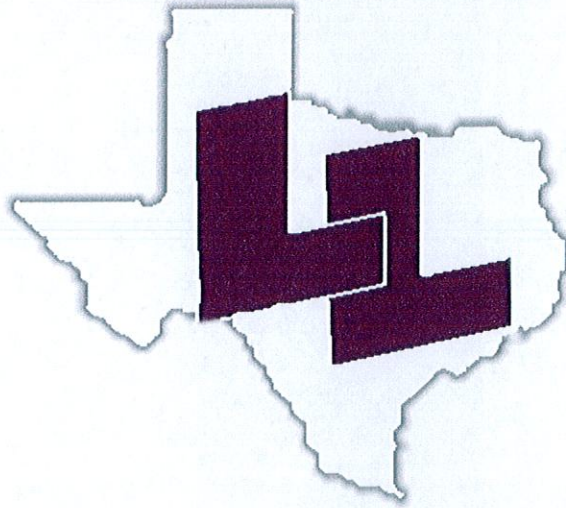
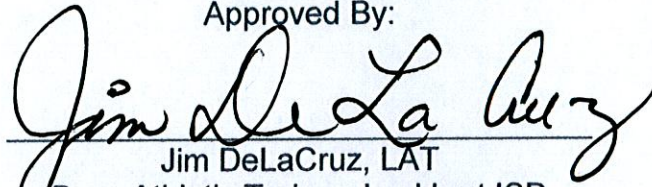
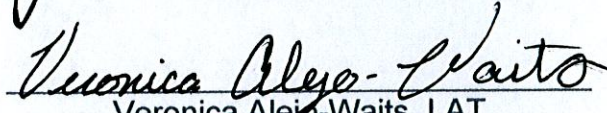


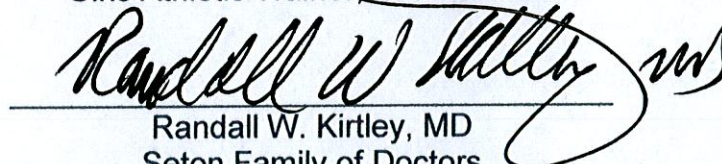
**Lockhart Independent School District**  
**Department of Athletics**  
**Concussion Protocol**

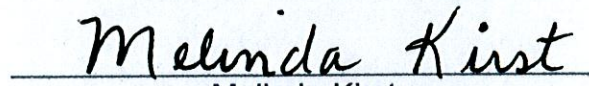


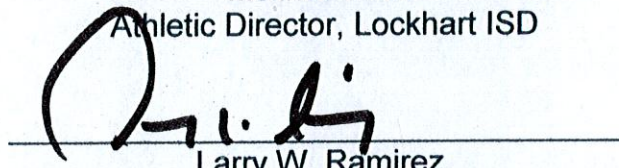
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# **Lockhart ISD Protocol for Sports Concussion Management**

## **Introduction**

Concussions are a common problem in sports and have the potential for serious complications if not managed correctly. Even what appears to be a "minor ding or bell ringer" has the real risk of catastrophic results when an athlete is returned to action too soon. The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting and even terminal effects on the individual. In order to have a standard method of managing concussions to LISD athletes, the following guidelines are intended to serve as a written protocol for concussion management. June 17, 2011, House Bill Number 2038, also known as Natasha's Law, was passed. This is a law relating to prevention, treatment, and oversight of concussions affecting public school student's participation in interscholastic athletics.

## **What is a Concussion?**

A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or sluggish mental reactions, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

## **Purpose**

This concussion protocol is designed to help Lockhart ISD treat suspected concussed student-athletes in an efficient and objective manner. By following this protocol, Lockhart ISD will be able to provide efficient treatment to keep the student-athlete's health care a primary concern and while also being able to assist the student-athlete to return to competition as quickly and safely as possible following a concussion episode. A concussion oversight team will establish protocol guidelines and ensure proper procedures are followed according to H.B. No. 2038.

## **Concussion Oversight Team**

According to H.B. No. 2038 the Lockhart ISD Concussion Oversight Team must include at least one physician and a licensed or certified athletic trainer. The team may also include one or more of the following:

- An advanced practice nurse
- A neurophysiologist
- A physician assistant

Each member of the Concussion Oversight Team must have had training in the evaluation, treatment and oversight of concussions at the time of appointment or approval as a member of the team.

## **Annual Acknowledging Concussion Information Form**

As stated in H.B. No. 2038, a student may not participate in an interscholastic athletic activity for a school year until both the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student, have signed a U.I.L. approved form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion.

## **Prevention**

Although some concussions cannot be prevented, many can be minimized or avoided. Proper coaching techniques, good officiating of the existing rules and use of properly fitted equipment can minimize the risk of head injury.

