



## **Sisters School District Protocol and Procedures for Management of Sports-Related Concussions**

Medical management of a sports-related concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussions in middle school/high school athletes and legislation has been adopted to protect student-athletes and to ensure best practices among Oregon school districts.

Sisters School District (also referred to as the “District”) has established this Protocol and Procedures for Management of Sports-Related Concussions (this “Protocol”) to educate and guide persons who instruct or train members of a school athletic team, including employees, volunteers, and contract coaches/instructors (“Coaches”), in the treatment and management of sports-related concussions and to comply with applicable laws. This Protocol outlines procedures for staff to follow in managing head injuries and outlines school policy as it pertains to a student-athlete’s resumption of athletic activities, including practice or conditioning, following a concussion (“Return to Play”).

Sisters School District seeks to provide a safe “Return to Play” for all athletes after injury, particularly after a concussion. In order to effectively and consistently manage concussions, procedures have been developed to aid in insuring that concussed athletes are identified, treated, referred appropriately, receive proper follow-up medical care during the school day, including academic assistance, and are fully recovered prior to a “Return to Play”.

In addition to recent research, ORS 336.485, OAR 581-022-0421, and five (5) primary documents were consulted in developing this protocol.

- 1) Journal of Athletic Training 2013;48(4):554–575 doi: 10.4085/1062-6050-48.4.05 by the National Athletic Trainers’ Association, Inc [www.natajournals.org](http://www.natajournals.org) consensus statement Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport, Zurich, November 2012,
- 2) Journal of Athletic Training 2014;49(2):245–265 doi: 10.4085/1062-6050-49.1.07 by the National Athletic Trainers’ Association, Inc [www.natajournals.org](http://www.natajournals.org) position statement National Athletic Trainers’ Association Position Statement: Management of Sport Concussion and
- 3) *Max’s Law: Concussion Management Implementation Guide for School Administrators* (“Max’s Law”).
- 4) CBIRT/OCAMP sample school district concussion protocol
- 5) Silverberg ND, Iverson GL. Is Rest After Concussion “The Best Medicine?” : Recommendations for Activity Resumption Following Concussion in Athletes, Civilians, and Military Service Members. J Head Trauma Rehabil. 2013; 28 (4):250-259.

The Team members who provided input that led to the development of this Protocol are;

- SISTERS Athletic Trainer- Alex Walker
- SISTERS Counselor- Rick Kryotz & Charlie Kanzig
- SISTERS HS Athletic Director- Matt Hilgers

- SISTERS MS Athletic Director- Abby Desmet
- SISTERS Nurse- Trish Roy
- Medical Director of The Center Foundation –
- ATC supervisor, The Center Foundation – Stuart Schmidt
- High Desert ESD Concussion Lesion – Sue Hayes

## **Contents:**

- I. Recognition of Concussion
- II. Management and Referral Guidelines for All Staff
- III. Procedures for the Certified Athletic Trainer (AT)
- IV. Guidelines and Procedures for Coaches
- V. Follow-up care during the School Day
- VI. Return to Play Procedure
- VII. Protocol Updates

### **I. Recognition of Concussion**

A. For purposes of this Protocol, common signs and symptoms of sports-related concussions (“Signs and Symptoms” or “Symptomatic”) include:

1. Signs (observed by others):
  - Athlete appears dazed
  - Confusion (about assignment, plays, days of week etc.)
  - Forgets plays or instructions
  - Unsure about game, score, opponent
  - Moves clumsily (altered coordination)
  - Balance problems
  - Personality change
  - Responds slowly to questions
  - Forgets events prior to hit
  - Forgets events after the hit
  - Loss of consciousness (“LOC”) for any duration
2. Symptoms (reported by athlete):
  - Headache
  - Fatigue
  - Nausea or vomiting
  - Double vision, blurry vision
  - Sensitive to light or noise/ringing in ears
  - Feels sluggish
  - Feels “foggy”
  - Problems concentrating
  - Problems remembering
3. These signs and symptoms identified above are indicative of probable concussion. Other causes or symptoms should also be considered.

**B. Cognitive Impairment Testing (altered or diminished cognitive function)**

General cognitive status can be determined by simple sideline cognitive testing with SCAT5 or SWAY post-injury assessment (Form A SCAT5). If an AT is present then the AT will do a sideline assessment. If no AT is present then the coach can perform the testing using the Coaches Report (Form B-Coaches/CMT Concussion Report Form).

**C. Neurocognitive testing requirements**

1. Neurocognitive testing (SWAY) is a research-based software tool utilized to evaluate recovery after concussion. This testing evaluates multiple aspects of neurocognitive function, including memory, attention, and brain processing speed, reaction time, and post-concussion symptoms.
  - a. Neurocognitive testing shall be utilized to help determine recovery after concussion. This test is given by the AT or a practitioner that is trained in SWAY.

**D.** Athletes participating in athletics will be offered a baseline test prior to participating in sports during grades 6-12. These tests are administered by The Center Foundation athletic trainers at the High school level and the school nurse/AD for the Middle school level.

**E.** Due to growth and brain development, baselines are obtained every 2 years. All athletes in their freshman and junior year will be required to take a “new” baseline test prior to participating in an Athletics. A baseline test will be done for MS students in their 6 and 8<sup>th</sup> grader years, new to SMS/SHS and/or sports.

