Bishop Mora Salesian High School
Concussion Clearance Packet
Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team’s athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.
Signs observed by teammates, parents and coaches include:

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or awkwardly
- Answers questions slowly
- Slurred speech
- Shows a change in personality or way of acting
- Can't recall events before or after the injury
- Seizures or has a fit
- Any change in typical behavior or personality
- Passes out

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double, or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don't feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

References:

- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
Concussion Information Sheet

Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the “Return to Learn” and “Return to Play” protocols I will consult with my physician.

________________________________________  ____________________________  ____________
Student-athlete Name Printed                Student-athlete Signature       Date

________________________________________  ____________________________  ____________
Parent or Legal Guardian Printed            Parent or Legal Guardian Signature  Date
## CIF Concussion Return to Play (RTP) Protocol

**CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.**

**Instructions:**
- This graduated return to play protocol MUST be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
  - Stages I to II-D take a minimum of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II.
  - You must complete one full practice without restrictions (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school’s AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

### You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician).

<table>
<thead>
<tr>
<th>Date &amp; Initials</th>
<th>Stage</th>
<th>Activity</th>
<th>Exercise Example</th>
<th>Objective of the Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>No physical activity for at least 2 full symptom-free days <strong>AFTER</strong> you have seen a physician</td>
<td>No activities requiring exertion (weight lifting, jogging, P.E. classes)</td>
<td>Recovery and elimination of symptoms</td>
<td></td>
</tr>
</tbody>
</table>
| II-A            | Light aerobic activity | 10-15 minutes of walking or stationary biking  
**Must be performed under direct supervision by designated individual** | Increase heart rate to no more than 50% of perceived max. exertion (e.g., < 100 beats per minute)  
**Monitor for symptom return** |
| II-B            | Moderate aerobic activity  
Light resistance training | 20-30 minutes jogging or stationary biking  
Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total | Increase heart rate to 50-75% max. exertion (e.g., 100-150 bpm)  
**Monitor for symptom return** |
| II-C            | Strenuous aerobic activity  
Moderate resistance training | 30-45 minutes running or stationary biking  
Weight lifting ≤ 50% of max weight | Increase heart rate to > 75% max. exertion  
**Monitor for symptom return** |
| II-D            | Non-contact training with sport-specific drills  
No restrictions for weightlifting | Non-contact drills, sport-specific activities (cutting, jumping, sprinting)  
No contact with people, padding or the floor/mat | Add total body movement  
**Monitor for symptom return** |

**Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school’s concussion monitor.**

| III             | Limited contact practice | Controlled contact drills allowed (no scrimmaging) | Increase acceleration, deceleration and rotational forces  
**Restore confidence, assess readiness for return to play**  
**Monitor for symptom return** |
|                | Full contact practice | Return to normal training (with contact) | |

**MANDATORY: You must complete at least ONE contact practice before return to competition.**

(Highly recommend that Stage III be divided into 2 contact practice days as outlined above.)

| IV              | Return to play (competition) | Normal game play | Return to full sports activity without restrictions |

**Athlete’s Name: ___________________________ Date of Concussion Diagnosis: _______________**

3/2015
Salesian High School Concussion Return to Play Form

Please initial any recommendations that you select below.

Athlete’s Name: ____________________________________________

Date of Birth: __________________________

Date of Injury: __________________________

THIS RETURN TO PLAY IS BASED ON TODAY’S EVALUATION

Date of Evaluation: __________________________ Care Plan Completed By: __________________________

Return to This Office (Date/Time): __________________________

Return to School On (Date): __________________________

RETURN TO SPORTS

1. Athletes should not return to practice or play for at least 24 hours after their head injury has occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes: Be sure that your coach and/or athletic trainer are aware of your injury and symptoms, and that they have the contact information for the treating physician.

- OR -

Drivers should return to full participation in all activities and restrictions. Return of symptoms should result in re-evaluation by physician (MD/DO/PAC/LAT/ARNP/Neurophysiologist) for assessment.

Medical Office Information (Please Print/Stamp):

Evaluator’s Name: __________________________ Office Phone: __________________________

Evaluator’s Signature: __________________________

Evaluator’s Address: __________________________
Return to Play (RTP) Procedures After a Concussion

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

   Asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from their primary care provider or concussion specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician, if diagnosed with a concussion).

2. Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by a Certified Athletic Trainer. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete’s physician).

