

## Fort Bend ISD Athletic Department Guidelines for Concussion Management

### Introduction

Approximately 10 percent of all athletes involved in contact sports suffer a Mild Traumatic Brain Injury (MTBI; concussion) each season; some estimates are as high as 19 percent. Because many mild concussions can go undiagnosed and unreported, it is difficult to estimate precisely the rate of concussion in any sport.

Symptoms are not always definite, and knowing when it is safe for an athlete to return to play is not always clear. The recognition and management of concussions in athletes can be difficult for a number of reasons; this is due to the wide variety of different symptoms that may present with this injury. Although the classic symptoms (i.e. loss of consciousness, confusion, memory loss and/or balance problems) may be present in some athletes with mild traumatic brain injury, there may not be obvious signs that a concussion has occurred.

Post-concussion symptoms can be quite subtle and may go unnoticed by the athlete, team medical staff or coaches. Many coaches and other team personnel may have limited training in recognizing signs of concussion and therefore may not accurately diagnose the injury when it has occurred. Players may be reluctant to report concussive symptoms for fear that they will be removed from the game, and this may jeopardize their status on the team or their athletic careers.

Fort Bend ISD is in compliance with HB 2038, 82(R). A student removed from an athletics practice or competition will not be permitted to practice or compete again until the student has been evaluated and cleared to play through a school-issued written statement by the athlete's physician. The athlete's parent/guardian as well as the athlete must return the physician's statement and complete a consent form indicating that they have been informed and agree to the policies established under the return-to-play protocol, understand the risks associated with the student's returning to play and comply with any ongoing requirements outlined by the concussion policy. The athlete and parent/guardian will consent to the physician's disclosure of health information that was related to the concussion treatments and understand the district or school's immunity from liability provisions.

### **Concussion Oversight Team (COT):**

According to TEC Section 38.153: *The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.*

### **The Fort Bend ISD Concussion Oversight Team includes:**

Jeff Arceneaux ATC, LAT- Athletic Trainer  
Richard Gregoire, ATC, LAT – Athletic Trainer  
Michelle Hiatt ATC, LAT – Athletic Trainer  
Jasmine Johnson, MS ATC, LAT- Athletic Trainer  
Jay Jones, ATC, LAT, MSE, CSCS – Athletic Trainer  
Aimee Marotta ATC, LAT, M.Ed. – Athletic Trainer  
Mark Moffett, ATC, LAT – Athletic Trainer  
Thomas Phillips LAT, CMT – Athletic Trainer  
Bryant Spencer ATC, LAT, MBA – Athletic Trainer  
Glen Stroech LAT, M.Ed. – Athletic Trainer  
Kara Sylvester ATC, LAT, M.Ed. – Athletic Trainer

June Tomlin ATC, LAT, M.Ed. – Athletic Trainer  
All Assistant Athletic Trainers for Fort Bend ISD  
Nader Ayub DO – Houston Methodist Orthopedics  
Timothy Sitter MD – Houston Methodist Orthopedics  
David Braunreiter MD–Team Physician-Concussion Specialist  
Ashvin Dewan MD- Houston Methodist Orthopedics  
Nish Shah MD- Houston Methodist Orthopedics  
Bill Wissen, MA, ATC, LAT- Athletic Trainer  
Rehal Bhojani MD – Memorial Hermann Hospital

**Concussion or Mild Traumatic Brain Injury (MTBI)** - A concussion or MTBI is 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, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise and a change in sleeping patterns. Symptoms can also include a loss of consciousness but many do not. These symptoms may be temporary or long lasting.

**Second Impact Syndrome** – Second Impact Syndrome (SIS) refers to catastrophic events that may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom-free from the previous concussion.

**Responsible Individuals:** At every activity under the jurisdiction of the UIL in which the activity involved carries a potential risk for concussion in the participants, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries. That individual should be a physician or an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as defined in TEC section 38.151, with appropriate training in the recognition and management of concussion in athletes. In the event that such an individual is not available, a supervising adult approved by the school district with appropriate training in the recognition of the signs and symptoms of a concussion in athletes could serve in that capacity. When a licensed athletic trainer is available such an individual would be the appropriate designated person to assume this role. The individual responsible for determining the presence of the symptoms of a concussion is also responsible for creating the appropriate documentation related to the injury event.