**F.** Post-concussion neurocognitive testing is performed to help determine concussion recovery and treatment. Comparisons of results are made to baseline testing or if baselines aren’t available, then to age matched controls

## **II. Management and Referral Guidelines for All Staff**

**A. Guidelines for Responding to this Protocol**

1. Athletes experiencing/exhibiting signs and symptoms of concussion will be removed from participation and shall be evaluated by the athletic trainer or concussion team member and then referred to primary care providers, or emergency room (Form A-SCAT5 or B-Coaches/CMT Concussion Report Form).
2. Athletes experiencing a witnessed loss of consciousness of any duration should be transported immediately to the nearest hospital emergency department via emergency vehicle.
3. Any athlete who has signs and symptoms, and who is not stable (i.e., condition is persisting or deteriorating), must be transported immediately to the nearest hospital emergency department via emergency vehicle.
4. An athlete who is symptomatic, but stable, may be transported by his/her parents. The parents should be advised to contact a licensed physician, physician’s assistant, Nurse practitioner,

psychologist, The Center, The Center Now Care Clinic or seek care at the nearest hospital emergency department (collectively, “Health Care Professional”). The parents will be provided an informational sheet regarding concussion (Form C-Parent Concussion Information Packet).

- a. ALWAYS advise parents the option of emergency transportation, even if you do not feel it is necessary.

### **III. Procedures for the Certified Athletic Trainer – This section applies to schools with AT recourses**

A. Following a suspected concussion, the Oregon Health Licensing Board requires the certified athletic trainer at the athlete’s school (the “AT”) to assess the injury, or provide guidance to the Coach(s) of the sport the athlete is currently participating in (“Sport Coach”) if unable to personally attend to the athlete.

1. The AT will perform serial assessments following recommendations in the NATA Position Statement using the SCAT5 assessment tool (Form A-SCAT5), or SWAY post-injury screening.
  - a. The AT will notify the athlete’s parents and give written and verbal home and follow-up care instructions.
2. Referral to a health care professional will be mandatory and made when medically appropriate.

B. The AT will notify the Nurse or concussion management team (CMT) Team at the athlete’s school of the injury, as soon as possible, so they can initiate appropriate follow-up care with the concussion management team upon the athlete’s return to school.

1. The AT will continue to provide coordinated care with the School Nurse or CMT Team for the duration of the injury. However athletes with persistent symptoms, care will be managed in conjunction with the athlete’s physician.
2. The School Nurse or CMT Team will communicate with the athlete’s guidance counselor regarding the athlete’s neurocognitive and recovery status, if needed.

C. The AT is responsible for administering SWAY testing.

1. The post-concussion SWAY test will be performed within 72 hours if there is a question regarding diagnosis of concussion. Otherwise, the post injury SWAY test will be performed at the time of athlete’s symptoms resolve.
2. The AT will review the post-concussion test data with the athlete and the athlete’s parent.
3. The AT will forward testing results to the athlete’s Health Care Professional, with parental permission and a signed release of medical information form.
4. The AT will advise and regularly update the Sport Coach, including the Sport Coach in the following season if the athlete transitions between sport seasons during the course of the

Progression (defined and described in Section VI below), regarding the athlete's participation limitations.

5. The AT will monitor the athlete, and keep the School Nurse or CMT Team informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying the Health Care Plan, as defined below, for the student-athlete. Athletes and parents sign a release for treatment and coordination of care to include school Nurse, CMT Team, and administrators as a part of their sport packet before playing sports.
6. The AT will work with the Health Care Professional to coordinate the progression.
7. The AT will maintain appropriate computerized documentation regarding assessment and management of the injury.

#### **IV. Procedures for Coaches:**

A. All Coaches shall receive annual training (no less than once every twelve months), prior to initiation of the season for the sport in which that Coach instructs or trains, to learn how to recognize the symptoms of a concussion. Each school in the District that sponsors athletics shall annually develop a list of all Coaches, identify the resources to be used to provide the training, develop training timelines for all Coaches, and document that each Coach completes the training described in subsection (B) below. Training will be tracked and documented annually.

B. Annual training shall include training on the following topics:

- (a) Training in how to recognize the signs and symptoms of a concussion;
- (b) Training in strategies to reduce the risk of concussions;
- (c) Training in how to seek proper medical treatment for a person suspected of having a concussion; and
- (d) Training in procedures of how an athlete may safely return to participation.

When a concussion is suspected, Coaches shall follow the general principles of RECOGNIZE, REMOVE, and REFER

C. Recognize concussion signs and symptoms (Form B-Coaches/CMT Concussion Report Form)

1. Use of Coaches Report Form (Form B-Coaches/CMT Concussion Report Form) to record signs and symptoms, copy should be given to parent/guardian at time of the incident.

D. Remove from activity

1. If a Coach suspects the athlete has sustained a concussion, the athlete shall be removed from activity immediately and for the day.

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- a. Any athlete who exhibits signs and symptoms following an observed or suspected blow to the head or body will be removed immediately from participation, assessed, and will not be allowed to Return to Participation that day.