3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

4. Stepwise progression as described below:

   **Step 1:** Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

   **Step 2:** Return to school full-time.

   **Step 3:** Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.

   **Step 4:** Running in the gym or on the field. No helmet or other equipment.

   **Step 5:** Non-contact training drills in full equipment. Weight-training can begin.

   **Step 6:** Full contact practice or training.

   **Step 7:** Play in game. Must be cleared by physician before returning to play.

   - The athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.
CIF Bylaw 503.H and Ed. Code 49475

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete’s parent or guardian before the athlete’s initial practice or competition.”

**Question:** What is meant by “licensed health care provider?”

**Answer:** The “scope of practice” for licensed healthcare providers and medical professionals is defined by California state statues. *This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).*
CIF GRADED CONCUSSION SYMPTOM CHECKLIST

Today's Date: _______________ Time: _______________ Hours of Sleep: _______________ Date of Diagnosis: _______________

- Grade the 22 symptoms with a score of 0 through 6.
  - Note that these symptoms may not all be related to a concussion.
- You can fill this out at the beginning of the season as a baseline (after a good night's sleep).
- If you suffer a suspected concussion, use this checklist to record your symptoms daily.
  - Be consistent and try to grade either at the beginning or end of each day.
- There is no scale to compare your total score to; this checklist helps you follow your symptoms on a day-to-day basis.
  - If your total scores are not decreasing, see your physician right away.
- Show your baseline (if available) and daily checklists to your physician.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Don't feel right”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

TOTAL SUM OF EACH COLUMN: 0

TOTAL SYMPTOM SCORE (Sum of all column totals)

NAME ____________________________________________ HIGH SCHOOL ____________________________________________

D.O.B. ___________ SPORT __________________________ PHYSICIAN (MD/DO) ________________________________________

CIFSTATE.ORG CIF 5/2015
HOME CARE INSTRUCTIONS FOR A CONCUSSION

Name: ___________________________ Date:_____________ Time:___________

Dear Parent/Guardian,

Your child has suffered a concussion during athletic participation. Based upon my initial evaluation, I am issuing the following recommendations. Your son/daughter can be monitored at home with the follow instructions:

GO TO THE EMERGENCY ROOM IMMEDIATELY IF YOUR CHILD DEVELOPS ANY OF THE FOLLOWING SYMPTOMS:

1. Increasing drowsiness or abnormal behavior
2. Difficulty in arousing your child long enough to answer simple questions
3. Vomiting
4. Any abnormality of vision or speech
5. Severe or worsening headache
6. Blood or clear fluid dripping from the ears or nose
7. Weakness, numbness, or tingling of the face or of an extremity
8. Seizures

Your Child’s Symptoms include:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Feeling foggy</td>
<td>Irritability</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Nausea</td>
<td>Difficulty concentrating</td>
<td>Sadness</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Difficulty remembering</td>
<td>Feeling more Emotional</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Balance problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional recommendations (check those which apply):

Athlete should avoid taking any medication that may mask the symptoms of a concussion, ESPECIALLY Ibuprofen, Aleve, or Aspirin for at least 72 hours. Athlete may take Tylenol to lessen intensity of headache if needed. Athlete must be symptom free without the use of medications that mask a concussion prior to beginning return to play protocol.

No Physical activity should be permitted at this time. This included sports participation, PE participation, and tasks such as kicking, throwing, or catching a ball. Athlete will be gradually released to return to these activities as athletic trainer/physician deem appropriate.

Athlete should avoid texting, computer usage, video game playing, and television watching at this time. Athlete should minimize duration of time reading books and screens to decrease symptom intensity. Athlete should avoid loud places.

Cognitive rest or school modifications/accommodations may be necessary. Be sure to alert your child’s guidance counselor or contact all of your child’s teachers to make them aware of the situation.

No driving should be permitted at this time.

Athlete will require written clearance by his/her physician prior to returning to sport.

If you have any questions regarding your child’s injury, please do not hesitate to call me, Cell: 626-278-4426 or email me at brianaramos2458@gmail.com

Sincerely,

Briana Ramos, ATC
Certified Athletic Trainer, Bishop Mora Salesian High School
ATvantage
Parent Injury Release Form
I, the parent/guardian, have been advised that medical assistance for my child’s behalf is necessary and the refusal of said assistance and transportation may result in death, or jeopardize my child’s health. By selecting not to follow the advice by the Health Care Practitioner/Certified Athletic Trainer, I assume all risks and consequences of my decision, and release the site Certified Athletic Trainer and the Bishop Mora Salesian High School affiliates from any liability arising from my refusal.

Parent Signature: ________________________________ Date Signed: _________________

Parent Name (Print): ______________________________ Time Released: _______________

Witnesses: _______________________________________

Student Name: ________________________________