



Head Injury Care and Return to Play Guidelines

Head injuries are much different than injuries to other parts of the body, and therefore need to be treated in a different manner. Scientific studies show that brain injuries in children and adolescents take longer to heal than those same injuries do in adults.

The following are guidelines that are to be followed when an athlete incurs a head injury.

Signs/Symptoms of a Concussion (include but are not limited to):

Coach/Parent Observes These Signs	Athlete Reports These Symptoms
Confusion; forgetfulness (forgets plays) Moves clumsily; answers questions slowly Shows behavior/personality changes (irritability, depression) Forgets events prior to and/or after a hit Loss of consciousness, even temporarily	Headache; sensitivity to light/noise Feels sluggish, foggy and/or dizzy Double or fuzzy vision; nausea Concentration or memory problems Change in sleep patterns

If an athlete shows **any** of the above signs, the athlete should **NOT** return to play and an additional evaluation will be performed.

On-field or Sideline Evaluation

- The athlete will be evaluated onsite following the emergency action plan as stipulated by the National Athletic Trainers' Association.
- **IF** no athletic trainer is available, the athlete will not return to practice or play. The coach will decide if 911 should be called. The parent(s) should be called and informed of their child's condition. If 911 is called, an athletic director should be contacted immediately.
- The player is not to be left alone following the injury. Monitoring of the athlete for deterioration is essential over the initial few hours following the injury.
- The appropriate disposition of the athlete must be determined by the athletic trainer and/or the team physician (if available).

IMPACT Software and Return to Play Guidelines

Prior to returning to ANY physical activity (including physical education class) the athlete must report to the Athletic Trainer for further evaluation. The athlete should not participate in any physical activity until cleared by the Athletic Training staff.

The athlete should receive as much cognitive rest as possible while symptomatic. Limiting television, video games, text messaging and other cognitive activities is highly recommended.

District 211 certified athletic trainers will use the ImPACT neurocognitive screening tool to evaluate an athlete's post-injury status. (For more information on this program, please go to www.impacttest.com). This test will be administered under the direction of a certified athletic trainer according to the prescribed protocol, which has been described below.

IMPACT Post-Injury 1: The athlete will be given the ImPACT test 24-72 hours after the injury, and these scores will be compared to baseline scores. The athletic trainer will notify the coach(es) and parents of the status of the athlete.

IMPACT Post-Injury 2: At least 5 days have elapsed since Post-Injury 1 in order for the next post-injury exam to be taken. The ImPACT test will be given every 5-10 days until the athlete's medical care team has made the determination that the athlete is symptom free. After this determination, the athlete may begin the following graduated return-to-play program with these considerations:

- Each step should take 24 hours
- An athlete may not move on to the next step of the sequence if symptoms return
- Both the athletic trainer and the athlete's physician will make the determination that the athlete is symptom free

Step 1: Light aerobic exercise to increase heart rate and blood pressure in the brain.

Step 2: Perform moderate to heavy cardio and/or sport specific drills.

Step 3: Light contact with no head impact activities.

Step 4: Full participation in practice with full contact.

Step 5: If no symptoms return in step 4, **and** the ImPACT scores have returned to normal, then the athlete will be cleared to resume play with no restrictions.

If the athlete has symptoms during any of the above steps, then the process returns to the previous step with a minimum of 48 hours of rest before resuming the sequence.