**A picture containing text, light

Description automatically generated**

Dear Parent/Guardian,

Your student athlete has sustained a concussion while participation in after-school sports. They have been evaluated by a Certified Athletic Trainer on this day. The following will provide you with further information regarding concussions, at-home care for concussions, and the return-to-play protocol that will be followed to return your student athlete to participation in their sport. Please follow up with the Athletic Trainer at Ferris High School for any further information.

**WHAT IS A CONCUSSION?**

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly within the skull. Even a “ding,” getting your “bell rung” or what seems to be a mild bump or blow to the head can be SERIOUS. Concussions can result from a fall, collision with a person or object, or other mechanisms – a direct blow to the head is NOT necessary to sustain a concussion. Concussions may be described as a “mild” brain injury because they are usually not life-threatening. *Because concussions are a functional injury and not a structural injury, imaging of the brain will often be normal.*

**THE FACTS:**

• A concussion is a BRAIN INJURY.

• All concussions are SERIOUS.

• Concussions most often occur WITHOUT loss of consciousness.

• Concussions can occur in ANY SPORT OR ACTIVITY.

• Younger ages may have more symptoms and a longer recovery time.

• If you have experienced prior concussions, headaches, learning disabilities, sleep problems, or mental health issues, you may have a longer recovery time.

• Typically, approximately 80% of those who sustain a concussion are better in 2 weeks, but still need medical evaluation and care to fully recover and return to mental and physical activity.

• Recognition and proper management of concussions when they FIRST OCCUR can help prevent further injury and even death.

**SYMPTOMS *(may develop over the first 24-48 hours or longer)*:**

Pay attention to the following symptoms, which usually develop over the first 24-48 hours and can range from very mild to severe, it is not unusual for these symptoms to fluctuate during the initial stage of a concussion:

|  |  |  |
| --- | --- | --- |
| Headache or pressure in the head | Balance problems or dizziness | Nausea or vomiting |
| Double or blurry vision | Sensitivity to light or noise | Feeling slowed down or in a fog |
| Memory or concentration problems | Confusion or “not feeling right” | Fatigue or low energy |
| Drowsiness/sleeping problems | Feeling more emotional irritable, sad, nervous, or anxious |  |

**RED FLAGS- SEEK IMMEDIATE MEDICAL ADVICE OR CARE IF YOU:**

• Have a headache that is getting significantly worse.

• Are very drowsy or cannot stay awake.

• Have difficulty recognizing people or places.

• Have repeated vomiting.

• Behave unusually or seem confused, disoriented, or irritable.

• Have seizures (arms and legs moving uncontrollably).

• Have weak or numb arms and/or legs.

• Are excessively unsteady on your feet.

• Have slurred speech.

**GETTING BETTER:**

Although most people recover fully after a concussion, how quickly they improve depends on many factors. These factors include: the severity of the concussion, their age, how healthy they were before the concussion, and how they take care of themselves after the injury. Ignoring symptoms and trying to “tough it out” often makes symptoms worse. Be patient as healing of the brain can take time. When symptoms have resolved, a gradual return to activity will be introduced.

**THINGS TO DO:**

* **Get plenty of sleep and rest for the first 24-48 hours**- Sleep and relative rest are the best initial treatment for a concussion. There is no need to wake them up if their symptoms have stabilized, but the athlete should not be in complete rest.
* **Eat a healthy meal**- proper nutrition will better provide the body with the resources it needs to heal.
* **Do not participate in strenuous physical activity** until medically cleared to do so. The athletic trainer will notify teachers of necessary accommodations. However, following rest, the athlete should be able to fulfill activities of daily living (housecleaning and chores).
* **Stay home** from school until symptoms have drastically reduced. Once symptoms have improved, start with a half-day of school. If the athlete has not experienced an increase in symptoms, they may stay for a full day.

**THINGS TO AVOID:**

* **Reduce screen time** for the first 48 hours.
* **Do not drive** or operate heavy equipment until medically cleared.
* **Do not drink alcohol.**
* **Do not take drugs**, non-prescription medications, or sleep-aids.

**IMPORTANT:**

* **Check in** with your athletic trainer any day the athlete is at school.
* **Tylenol (acetaminophen)** **can be taken** to help with headache symptoms. Stay away from anti-inflammatory drugs such as ibuprofen/Advil, Aleve, or aspirin. Please note that pain medication must not be taken during the return-to-play process, as symptoms will need to be monitored.
* **If symptoms persist after 10 days, we will refer the athlete to a specialist.**
* **Your BRAIN has been INJURED. Your BRAIN is essential to your whole life!**

**RETURN-TO-LEARN (RTL) strategy**

In may be necessary for your athlete to receive accommodation in the concussion recovery process. The athletic trainer will work with staff (school nurse, counselors, teachers) to enable academic support, including accommodations/learning adjustments for student athletes when needed. It is important to note, not all athletes will need an RTL strategy or academic support.

