

**Great Hearts Texas Return to Participation from Concussion – Medical Provider Statement**

Student Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

To the treating medical provider,

Please complete this form so that the student may return it to their school athletics department. Students may only return to full participation after receiving a physician statement indicating the ability to begin activity and completion of GHTX’s Return to Participation for Concussion procedures. The procedures are a phased return to full activity due to a diagnosed, or suspected, concussion.

**Return to Athletic Participation**

This student may return to athletic activity (contact, weightlifting, etc.) as follows:

\_\_\_\_\_ Full athletic activity upon successful completion of GHTX RTP from Concussion procedures.

\_\_\_\_\_ **May not return to any activity.**

Has follow-up visit on: \_\_\_\_\_

Other Instructions:

General Comments:

\_\_\_\_\_

Physician’s **printed** name or stamp: \_\_\_\_\_

Contact number: \_\_\_\_\_

Physician’s *signature*: \_\_\_\_\_

Date: \_\_\_\_\_

## RETURN TO PLAY GUIDELINES FOR PARENTS

**TEACH IT'S NOT SMART TO PLAY WITH A CONCUSSION.** Rest is the key after a concussion. Occasionally athletes, parents, school staff and/or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

**PREVENT LONG-TERM PROBLEMS.** If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Great Hearts Texas has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain a head injury 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 activity. This includes athletes who were initially referred to an emergency department
2. The student will be monitored daily at school by the coach and school nurse. His/her teachers will be notified of the injury and what to expect. Accommodations may 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 in the GHTX Concussion Management Policy. The progressions will advance at the rate of one step per day as long as no symptoms become present. The progressions are as follows:

### I.Phase 1

- a. No activity for a minimum of 7 days regardless of Licensed Physician release.
- b. Athlete must be symptom free with physician clearance for minimum of 24 hours before starting return-to-play protocol.

### II.Phase 2

- a. Day 1- Light aerobic exercise 5 – 10 minutes on exercise bike or light jogging with no resistance training
- b. Day 2- Moderate Aerobic activity and Resistance training. 15 – 20min. running in the gym or on the field with no protective equipment, 20 min. of resistance training may include push-ups and sit ups, No weightlifting.
- c. Day 3- Sports Specific drills. Cutting, sprinting, etc. No uniform or protective equipment
- d. Day 4- Return to Full Controlled Practice

### III.Phase 3

- a. Day 5- Return to full practice and competition, once the athlete has completed phase 1 – 2 and returned signed UIL RTP form.

\*Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post- concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step. If athletes experiences symptoms three times during the return-to-play protocol, they must be re-evaluated by a physician. \*

## EDUCATIONAL ACCOMODATIONS CHECKLIST FOR CONCUSSIONS

**Instructions for Parents & Guardians:** The treating physician is encouraged to complete this form if they recommend classroom accommodations. This sheet will provide the school staff with proper educational accommodations to guarantee your child the quickest recovery possible.

Patient name: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

Area	Requested Accommodations	
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial School Day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School Day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse’s office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e., music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e., 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks)/eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	

<b>Educational Plan</b>	<input type="checkbox"/> Student needs an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
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# Concussion Management Protocol Return to Play Form

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## Designated school district official verifies

*Please Check*

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

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## Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

*Please Check*

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*

## PHYSICIAN REFERRAL CHECKLIST

Athlete will be sent to see physicians if any of the following symptoms are present.

### DAY OF INJURY REFERRAL

1. Loss of consciousness on the field\*
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptom as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function\*
14. Decreasing level of consciousness\*
15. Decrease or irregularity in respiration\*
16. Decrease or irregularity in pulse\*
17. Unequal or unreactive pupils\*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding\*
19. Mental status changes: lethargy, confusion or agitation\*
20. Seizure activity\*

**Note: \*indicates that the athlete needs to be transported immediately to the nearest emergency department.**

### DELAYED REFERRAL (after the day of the injury)

1. Any of the findings on the day of injury referral categories
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (i.e. sleep, cognition,
5. depression, aggression, etc.)

# A FACT SHEET FOR Parents



## What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

## What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## Signs & Symptoms of a Concussion

### Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### Symptoms Reported by Your Child or Teen

#### Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

*\*Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)  
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# Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.**

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

## ➤ What should I do if my child or teen has a concussion?

### 1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

### 2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

### 3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

## ➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP) or call 1.800.CDC.INFO

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