E. Refer the athlete for medical evaluation

1. Coaches shall report all head injuries to the AT and CMT Team, as soon as possible, for medical assessment and management, for coordination of home instructions and for follow-up care.
2. Coaches should seek assistance from the host site AT if at an away contest.
3. If the AT is unavailable, or the athlete is injured at an away event, The Sport Coach is responsible for:
  - a. Contacting the athlete's parents to inform them of the injury and to make arrangements for them to pick-up the athlete.
  - b. Providing the AT and CMT Team with the athlete's name and home phone number, so that the AT and CMT Team can initiate follow-up. Additional copies are available from the AT.
  - c. Reminding the athlete to report directly to the School Nurse or CMT Team before school starts on the day the student returns to school after the injury.
4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home:
  - a. The AT or Sport Coach should ensure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
  - b. The AT or Sport Coach should continue efforts to reach the parent.
  - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department at the nearest hospital for evaluation. The Sport Coach or AT should accompany the athlete and remain with the athlete until the athlete's parents arrive.
  - d. Athletes exhibiting Signs and Symptoms should not be permitted to drive home.

## **V. FOLLOW-UP CARE OF THE ATHLETE DURING THE SCHOOL DAY**

A. Responsibilities of the School Nurse or CMT Team after notification of student's suspected concussion.

1. The athlete will be instructed to report to the School Nurse or CMT Team for Return to Learn procedures.
2. Immediately notify the student's guidance counselor and teachers of the injury that a Concussion Accommodation Plan has been developed.
3. Notify the student's physical education teacher immediately that the athlete is restricted from physical activity until further notice from the School Nurse or CMT Team.

4. Relative rest based on symptom limited activity will be advised for 48-72 hours. Athletes should return to light activity following concussion guidelines. The school Nurse or CMT Team will utilize (Form D-OSAA Concussion Return Form) to assist with progression and direction from the physician.
5. If the School Nurse or CMT Team receives notification of a student-athlete who has sustained a concussion from someone other than the AT (i.e. the athlete, athlete's parent, Sport Coach, physician, etc.), the AT should be notified when AT resources are available.
6. Monitor the athlete as needed during recovery.

**B. Responsibilities of the student's guidance counselor**

1. Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting post-concussion symptoms. Reference materials for concussion related academic accommodations are listed in (Form D-OSAA Concussion Return Form).
2. Communicate with the School Nurse or CMT Team on a regular basis, to provide the most effective care for the student.

## **VI. RETURN TO PLAY PROCEDURES AFTER CONCUSSION**

**A. Returning to Activity on the same day of injury**

1. An athlete who exhibits Signs and Symptoms following an observed or suspected blow to the head or body, or is otherwise diagnosed with a concussion is not permitted to Return to Play on the day of the injury.
2. "When in doubt, hold them out."

**B. Return to Play after suspected concussion**

1. Following a concussion, athletes will not be permitted to Return to Play until the athlete has completed the stepwise progression outlined in this subsection (Form D-Concussion Return Form).
2. As described in the Zurich 2012 the progression consists of the following steps:
  - a. No activity – on day of concussion.
  - b. Symptom limited activity: Relative rest for 48-72 hours
  - c. Allowed light aerobic exercise – walking, stationary bike 0 – 3 days
  - d. Sport-specific training (e.g., skating in hockey, running in soccer)
  - e. Non-contact training drills
  - f. Full-contact training after medical clearance
  - g. Game play (unrestricted activity)

Return to play progression will be monitored by the AT. In schools without AT's, then

parents, or school Nurse or CMT Team members will be provided with (Form D-OSAA Concussion Return Form) for progression.

3. The athlete must meet all of the following criteria in each step of the Progression in order to return to participation:
  - a. No longer exhibits signs, symptoms or behaviors consistent with a concussion at rest and with exertion (including mental exertion in school);
  - b. Is participating in full school hours and classroom activities without accommodations, except for the need for more time for makeup work.
  - c. If athlete has a valid baseline test and is within normal range of baseline on post-concussion neurocognitive testing
  - d. If athlete has no baseline, then is testing within a range consistent with their academic performance and compared to age matched controls.
  - e. Have written clearance from the athlete's Health Care Professional using the OSAA form (Form D-OSAA Concussion Return Form)
4. The school Nurse or CMT Team will supervise the Return to Learn and determine the athlete's status in the progression with physician recommendations.
5. The AT or CMT Team will supervise the Return to Play and determine the athlete's status in the progression with physician recommendations.
6. The AT or CMT Team and athlete will discuss appropriate activities for each day the athlete participates in high school athletics. The athlete's participation will be limited to those appropriate activities until the AT or CMT Team instructs otherwise.
7. The athlete should see the school Nurse or CMT Team or counselor as needed for re-assessment and instructions until he/she has progressed to the Return to Play progression.
8. The athlete should see the AT or CMT Team member as needed for re-assessment and instructions until he/she has progressed to unrestricted activity, and received written clearance for Return to Play.
9. No additional testing is needed once the athlete is cleared to play.

## **VII. PROTOCOL UPDATES**

- A. Given that concussion related knowledge and best practices are rapidly evolving, Sisters School District will periodically re-evaluate and update the Protocol. It is recommended we review the protocol every year at the end of the school year.

**Last Updated: June 2024**

# Appendix A

## SCAT5

Downloaded from <http://bjsm.bmj.com/> on May 12, 2017 - Published by group.bmj.com  
BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097506SCAT5  
To download a clean version of the SCAT tools please visit the journal online (<http://dx.doi.org/10.1136/bjsports-2017-097506SCAT5>)

# SCAT5<sup>®</sup>

SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION  
DEVELOPED BY THE CONCUSSION IN SPORT GROUP  
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



FIFA<sup>®</sup>



FEI

### Patient details

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

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID number: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

## WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals<sup>1</sup>. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in *italics*. The only equipment required for the tester is a watch or timer.