Step 1 - Daily activities that do not result in more than a mild exacerbation of symptoms related to the current concussion.

* Typical activities during the day (eg, reading) while minimizing screen time.
* Allowable activities: Start with 5–15min at a time and increase gradually.
* *Goals:* Gradual return to typical activities.

Step 2 - School activities

* Homework, reading or other cognitive activities outside of the classroom.
* *Goals:* Increase tolerance to cognitive work.

Step 3 - Return to school part time

* Gradual introduction of schoolwork.
* May need to start with a partial school day or with greater access to rest breaks during the day.
* *Goals:* Increase academic activities.

Step 4 Return to school full time

* Gradually progress in school activities until a full day can be tolerated without more than mild\* symptom exacerbation.
* Goals: Return to full academic activities and catch up on missed work.

**RETURN-TO-PLAY (RTP) PROTOCOL:**

It is District 81 policy to abide by the graduated return to play process in accordance with the Lyksted Law. **If the athlete has been cleared by a physician to return to activity after a suspected concussion, the return to play process will still be required to return to participation in the athlete’s sport.** This process is usually administered by the Athletic Trainer but may also be done by a Sports Medicine Physician. The athlete must be cleared from any RTL protocol before a return to play protocol can begin. The CDC has approved the following 5-stage return to play protocol that will be used in the event a concussion has occurred. This return to play process may be slightly altered due to available equipment/practice area.

Before resuming your activity, you will need to follow the step-wise, symptom-limited program below. General guidelines include:

• You WILL begin with Stage 1 and then go to Stage 2, etc.

• **There WILL be at least 24 hours between stages.**

• If you develop any symptoms at any one stage, STOP activity immediately, rest, and return to the previous stage.

• **DO NOT** skip any stages.

* If you are symptom-free during light activity, then you must wait for the next day before progressing to Stage 3 and each subsequent stage thereafter.

Step 1 - Symptom-limited activity

* Daily activities that do not exacerbate symptoms (eg, walking).
* Gradual reintroduction of work/school

Step 2 - Aerobic exercise

2A—Light (up to approximately 55% maxHR) then

2B—Moderate (up to approximately 70% maxHR)

* Stationary cycling or walking at slow to medium pace.
* May start light resistance training that does not result in more than mild and brief exacerbation\* of concussion symptoms.
* Increase heart rate

Step 3 - Individual sport-specific exercise

* Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.
* Add movement, change of direction

*\*\*\*Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.\*\*\**

Step 4 - Non-contact training drills

* Exercise to high intensity including more challenging training drills (eg, passing drills, multiplayer training).
* Can integrate into a team environment.
* Resume usual intensity of exercise, coordination and increased thinking.

Step 5 - Full contact practice

* Participate in normal training activities.
* Restore confidence and assess functional skills by coaching staff.

Step 6 - Return to sport

* Normal game play.

\*Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity).

*Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.*

Please take this form if you see your primary care provider; have them read through and sign to acknowledge that this will be the return-to-play criteria used for returning your athlete to their respective sport/activity. They may add additional details as they deem necessary. If you have further questions regarding concussions, you may call your school’s athletic trainer (contact information listed below).

*\*\*\* Please note that if a concussion is sustained at the end of a sports season (or school year) it DOES NOT*

*mean that the return to play process does not need to be completed. Failure of the student-athlete to follow-up with the athletic trainer and completion of the return-to-play protocol may result in ineligibility of the student-athlete going into their next sports season. It is the responsibility of the student-athlete and their parents to ensure that the athlete is properly cleared to resume sports participation. Medical clearance notes related to concussion will* ***NOT*** *be accepted from Urgent Care or Emergency Department (ED/ER) providers. \*\*\**

\*\*\* IMPORTANT: If a note of “clearance” is given to an athlete to return to sport who has seen an outside

provider (physician, physician assistant, ARNP, etc.), the final clearance will be granted by the on-site medical

provider regardless of a note granting full return to sport participation and the full Return-to-Sport Protocol will

still need to be completed to the specifications of the on-site provider. \*\*\*

<http://www.cdc.gov/headsup/providers/return_to_activities.html>