

# Township District 211

## Concussion Care Protocol



### General Information:

A student's best chance of full recovery from a concussion involves avoiding overexertion of the brain that significantly increases concussion symptoms. Strict rest for 24-48 hours after injury is encouraged, with relative rest based on symptoms with cognition and physical activity is recommended for full recovery. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. Symptom limiting cognitive activities are recommended to ensure recovery. Physical activity such as physical education and athletic practices or competitions will be avoided until appropriate in the Return to Play progression. For athletes, symptom limited activities will be conducted and monitored by an athletic trainer while the athlete is in concussion protocol.

Please note that timelines in the Concussion Care protocols are general guidelines. Recovery is individualized and each student/athlete will respond differently to a head injury and the timelines will be adjusted accordingly by the health care personnel.

**It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit. While the athletic trainer is working under the supervision or in consultation with a physician, the athletic trainer may refer the athlete for further evaluation with a physician that specializes in concussion care, and for physical therapy or vestibular rehabilitation if there is no or minimal improvement after several weeks.**

### Definition:

Non Athlete student: A student that is currently not actively participating in a District 211 in-season sport.

Student Athlete: A student that is currently participating in a District 211 in-season sport.

### Stages of Concussion Recovery and Academic/Athletic Participation:

1. Out-of-School (as symptoms dictate)
2. In-Concussion Protocol – Return to Learn/Return to Play
3. Out-of-Protocol

### Points of Emphasis:

- For the concussion protocol to be initiated, the non-district 211 athlete must be initially evaluated by a health care provider (licensed to practice medicine in all of its branches) OR an athletic trainer. Documentation must be provided with a concussion diagnosis to the school nurse or athletic trainer. An emergency room/acute care note is only temporary until seen by the student's primary care physician or athletic trainer within one week.
- For the student athlete: It is important upon return to school the student report to the athletic trainer and school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol. All student athletes will be cleared through the RTP protocol by the athletic trainer once initiated by the athletic trainer.
- For the non-athlete student or out-of-season athlete: report only to the school nurse daily. Student will need to be cleared by their doctor.
- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- As a general rule, for every day the student is within Out-of-School and In-Concussion Protocol, they will be granted the same number of days to complete missed assignments.
- As the student's recovery progresses through the In-Concussion Protocol, teacher/ case manager should identify essential academic work in each subject and collaborate with department supervisors, as needed, to determine potential reduction in course workload. This will promote healing, and help reduce the student's anxiety level related to the perceived volume of work that will be required once the student is medically cleared to resume a full academic load.

## Concussion Protocol Progression: Full Return to Learn (RTL) and Athletic Activity (RTP)

- The teacher has the option of assigning the student a grade of incomplete for the progress mark, final exam, and/or semester grade.

Timelines in the Return to Learn (RTL) and Return to Play (RTP) protocols are general guidelines. All individuals will respond differently to a head injury and the timelines will be adjusted accordingly by health care personnel.

### Out-of-School

#### Characteristics:

- Severe symptoms at rest
- Symptoms may include but are not limited to:
  - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
  - Students may complain of intense and continuous/frequent headaches Cognitive stimulation including driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading and studying may increase symptoms.
- Initial evaluation by physician licensed to practice in all fields or certified athletic trainer
- No PE or athletic participation (includes practices and attending events)
- Accommodations/Considerations:
  - School attendance as tolerated- emphasize cognitive and physical rest
  - Sports: does not attend practice/games
  - No tests, quizzes or homework
- Parent and student receive copy (hardcopy or electronic) of District 211 Concussion Care Protocol
- School nurse will notify student's teachers and appropriate staff

#### **\*Progress to In Concussion Protocol – Return to Learn/Return to Play when:**

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches and dizziness
- Decreased feeling of foginess or confusion

### In-Concussion Protocol – Return to Learn/Return to Play

For the student-athlete: report daily to the athletic trainer and school nurse. Student will begin the District 211 required Return to Play Protocol with the athletic trainer.

For the non-athlete student: report daily to the school nurse for assessment checklist.