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## Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

### Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

### Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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## IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

## STEP 1: RED FLAGS

### RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

## STEP 2: OBSERVABLE SIGNS

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

## STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS<sup>2</sup>

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

## STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)<sup>3</sup>

Time of assessment			
Date of assessment			

Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4

Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5

Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

## CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

**In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.**

## OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

### STEP 1: ATHLETE BACKGROUND

Sport / team / school: \_\_\_\_\_

Date / time of injury: \_\_\_\_\_

Years of education completed: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: \_\_\_\_\_

When was the most recent concussion?: \_\_\_\_\_

How long was the recovery (time to being cleared to play) from the most recent concussion?: \_\_\_\_\_ (days)

Has the athlete ever been:

	Yes	No
Hospitalized for a head injury?		
Diagnosed / treated for headache disorder or migraines?		
Diagnosed with a learning disability / dyslexia?		
Diagnosed with ADD / ADHD?		
Diagnosed with depression, anxiety or other psychiatric disorder?		

Current medications? If yes, please list:

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

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID number: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

2

### STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: ☐ Baseline ☐ Post-Injury

Please hand the form to the athlete

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6

Total number of symptoms: \_\_\_\_\_ of 22

Symptom severity score: \_\_\_\_\_ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please hand form back to examiner

**STEP 3: COGNITIVE SCREENING**Standardised Assessment of Concussion (SAC)<sup>4</sup>**ORIENTATION**

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
<b>Orientation score</b>	<b>of 5</b>	

**IMMEDIATE MEMORY**

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists						Score (of 5)		
							Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect				
B	Candle	Paper	Sugar	Sandwich	Wagon				
C	Baby	Monkey	Perfume	Sunset	Iron				
D	Elbow	Apple	Carpet	Saddle	Bubble				
E	Jacket	Arrow	Pepper	Cotton	Movie				
F	Dollar	Honey	Mirror	Saddle	Anchor				
<b>Immediate Memory Score</b>							<b>of 15</b>		
<b>Time that last trial was completed</b>									

List	Alternate 10 word lists						Score (of 10)		
							Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect				
	Candle	Paper	Sugar	Sandwich	Wagon				
H	Baby	Monkey	Perfume	Sunset	Iron				
	Elbow	Apple	Carpet	Saddle	Bubble				
I	Jacket	Arrow	Pepper	Cotton	Movie				
	Dollar	Honey	Mirror	Saddle	Anchor				
<b>Immediate Memory Score</b>							<b>of 30</b>		
<b>Time that last trial was completed</b>									

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

**CONCENTRATION****DIGITS BACKWARDS**

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
<b>Digits Score:</b>					<b>of 4</b>

**MONTHS IN REVERSE ORDER**

Now tell me the months of the year in reverse order. Start with the last month and go backwards. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0	1
<b>Months Score</b>	<b>of 1</b>	
<b>Concentration Total Score (Digits + Months)</b>	<b>of 5</b>	

4

**STEP 4: NEUROLOGICAL SCREEN**

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

**BALANCE EXAMINATION****Modified Balance Error Scoring System (mBESS) testing\***

Which foot was tested (i.e. which is the non-dominant foot)	<input type="checkbox"/> Left <input type="checkbox"/> Right
Testing surface (hard floor, field, etc.)	_____
Footwear (shoes, barefoot, braces, tape, etc.)	_____
Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot)	_____ of 10
Tandem stance (non-dominant foot at the back)	_____ of 10
Total Errors	_____ of 30

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_

5

**STEP 5: DELAYED RECALL:**

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: \_\_\_\_\_ of 5 or \_\_\_\_\_ of 10

6

**STEP 6: DECISION**

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: \_\_\_\_\_

If the athlete is known to you prior to their injury, are they different from their usual self?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

If re-testing, has the athlete improved?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Registration number (if applicable): \_\_\_\_\_

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

**SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.**

## CLINICAL NOTES:

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Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_

[illegible]

## CONCUSSION INJURY ADVICE

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

**Initial rest:** Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

- 1) Avoid alcohol
- 2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
  - a) Avoid sleeping tablets
  - b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics
- 3) Do not drive until cleared by a healthcare professional.
- 4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date / time of injury: \_\_\_\_\_

Date / time of medical review:

Healthcare Provider: \_\_\_\_\_

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Contact details or stamp

## INSTRUCTIONS

Words in *italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

### Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is  $22 \times 6 = 132$ , except immediately post injury if sleep item is omitted, which then creates a maximum of  $21 \times 6 = 126$ .

### Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

*"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."* The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3:

*"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."*

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

### Concentration

#### Digits backward

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say: *"I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."*

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

### Months in reverse order

*"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"*

1 pt. for entire sequence correct

### Delayed Recall

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

*"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."*

Score 1 pt. for each correct response

### Modified Balance Error Scoring System (mBESS)<sup>®</sup> testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)<sup>®</sup>. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only

one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

### Balance testing – types of errors

- |                                 |   |   |
|---------------------------------|---|---|
| 1. Hands lifted off iliac crest | 3. Step, stumble, or fall                 | 5. Lifting forefoot or heel               |
| 2. Opening eyes                 | 4. Moving hip into > 30 degrees abduction | 6. Remaining out of test position > 5 sec |

*"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."*

(a) Double leg stance:

*"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."*

(b) Single leg stance:

*"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

(c) Tandem stance:

*"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

### Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

### Finger to Nose

*"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."*

### References

- McCrory et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at [www.bjbm.bmj.com](http://www.bjbm.bmj.com))
- Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine 1995; 5: 32-33
- Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
- McCreary M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
- Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

## CONCUSSION INFORMATION

**Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.**

### Signs to watch for

Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Repeated vomiting
- Weakness or numbness in arms or legs
- Drowsiness or inability to be awakened
- Unusual behaviour or confusion or irritable
- Unsteadiness on their feet.
- Inability to recognize people or places
- Seizures (arms and legs jerk uncontrollably)
- Slurred speech

**Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.**

### Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise. For example:

### Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

**Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.**

### Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

**Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.**

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5–15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- Taking lots of breaks during class, homework, tests
- More time to finish assignments/tests
- No more than one exam/day
- Quiet room to finish assignments/tests
- Shorter assignments
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

**The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.**

## Appendix B Coaches/CMT Form



### Coaches Concussion Action Plan

- Any athlete who experiences one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion and should be immediately removed from practice or game.
- If traveling for an away competition, please seek out the home team's athletic trainer for an appropriate evaluation.
- Athlete is not allowed to return to play/practice until they have been evaluated by a health care professional, cleared for return to activity, and has successfully completed all aspects of the concussion protocol.

#### Common Signs and Symptoms:

##### Symptoms Reported by Athlete

Headache or "pressure" in head  
Nausea or vomiting  
Balance problems or dizziness  
Sensitivity to light  
Sensitivity to noises

Feeling sluggish, hazy, foggy, or groggy  
Concentration or memory problems  
Confusion  
Just not "feeling right" or is "feeling down"

##### Symptoms Observed by Coaching Staff

Appears dazed or stunned  
Is confused about assignment or position  
Forgets an instruction  
Is unsure of game, score, or opponent  
Moves clumsily

Answers questions slowly  
Loses consciousness (even briefly)  
Mood, behavior, or personality changes  
~~Can't~~ recall events prior to hit or fall  
~~Can't~~ recall events after hit or fall

#### Danger Signs: *If any are present, seek immediate medical attention, call 911*

One pupil larger than the other  
Repeated vomiting  
Slurred Speech  
Convulsions or seizures

Loses consciousness  
~~Cannot~~ recognize people or places  
Has unusual behavior  
Drowsy and cannot be awakened

#### What should I do if I suspect a concussion?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play.

1. **Remove** the athlete from play.
2. **Ensure** athlete is evaluated by an appropriate health care professional.
  - a. Seek out the opposing team's athletic trainer for evaluation if present.
3. **Inform** the athlete's parent or guardian.
  - a. Provide them with a concussion take home sheet and instruct them to follow up with your athletic trainer.
4. **Keep** the athlete out of play.
5. **Contact** your athletic trainer immediately following the game and inform them of the injury.
6. **Monitor** the athlete for changes in their status while traveling home. Call your athletic trainer immediately if you have any concerns.

Please contact your athletic trainer if you have any questions.

Alex Walker

(626)315-7086

[awalker@centerfoundation.org](mailto:awalker@centerfoundation.org)

## Appendix C

### Concussion Information Sheet



### Parent Concussion Information Packet

A concussion is a traumatic brain injury that alters the way a brain functions. Although concussions are usually caused by a blow to the head, they can also occur when the head and upper body are violently shaken causing the brain to be forced back and forth inside the skull. They can range from mild to severe and 90% of all concussions occur without a loss of consciousness. Signs and symptoms can present immediately or can take a few hours or days to fully appear. All concussions are potentially serious and may result in complications if not recognized and managed properly.

#### Observed Signs & Symptoms

Physical		Thinking	Emotional	Sleep
Headache	Sensitivity to light	Feeling mentally foggy	Irritable	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling slowed down	Nervousness	Trouble falling asleep
Dizziness	Balance problems			

<b>RED FLAGS:</b> Call your doctor or go to the emergency department immediately if athlete experiences any of the following:			
Headache that worsens	Increasing confusion	Can't recognize people or places	Unusual behavior
Seizures	Repeated vomiting	Look very drowsy, can't be awakened	Increasing irritability
Slurred speech	Unequal pupils	Weakness/numbness in arms/legs	Loss of consciousness

If your athlete has a suspected concussion and is not exhibiting any of the above red flags, he/she should be seen by your school's athletic trainer or health care professional for evaluation. Your athlete will need to be cleared by a physician and complete a graded return to play progression before being allowed to resume your sport activity.

Sisters High School Athletic Trainer: Alex Walker  
Phone: (626)315-7086  
E-mail: [awalker@centerfoundation.org](mailto:awalker@centerfoundation.org)

#### First 24 Hours after a Concussion: Common Questions

**Q: Do I need to wake my child up every hour when s/he is sleeping?**

A. No. Sleep is the best treatment for a concussion. It is okay to let him/her sleep without interruption the night of the injury after evaluation by a health care professional, or if you have spoken with your child's physician and s/he does not think your child needs further evaluation in the emergency department.

