

Concussion/Head Injury/Mild Traumatic Brain Injury (TBI) Information

Definition: A concussion is a type of traumatic brain injury (TBI) which alters the functioning of the brain. A concussion can occur with any bump, blow, or jolt to the head or body that causes the brain to quickly move back and forth. Concussions can occur as a result of a fall, motor vehicle accident, accident on the playground, during athletic participation, or during many other activities. All concussions are serious and need to be evaluated by a health care professional.

Signs and Symptoms: Look for the following signs and symptoms of concussion for any student who suffered a bump, blow, or jolt to their head or body:

- Headache or head “pressure”
- Nausea and/or vomiting
- Dizzy and/or problems with balance
- Blurry vision or double vision
- Light and/or noise sensitivity
- Feels “foggy”
- Hard time concentrating
- Hard time remembering
- Confused
- Just “doesn’t feel right”
- Unable to remember events before or after the injury
- Loss of consciousness
- Appears dazed or out of it

Prevention: Below are ways to help reduce the risk of sustaining a concussion:

- Wear a seat belt every time you are driving or riding in a motor vehicle.
- Never drive or ride in a vehicle with someone who is under the influence of drugs or alcohol.
- Wear appropriate safety equipment, including properly fitted helmets, such as, but not limited to, when:
 - riding a bike, motorcycle, snow mobile, or ATV;
 - playing contact sports (examples include football, soccer, hockey, and lacrosse);
 - skiing, snowboarding, and sledding;
 - horseback riding; or
 - batting during baseball or softball
- During any athletic participation including practices and games:
 - Always use the recommended protective equipment for that sport (all equipment should be fitted appropriately and maintained according to manufacturer’s recommendations);
 - Safety rules need to be followed by all participants as well as proper techniques for safe playing;
 - Learn and follow the rules of the sport being played and promptly and honestly report injuries to an adult; and
 - Any student with a head injury must be removed from participation, will be referred to their healthcare provider for follow-up, and will remain out of play until proper medical documentation is submitted.

Returning to Sports/Athletics: The District follows the International Consensus Conference Guidelines for Return to Play (RTP) to team sports in a monitored and graduated progression of activity over six phases once the athlete is symptom free for at least 24 hours and medically cleared by their physician*. Your physician RTP clearance is a return to our protocol, not games. The process is detailed below.

International Consensus Conference Guidelines for Return to Play Following Head Injury/Concussion

Phase 1 low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals with rest in between; no resistance training

Phase 2 higher impact, higher exertion activity in two 15 minute intervals, with rest in between, such as running/jumping rope, skating, or other cardio exercise; may be sports specific if available (e.g. skating without collision meaning suited up, but skating when the team is not doing drills; running without impact in soccer or football, suited up), no resistance training

Phase 3 repeat phase 2 progressing with shorter breaks, and add additional 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting

Phase 4 repeat of phase 3 without breaks in cardio, but add skill work with movement (allowing balls to be thrown/kicked in the direction of student) and add additional 10-15 minutes; non-contact training drills

Student will complete post-injury ImPACT computer-based neuro-cognitive testing to compare with baseline pre-injury test results in combination with the athlete’s current overall neuro-cognitive symptoms and physical presentation. Collaboration between the ATC, RN, District Physician and/or NP, and private medical provider, as needed, will determine whether to advance, hold, or regress.

Phase 5 repeat phase 4 as a warm up; weight lifting with spotting; full contact training drills for full practice session

Phase 6 warm up followed by full participation as tolerated

*For purposes of the head injury RTP protocol, an appropriate physician evaluation is completed by a practicing MD or DO within the following specialties: family medicine, pediatrics, sports medicine, neurology, or neurosurgery, with preference given to the individual’s primary care physician. Family members and friends of the family who are medical providers may not serve as an appropriate physician. The physician completing the physician’s evaluation form should document name, degree, specialty, practice name (if applicable), address, and phone number.

For additional information on traumatic brain injuries (TBIs), please visit the following websites:

<http://www.cdc.gov/concussion/HeadsUp/> or

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

http://www.health.ny.gov/prevention/injury_prevention/concussion.htm