### **Prevention Strategies**

Helmets, headgear and mouth guards do not prevent concussions. These items can protect against other injuries and should be appropriately fitted and in good condition.

1. All headgear must be NOCSAE certified.
2. Fitting and use must comply with manufacturers recommendations and make sure the headgear fits the individual.
3. For all sports that require headgear, a coach/appropriate designate should check headgear before use to make sure air bladders work and appropriately filled. Athletes must help to maintain helmet fit (i.e., check air, looseness, tightness). Padding should be checked to make sure the helmet is in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times

### **Recovery and safe return-to-play:**

It is crucial to allow enough healing and recovery time following a concussion to prevent further damage. Research suggests that the effects of repeated concussion may be cumulative over time. Most athletes who experience an initial concussion can recover completely as long as they do not return to contact sports too soon. Following a concussion, there is a period of changed brain function that may last anywhere from 24 hours to 10 days, or more. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk of permanent brain injury increases.

### **Return to Learn:**

Following a concussion, many athletes have difficulty in school. These problems may last from days to months and often involve difficulties with short- and long-term memory, concentration and organization. In many cases, it is best to lessen the student's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or longer, if necessary. Decreasing stress on the brain early on after a concussion may lessen the symptoms and shorten the recovery time. These modifications can be prescribed by a physician.

### **Evaluation for Concussion/MTBI**

1. At time of injury administer one of these assessment tests:
  - a. Sports Concussion Assessment Tool (SCAT5)
  - b. Graded Symptom Checklist (GSC)
2. Observe athlete 15 to 20 minutes and re-evaluate.
3. Athlete does not return to a game or practice if he/she has any signs or symptoms of MTBI/concussion or is suspected of concussion injury by the designated medical official.
4. Doctor Referral
5. Home Instructions
6. Return to Play Guidelines for Parents
7. **Note - If in doubt, athlete is referred to physician and does not return to play.**

### **Concussion Management**

1. Recommended school modifications
  - a. Inform Principals, school nurse and counselor about the student that has MTBI
  - b. Notify counselor, principals and school nurse of post-concussion symptoms
  - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside
  - d. Student may only be able to attend school for half days or may need daily rest period until symptoms subside with physician authorization
2. Student must be asymptomatic before return to play protocol begins.
3. Student will not return to full practice or competition for minimum of seven days.
4. The treating physician must provide a written statement to the parent and athletic department indicating that, in the physician's judgment, is safe for the student to return to play.
5. Student athlete and the parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding the risks associated with the student athlete's return to play.

### **Return to Play Guidelines**

Athlete must show no signs of post-concussion symptoms for at least 24 hours, be symptom free for at least one full day of school attendance before return to play protocol begins. Athlete must not have any academic modifications and be cleared by physician before Return to Play protocol begins.

1. Athlete activity progressions
  - a. Light aerobic exercise with no resistance training
  - b. Moderate aerobic activity with resistance training
  - c. Sport specific activity and Non-contact training drills
  - d. Full contact training drills can begin a minimum 7 days after the date of injury, pending physician clearance.
  - e. Return to full participation (pending physician clearance)
  - f. **Note – Athlete activity progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, stop physical activity until symptom free for 24-48 hours. Resume with phase or level in which they were previously asymptomatic.**
2. Athletic Department documentation on file

**For Middle School Athletes**

If a student athlete demonstrates signs or symptoms consistent with a concussion, the following plan will be implemented:

1. The student athlete or spirit group member shall be immediately removed from the game or practice (to include any weight training or conditioning sessions).
2. The student athlete will be evaluated by the FBISD Athletic Trainer aligned with Middle School or on-site Licensed Athletic Trainer, if available. (Arrangements will be made for the evaluation by the FBISD Coach)<sup>[SEP]</sup> The parent or guardian of the student athlete will be notified and provided information about the possible concussion.
3. FBISD Athletic Trainer will arrange, with the parent or another person with legal authority to make medical decisions for the student, appropriate evaluation by a physician. The Athletic Coordinators at the Middle Schools will contact the parent/guardian to arrange for the student to be evaluated by a physician or licensed health care professional.
4. If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of how quick the signs or symptoms of the concussion resolve and shall be kept from activity until the following requirements have been met:
  - a. The treating physician has provided the parent/guardian of the student athlete and the athletic trainer or athletic coordinator and designated Administrator, a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play once all the requirements of the RTP have been met.
  - b. All steps of the Return to Play Progression Protocol have been met (supervised by the FBISD Athletic Trainer).