**Q: Is it okay to give my child medicine for his/her headache?**

A. Relieving headache pain is certainly appropriate, but it does not replace the need for cognitive and physical rest if symptoms are present. Be aware that symptom improvement with medication does not mean that the brain has recovered. If your child does not have any liver issues or allergies to acetaminophen, then it is best in the first 24 hrs for headache management. After a concussion is diagnosed, talk to your physician about the use of medication — including type of medication and dose — for headache pain and other symptoms.

**Q. My child wants to sleep all day long. Should I allow him/her to sleep as much as s/he wants?**

A. A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. Large amounts of sleep are normal. When your child is sleeping, his/her brain is recovering. It is a good idea to track the amount your child is sleeping and report it to your medical professional. Bedrest is not recommended after the first 72hrs after a concussion. Light activity for short periods of time as tolerated is encouraged during recovery.

**Q. Does my child need to give up sports if s/he has suffered a concussion?**

A. Athletes should not return to sports while still having symptoms from a concussion, as they are at risk for prolonging symptoms and further injury. It is very rare that any child is told to give up playing sports after a single injury. However, if the recovery is quite prolonged (greater than 6 months), you should consult with a concussion specialist to further discuss the possible risks of return to playing sports. An evaluation with a concussion specialist should be considered in any child who has had more than one sports-related concussion or for symptoms lasting longer than 2 weeks.

**Q. My doctor told my child to have mental rest. What exactly does “rest” mean? Can my child watch television, play video games, text, etc.?**

A. Mental rest means avoiding activities that require the brain to work hard to process information. This includes critical thinking and problem solving activities such as schoolwork, homework, and technology use. Restrictions from the following should be considered, because these activities increase brain function and can therefore worsen symptoms and delay recovery: Computer work/Internet use, video games, television, text messaging/cell phone use, bright lights, such as strobe lights at school dances, listening to loud music or music through headphones, loud noises, parties, concerts, pep rallies, driving, or work.

- See more at: [returntoschool.org/tools](http://returntoschool.org/tools)

**Returning to Daily Activities**

1. Get lots of rest. Be sure to get enough sleep at night and try to keep the same bedtime.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. Limit physical activity, as well as activities that require a lot of thinking or concentration for the first 1-3 days. These activities can make symptoms worse.
  - a. Physical activities include PE, sports practices, weight training, running, exercising, etc.
  - b. Thinking and concentration activities include homework, classroom work, job-related activity.
4. Drink lots of fluids and eat carbohydrates and protein to maintain appropriate blood sugar levels.
5. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again the next day to increase your activities gradually.
6. During recovery it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery. See symptom tracking form.

**Returning to School**

1. After sustaining a concussion, if you awaken in the morning feeling poorly, headache, nauseated, dizzy, you should stay home from school and continue to rest as needed for the first three days.
2. Extra help may be needed to perform school-related homework and classroom work. Academic accommodations can be provided by physician to the school. These can be removed gradually as symptoms decrease.
3. If your symptoms linger and are not resolving or return, you should return to see the physician for further assessment.

**Returning to Sports/Physical activity**

1. Once you are completely symptom free and attending school full time without academic accommodations, post-injury IMPACT testing will be completed. Those scores will be compared with your baseline, or if you do not have a baseline will be compared with age matched norms.
2. With approval from physician, you may begin the graduated return to play steps under the supervision of athletic trainer. See OSAA Return to Play Steps form.
3. Once all steps are completed without return of symptoms and written clearance is given by physician, you are cleared to participate in all physical activity.

# Appendix D OSAA Concussion Return to Participation Form



Oregon School Activities Association  
25200 SW Parkway Avenue, Suite 1  
Wilsonville, OR 97070  
503.682.6722 <http://www.osaa.org>

School Fax: \_\_\_\_\_  
School Email: \_\_\_\_\_

## MEDICAL RELEASE – RETURN TO PARTICIPATION FOLLOWING A CONCUSSION

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School/Grade: \_\_\_\_\_

*This section to be completed by school official, coach, athletic trainer or parent.*

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sport/ Injury Details: \_\_\_\_\_

At this time, the athlete is: ☐ symptom-free at rest ☐ NOT symptom-free at rest  
☐ symptom-free at exertion ☐ NOT symptom-free at exertion  
☐ scoring within a normal range on ImPACT ☐ NOT scoring within a normal range on ImPACT

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: \_\_\_\_\_

For a list of common concussion symptoms and management recommendations, see [www.osaa.org/health-safety/concussion](http://www.osaa.org/health-safety/concussion).

Comments: \_\_\_\_\_

Completed by (Printed name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Athletic Trainer ☐ Coach ☐ Athletic Director ☐ Other: \_\_\_\_\_

**Graduated, Step-wise Return-to-Participation Progression:** A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

- Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
- Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
- Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
- Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

**\*\*Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

- Full-Contact Practice:** Participate in normal full-contact training activities.
- Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

**This section to be completed by Physician/Qualified Health Care Professional:**

- ☐ Athlete may NOT return to any sport activity including school PE until medically cleared.
- ☐ Athlete should remain home from school to rest and recover with a projected return to school date \_\_\_\_\_.
- ☐ Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form [Medical Release – Return-to-Learn Following a Concussion](#) <http://www.osaa.org/docs/forms/>

Additional Recommendations: \_\_\_\_\_

- ☐ Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.
- ☐ Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Physician/Qualified Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Qualified Health Care Professional Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Attestation: I am returning this athlete to participate in accordance with these statutes [ORS 336.485](#), [ORS 417.875](#), [ORS 336.490](#) as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: <https://www.ohsu.edu/school-of-medicine/cpd/return-play>.