### **Prevention Strategies**

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage student-athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure student-athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE (National Operating Committee Standards Athletic Equipment) certified.
7. Make sure the headgear fits the individual, and is secured properly.
8. For all sports that require headgear, a coach or appropriate designee should check headgear before use to make sure air bladders are operational and are appropriately filled. Padding should be checked to make sure it is in proper working condition.

## Evaluation for Concussion

1. At time of injury, the team trainer or, if available, the sideline physician will administer the LISD concussion assessment test.
2. **Student-athlete does not return to game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Doctor Referral
4. Home Instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athlete's Participation Form

**When in doubt, sit them out!**

## Concussion Management

Student-athlete must be symptom-free for 24 hours before beginning Return-to-Play Protocol.

### School Modifications

- a. Notify school nurse and all classroom teachers that student-athlete has a concussion.
- b. Notify teachers of post-concussion symptoms.
- c. Student-athlete might need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
- d. Student-athlete might only be able to attend school for half day or might need daily rest periods until symptoms subside.

## Return-to-Play Protocol

Following clearance and compliance with UIL Guidelines, supervised progression of activities should be initiated utilizing the latest standardized protocol:

1. All student-athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes student-athletes who were initially referred to an emergency department.
2. The student-athlete will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of his/her injury and what to expect. Accommodations might need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined below. The progressions will advance at the rate of one step per day. The progressions are:
  - a) No strenuous physical activity until after the student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.
  - b) Begin light aerobic exercise, 5 to 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise.
  - c) Moderate aerobic exercise, 15 to 20 minutes of running at moderate intensity in the gym or on the field without equipment.
  - d) Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
  - e) Full contact practice or training.

**Note –Progression continues as long as student-athlete is asymptomatic at the current activity level. If the student-athlete experiences any post-concussion symptoms, he/she will wait 24 hours, be reevaluated by a healthcare professional and start the progression again at the beginning.**

5. Upon completion of the Return-to-Play Protocol, the student-athlete and the student-athlete's parent or guardian or another person with legal authority to make medical decisions for the student:
  - A. Have acknowledged that the student-athlete has completed the requirements of the Return-to-Play Protocol,
  - B. Have provided the treating physician's written statement that in the physician's professional judgment, it is safe for the student-athlete to return to play,
  - C. Have signed the consent form indicating that the person signing:
    - i. Has been informed and consents to the student-athlete participating in returning to play in accordance with the Return-to-Play Protocol,
    - ii. Understands the risks associated with the student-athlete returning to play and will comply with any ongoing requirements in the Return-to-Play Protocol,
    - iii. Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 of the treating physician's written statement and, if any, the Return-to-Play recommendations of the treating physician; and
    - iv. Understands the immunity provisions under TEC Section 38.159.
6. Once the student-athlete has completed steps 1 through 5, he/she may return to his/her sport activity with no restrictions.

**A coach may not authorize a student-athlete's return to play.**

## References

UIL – Concussions and Concussion Management Protocol Requirements and Information  
<http://www.uiltexas.org/health/info/concussions>

<http://www.athletictherapy.org/docs/PragueConcussionArticle.pdf>

<http://www.nfhs.org/>

<http://www.cdc.gov/>

[www.lmPacttest.com](http://www.lmPacttest.com)

[www.healthsystem.virginia.edu/internet/neurogram](http://www.healthsystem.virginia.edu/internet/neurogram)

[www.brainline.org](http://www.brainline.org)

[www.momsteam.com./healthsafety/concussion](http://www.momsteam.com./healthsafety/concussion)

Sports Concussion Assessment Tool (SCAT)

[http://www.csmfoundation.org/SCAT\\_Card.pdf](http://www.csmfoundation.org/SCAT_Card.pdf)

[http://www.wisportsconcussion.org/images/UPMC\\_Concussion\\_Evaluation.pdf](http://www.wisportsconcussion.org/images/UPMC_Concussion_Evaluation.pdf)

<http://knowconcussion.org/wp-content/uploads/2011/06/SAC.pdf>

Sideline Functional and Visual Assessments

<http://www.texashealth.org/body.cfm?id=3842>

Presbyterian Sports Network, Sports Concussion Management Protocol

<http://www.texasinstituteofsurgery.org/assets/brochures/concussion.pdf>

Mesquite ISD Guidelines for Sports Concussion Management

<http://www.mesquiteisd.org/departments/athletics/index.asp>

Alamo Heights High School Department of Athletics Concussion Protocol

<http://www.ahisd.net/campuses/ahhs/departments/athletics/athletics.html>

McCrory, Paul, et al. Summary & Agreement Statement of the 2<sup>nd</sup> International Conference on Concussion in Sport, Prague 2004; Clinical Journal of Sports Medicine, March 2005

Guskiewicz, Kevin M, et al. National Athletic Trainers Association Position Statement: Management of Sport-Related Concussion; Journal of Athletic Training, Sept. 2004