**Below is the High School to Middle School Vertical Alignment:**

<b>High School</b>	<b>Middle School</b>
Austin	Garcia / Sartartia
Bush	Hodges Bend / Crockett
Clements	Fort Settlement / First Colony
Dulles	Dulles
Elkins	Quail Valley
Hightower	Lake Olympia
Kempner	Sugar Land
Marshall	Missouri City
Ridge Point	Baines
Travis	Bowie
Willowridge	McAuliffe

**FORT BEND ISD Pre-Participation Concussion Information & Acknowledgement**

During the 82<sup>nd</sup> legislative session, a state law was passed providing for the prevention, treatment and oversight of concussions affecting students involved in interscholastic activities. This law requires each school district create one or more Concussion Oversight Teams. The law requires that any student suspected of suffering a concussion be immediately removed from practice/competition until a physician sees student. The law requires that before a student may return to play, the student must complete a five-day Return-to-Play Protocol and parents acknowledge in writing that they have received information regarding concussion prevention, symptoms, treatment and oversight, and that parents separately grant permission in writing for their child to return to full participation. The purpose of this document is to provide you the information required by law relating to concussions. If you have any questions, please contact *Fort Bend ISD Athletic Director, Dena Scott at 281-634-1900.*

My child and I have received and read the information provided by the District explaining concussion prevention, symptoms, treatment, oversight, and guideline for safely returning to play after a concussion.

**Athlete's Name (Print)** \_\_\_\_\_

**Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian's Name (Print)** \_\_\_\_\_

**Parent / Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fort Bend ISD Athletic Department  
Concussion Information Sheet**

Dear Parent or Guardian:

Your child sustained a head injury while participating in a school activity. It is important for your child to check in with the licensed athletic trainer before he / she goes to class after their injury.

**Please be observant for the following signs and symptoms :( if one or more symptoms occur, Please Take to ER)**

- Headache that increases in intensity\*
- Nausea and vomiting\*
- Difference in pupil size from right to left eye, dilated pupils\*
- Mental confusion / behavior changes, dizziness, memory loss, ringing in the ears
- Changes in gait or balance
- Blurry or double vision\*
- Slurred speech\*
- Noticeable changes in level of consciousness  
*(Difficulty awakening or loss of consciousness suddenly)\**
- Seizure activity\*
- Decreased or irregular pulse or respirations

<p>The best guideline is to note symptoms that worsen and behaviors that seem to represent a change in your child. If you have any question or concern about the symptoms that you are observing, contact your family physician or go to the emergency room. The chart on the right may be helpful in knowing what to do if your child is suspected of having suffered a concussion.</p>	<p><b>It is OK to:</b></p> <ul style="list-style-type: none"> <li>➤ Use acetaminophen (<i>Tylenol</i>) for headaches</li> <li>➤ Use ice pack on head &amp; neck as needed for comfort</li> <li>➤ Eat a light diet</li> <li>➤ Go to sleep</li> <li>➤ Rest (<i>no strenuous activity or sports</i>)</li> </ul>
	<p><b>There is NO need to:</b></p> <ul style="list-style-type: none"> <li>➤ Check eyes with a flashlight</li> <li>➤ Wake up every hour</li> <li>➤ Test reflexes</li> <li>➤ Stay in bed</li> </ul>
	<p><b>Do NOT:</b></p> <ul style="list-style-type: none"> <li>➤ Drink Alcohol</li> <li>➤ Drive while symptomatic</li> <li>➤ Exercise or lift weights</li> <li>➤ Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications (unless directed by a physician)</li> </ul>

**Any athlete that has sustained a concussion or head injury will need to contact the following person(s) to obtain a referral form to see a physician regarding their concussion:**

**High School Athletes:**

**They will need to contact the athletic trainer on their campus. Then return the forms to the athletic trainer to establish dates for return to play protocol based on the physician's recommendations.**

**Middle School Athletes:**

**They will need to contact the campus coordinator on their campus. The coordinator will then contact the athletic trainer for their feeder pattern, or the Head District Athletic Trainer. One of the athletic trainers will then set up an appointment to complete the referral form and assist in making an appointment to see a physician. The materials will be returned to the athletic trainer after the appointment, and they will coordinate the return to play protocol based on the physician's recommendations.**