The Oregon School Activities Association's (OSAA) Sports Medicine Advisory Committee has developed a medical release form for athletes to return to participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when an athlete with a concussion can safely return to participation. We have found significant differences that exist among physicians across the state relating to when an athlete is permitted to return to participation following a concussion.

The OSAA and the Sports Medicine Advisory Committee agree that the guidelines presented on this form represent a summary consensus of the literature. We do not intend to dictate to professionals how to practice medicine and the information on this form is not meant to establish a standard of care. The committee feels that the components of the form are very relevant to addressing the concerns of coaches, parents, athletes, and medical providers that lead to the research into this subject and to the development of this form. The form also provides a clear written document to help athletes, families, medical providers and school districts comply with state law.

#### GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect athletes from further harm. Young athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than older students to experience problems after concussion and often take longer to recover. Teenagers, in particular, appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young athletes cannot be over-emphasized.
2. Allow athletes to participate as soon as it is reasonably safe for them to do so.
3. Establish statewide guidelines regarding concussion management and return-to-participation criteria to minimize differences in management among medical providers who are signing "return-to-participation" forms. The consistent use of these guidelines is intended to minimize the risks associated with a high school athlete returning to participate before fully recovered from a concussion.
4. Provide a basis to support medical decisions in regard to when an athlete may or may not participate. This will help support the medical decision when an athlete faces incredible pressure from many fronts to return to participation before fully recovered.
5. Follow a common process for athletes, families, health care providers and schools to comply with Oregon statutes requiring all concussed athletes to be cleared by a Qualified Health Care Professional (MD-Medical Doctor, DO-Osteopathic Doctor, DC-Chiropractic Doctor, ND-Naturopathic Doctor, NP-Nurse Practitioner, PA-Physician Assistant, PT-Physical Therapist, OT-Occupational Therapist or Psychologist).

#### IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements and return-to-participation progression recommendations so athletes, families, coaches, school officials and health care professionals will all understand that athletes must be symptom-free at rest and with exertion and complete a graduated return-to-participation protocol. Returning athletes at an arbitrary date following a concussion is not a option.
2. Providing sections to clearly state the athlete's name, the Return-to-Participation Date and the Qualified Health Care Professional providing clearance for return-to-participation should help reduce liability from a school returning an athlete to participate without formal clearance. If a return-to-participation is questioned, the school can easily keep athletes safe and comply with state law by requiring that an athlete provide a fully completed medical release form stating when the athlete can return-to-participate.
3. Recommendations for classroom accommodations to address educational needs of students while their brain injury recovers. Please use OSAA / CBIRT adopted form [Medical Release – Return-to-Learn Following a Concussion](#) or see CBIRT website <https://cbirt.org>.

Note to Health Care Professionals: Please read "Consensus Statement on Concussion in Sport –The 5<sup>th</sup> International Conference on Concussion in Sport" <https://bjsm.bmj.com/content/51/11/838> and SCATS <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCATS.full.pdf>. These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the addition of a standardized evaluation, an earlier return to light activity, recommended academic accommodations and standardized return-to-participation guidelines. \*All DC, ND, PT and OT and, after July 1, 2021, all NP, PA and Psychologists who want to become a Qualified Health Care Professional must complete this online course: [www.ohsu.edu/school-of-medicine/cpd/return-play](http://www.ohsu.edu/school-of-medicine/cpd/return-play).

**Note:** ImPACT stands for Immediate Post-Concussion Assessment and Cognitive Test. It is sophisticated software developed to help sports medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. *The OSAA Foundation has a relationship with ImPACT that helps reduce the cost for member schools to access the program.* For information on implementing a baseline-testing program, see OSAA program: <http://www.osaafoundation.org/impact/>. *Member schools establish their own testing protocols and are not required to utilize the ImPACT program.*

**Note:** Athletic Trainers (ATs) are important to the identification and management of concussions in schools. In Oregon, ATs can evaluate and return athletes to participation the same day if they determine the athlete does not have a concussion. Also, ATs can implement return-to-participation progression in coordination with a qualified health care professional. In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: <http://oatswebsite.org>.

This form may be reproduced, if desired. In addition, the OSAA Sports Medicine Advisory Committee would welcome comments for inclusion in future versions, as this will continue to be a work in progress.

## Appendix E Return To Learn



### Mild TBI/Concussion Temporary Accommodations Plan

These are initial recommendations and over time may need to be adjusted through the school Concussion Management Team. If any questions or concerns please call your provider.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

The patient will be reevaluated for revision of these recommendations in \_\_\_\_\_ weeks. Date: \_\_\_\_\_

