed down disappear. Students may literally wake up one morning and say, "Wow, I'm back to normal!"

When they have no headaches *or other concussion symptoms* and neuro-cognitive testing is normal (e.g., IMPACT) athletes can begin the concussion graduated return-to-play exercise program that was recommended at the Prague Concussion Conference:

Day 1: Walking for 20-30 minutes at a rate of 2-1/2 miles per hour, target heart rate approximately 40% maximum

Day 2: Jogging for 20-30 minutes target heart rate 40-60% maximum

Day 3: Running for 20-30 minutes and agility drills target heart rate 60-80% maximum

Day 4: Performing sports specific practice drills target heart rate 80-90% maximum

Day 5: Maximal exertion - Return to contact sports **if no symptoms with exertion/exercise program**

If headaches or other symptoms occur, during any step, the activity needs to be stopped. The athlete should then wait 24 hours and start at the previous level again. The athlete may be referred to a specialist if symptoms persist and symptoms do not improve.



Sports Medicine Concussion Program
Return to Activity Clearance Form

Patient Name: _____

Date of Injury: _____

Date of Evaluation: _____

This athlete named above is cleared for a complete return to full contact sport participation as of _____ . The athlete is instructed to stop play immediately and notify the coach or athletic trainer should his/her symptoms return.

Signature: _____ (Parent/Guardian)

Signature: _____ (Supervising ATC)

Signature: _____ (Physician – If Involved)

Athletic Trainers:

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