#### Characteristics:

- Mild symptoms at rest, but increasing with cognitive and physical activity
- Modified class schedule
  - Example: alternate afternoon classes and morning classes, repeat as symptoms warrant
- No PE or athletic participation
- Accommodations/Considerations:
  - Student should avoid noisy, loud areas such as: choir; orchestra; band; gymnasium; cafeteria as symptoms dictate
  - Student may rest in nurse's office to offer breaks between academic classes as symptoms dictate
  - Student may request a hall pass from the school nurse to avoid noisy, crowded hallways between class periods as symptoms dictate
  - Limit computer work, videos/movies in class (as symptoms dictate)

## Concussion Protocol Progression: Full Return to Learn (RTL) and Athletic Activity (RTP)

- Divide up work into smaller portions (15-20 mins. at a time) as symptoms dictate
- Postpone/limit tests, quizzes or homework if symptoms dictate
- Provide student with copies of class notes (teacher or student generated) upon student request.
- Audio books are helpful for students struggling with visual processing if available.
- It is important to note that if a student is unable to progress to Out of Concussion Protocol after 2 weeks, and it is unlikely the student will be able to make up required work, nurse, counselor/ case manager and parents will consider possible course level changes, or class withdrawal.
- Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact

### **\*Progress to Out-of-Concussion Protocol when:**

- Symptom free with cognitive and physical activity
  - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by physician licensed to practice in all fields or athletic trainer for return to physical and full academic activities.

For the non-athlete student: written clearance to full participation from primary care physician will be required for return to PE participation. Upon receipt of clearance, school nurse will consult with PE teacher regarding appropriate return to full participation within current activity (*no formal gradual return to physical activity*).

For the student athlete: required to follow the District 211 Return to Play Protocol under the direction of the athletic trainer.

### **Out-of-Concussion Protocol - Full Course Schedule and Completed Athletic Participation per Return to Play (RTP) Protocol**

- Characteristics:
  - Asymptomatic with academic/cognitive and physical activities
- Accommodations/Considerations:
  - Resumption of full course schedule and responsibilities once symptoms have resolved completely as determined by primary care physician or athletic trainer. School nurse will notify teachers/counselor/case manager.
  - Create plan for possible modification and gradual completion of required make-up work (school counselor, teacher, department supervisor)
  - Consider tutoring services if student has more than 3 weeks of required academic work to make up
  - Teachers have the discretion to identify essential academic work for their course.
- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with the athletic trainer or school nurse to assess any recurring symptoms.

***\*If the student remains in the concussion protocol longer than 2 weeks, the school nurse will present the student's case to counselor/ case manager for review and possible need for further assistance. The school nurse will consult with the primary care physician.***

## Concussion Protocol Progression: Full Return to Learn (RTL) and Athletic Activity (RTP)



### District 211 Return to Play Protocol *(required if student athlete)*

- The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place a minimum of 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.
- This protocol will be performed under the supervision of the athletic trainer.

Exercise Strategy	Step Activity
Step 1: Symptom limited activity	Daily activities that do not exacerbate symptoms (begin 24-48 hours after injury)
Step 2: Aerobic activity (increase from light to moderate, increasing HR to approx. 70% max HR)	Stationary bike, walking at low to medium pace, light resistance training (does not result in mild and brief exacerbation* of concussion symptoms)
Step 3: Individual sport-specific exercise	Sport-specific training away from the team environment. No activities at risk of head impact.
<i>Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.</i>	
Step 4: Eighty percent max exertion training drills	Exercise to high intensity including more challenging training drills. Can integrate into team environment.
Step 5: Full contact or full exertion practice	Participate in normal training activities. Signed release from parent/guardian.
Step 6: Return to sport	Normal game play.

\*Mild and brief exacerbation (an increase of no more than 2 points on a 0-10 point scale for less than an hour When compared to baseline prior to activity).

\* RTP developed with the use of Consensus statement on concussion in sport: the 6<sup>th</sup> International Conference on Concussion in Sport-October 2022.

*Br J Sports Med.* 2023;57(11):695-711. doi:10.1136/bjsports-2023-106898

***\*If the athletic trainer feels it is in the best interest of the athlete, the athletic trainer may exclude the athlete from practice or play until the athletic trainer determines the athlete is ready for activity, regardless if a doctor has cleared the athlete***

For additional questions please contact the student's school counselor, the school nurse, or the athletic trainer.