#### These Are Initial Recommendations

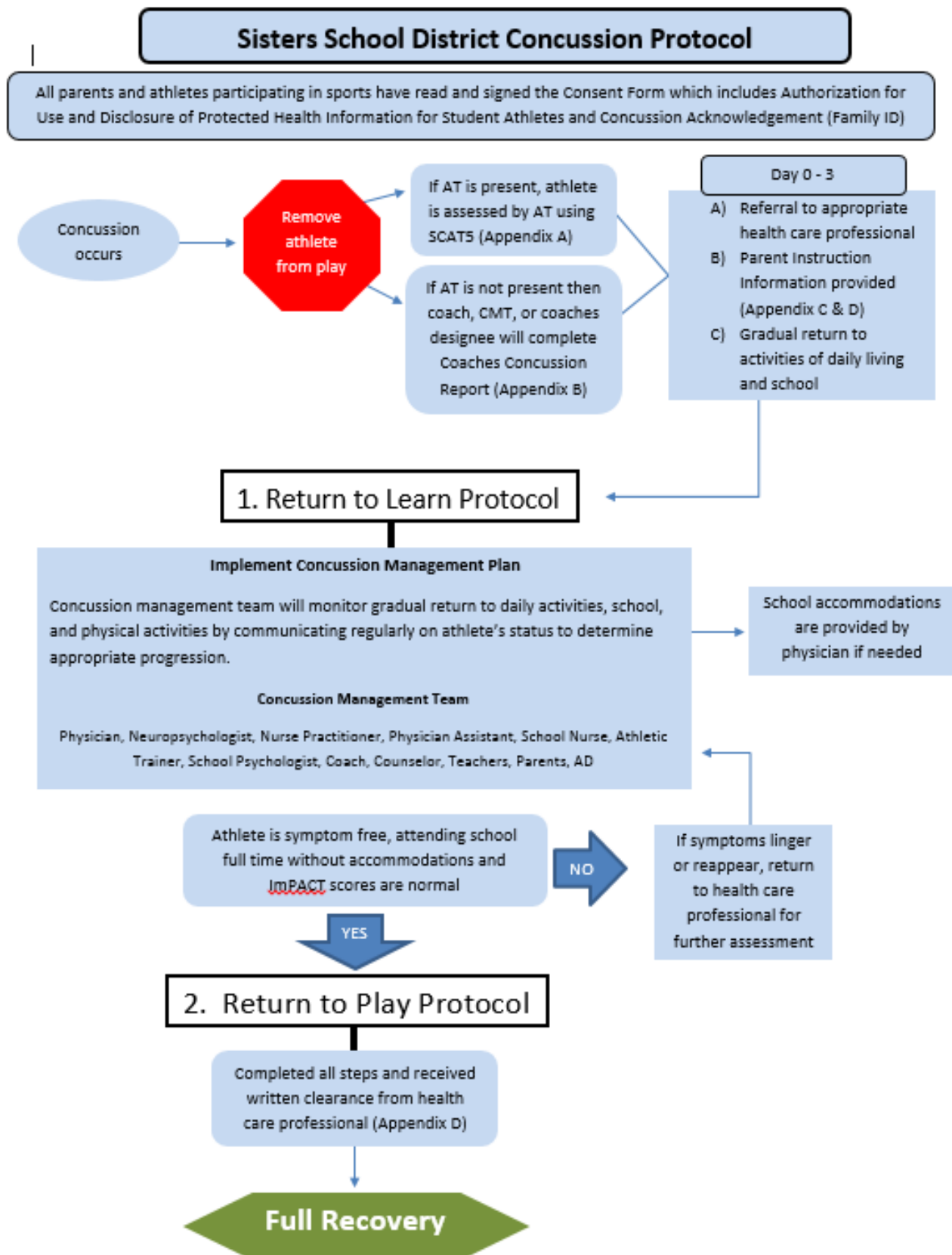
Area	Requested Accommodations	Comments/ Clarifications
Attendance	<input type="checkbox"/> No School until _____ <input type="checkbox"/> Partial School day as tolerated by student <input type="checkbox"/> Full school day as tolerated by student	
Breaks	<input type="checkbox"/> If symptoms appear/worsen, allow student to go to quiet area or nurse's office; if no improvement after 30 min allow dismissal to home <input type="checkbox"/> Water bottle in class / snack every 3-4 hours as needed <input type="checkbox"/> Allow breaks during the day as needed by student or school personnel	
Visual Stimulus	<input type="checkbox"/> Limit iPad use <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments or more instructions for homework <input type="checkbox"/> Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities and/or classes (i.e. band, shop, choir) <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before bell	
School Work	<input type="checkbox"/> Simplify tasks <input type="checkbox"/> Reduce overall amount of in-class work or homework to essentials. <input type="checkbox"/> No homework <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge) <input type="checkbox"/> Provide extended time to complete assignments and/or shortened assignments	
Testing	<input type="checkbox"/> No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared. <input type="checkbox"/> Additional time/untimed testing <input type="checkbox"/> No more than one test a day <input type="checkbox"/> Provide extended time to take tests in a quiet environment (do not mark if student is deferred from test taking)	
Emotional Development Plan	<input type="checkbox"/> Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed)	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE/recess only <input type="checkbox"/> May begin return to play (see OSAA form)	
Extracurricular Activities	<input type="checkbox"/> OK to participate in school dances <input type="checkbox"/> OK to attend school/sporting events/field trips (Please specify) <input type="checkbox"/> Other (Please specify)	

Parents: Make sure to show this form to your concussion management team. Review weekly with RN or concussion management team.  
Your Concussion Management Team may consist of ATC, RN and/or school counselor.

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Appendix F  
Sisters School District Concussion Policy Flowchart



## Appendix G

### Additional Resources

Additional resource available to coaches, teachers, and administrators

- St Charles Behavioral Health – Pediatric Neuropsychologists – 541-706-7730
- OCAMP (Oregon Concussion Awareness and Management Program) [ocamp.org](http://ocamp.org)
- Brain 101 <http://brain101.orcasinc.com/>
- High Desert ESD TBI and Concussion- 541-693-5700