 **Plano ISD Concussion Parent Guide** 

Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 1 – What to Do and Watch For**

**Your child has possibly sustained a concussion (mild traumatic brain injury) while participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The symptoms of a concussion may not become obvious until several hours or even days after the injury. Please observe for the following:**

**Common Signs and Symptoms of Concussion \*\*Seek medical attention immediately at the nearest ER if any of these occur\*\***

• Headache • Memory or concentration problems • Severe or worsening headache • Trouble walking or talking

• Nausea • Sensitivity to light or noise • Increasing confusion • Loss of consciousness

• Confusion or feeling “in a fog” • Feeling tired or sleep problems • Vomiting (more than once) • Irregular pulse or breathing rate

• Dizziness or balance problems • Double or blurred vision • Difference in pupil size (right vs left eye) • Weak or numb arms or legs

• Emotional/behavioral changes • Sudden change in behavior or thinking • Seizure

**Things the athlete should “DO” Things the athlete should “NOT do” There is NO need to**

• Rest - avoid strenuous activity and sports until symptoms improve • Activities that worsen symptoms (watch TV, play video games, • Stay in bed

• Slowly return to normal daily activities and school listen to loud music, attend sporting events or concerts). • Check eyes with a flashlight

• Sleep - no need to wake the athlete up every hour • Exercise, lift weights or play sports • Wake up every hour

• May take acetaminophen (Tylenol®) for headaches • Take ibuprofen, aspirin, or naproxen in the first 48 hours • Test reflexes

• May use an ice pack on the head and neck area as needed for comfort • Drink alcohol or excessive caffeine

• Drive

**If concussion symptoms worsen during class, your child should report to the Nurse to rest. The Athletic Training Room is only open during athletic periods. Your child should check in with the Athletic Training Staff during their Athletics period every day they are at school.**

**Step 2 – Physician Clearance**

In accordance with Texas State Law, UIL policy and PISD policy, all student-athletes with **suspected** concussions **MUST** be evaluated by a licensed physician and **MUST** complete the Return to Play Protocol as per the PISD Concussion Oversight Team. Feel free to take your child to any doctor you choose, but based on their experience and expertise, here are a few resources we have used in the past that you may want to use:

**Scottish Rite Sports Medicine Children’s Health Andrew’s Institute Ben Hogan Sports Medicine**

5700 Dallas Parkway 7211 Preston Road p3200 6300 West Parker Road

Frisco, TX 75034 Plano, TX 75024 Plano, TX 75093

(469) 515-7100(469) 303-9424 (972) 981-7195

**Step 3 – Return to Sport**

Once the athlete is completely **free of concussion symptoms** and has been **cleared by a licensed physician (MD or DO)**, they must **complete the PISD progressive return-to-sport protocol below**. Each stage is designed to increase in intensity and test to ensure no residual effects of the concussion remain. **The stages are overseen by the campus athletic trainer and can only be progressed every 24 hours.** If any concussion symptoms occur while in the protocol, then the athlete should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

|  |  |  |
| --- | --- | --- |
| **Rehabilitation Stage** | **Functional Exercise at Each Stage of Rehabilitation** | **Objective of Each Stage** |
| 1. No activity 2. Once seen by physician, light aerobic activity   (if permitted by physician)   1. Return to Sport Protocol (after clearance)   1. Light aerobic activity  2. Moderate aerobic activity  3. Non-contact training  4. Contact practice  5. Return to competition | Physical and cognitive rest  Light walking, exercise bike  Exercise bike, light jogging (10-15 minutes)  Increased intensity runs and resistance training  Progress to more sport-specific drills (weights included)  Participate in normal training activities  Normal game play | Recovery, gradual reintroduction of school activities  Recovery and rehabilitation  Increase heart rate  Add movement  Exercise, coordination, re-acclimate to regular activity  Assess functional skills by coaching and training staff  Restore confidence |

Recommendations provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plano East Cluster Athletic Trainers (469) 752-9222

Plano Senior Cluster Athletic Trainers (469) 752-9518

Plano West Cluster Athletic Trainers (469) 752-9768

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**UIL/PLANO ISD Concussion Management Protocol and Return to Play Release Form**

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by their designee (see Section 38.157 © of The Texas Education Code).*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** Male Female  **Age:** \_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Injury:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle)

**Sport:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Diagnosis:**  **Concussion**  **No Concussion**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status:** **Active Concussion**  C**leared for Symptom-Limited** **Concussion Resolved**

**(No Activity)**  **Aerobic Activity (Begin Return to Sports Protocol)**

**Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Physician Name** **Physician Address** **Phone**

**Designated School District Official Verifies:**

* The student has been evaluated by a treating physician by the student, their parent, or other person with legal authority to make medical decisions for the student.
* The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
* The school has received a written statement from the treating physician indicating, that in the physician’s professional judgment, it is safe for the student to return to play.

**School Individual Signature: (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian with legal authority to make medical decisions for the student signs and certifies that he/she:**

* Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Plano ISD Concussion Oversight Team.
* Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
* Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
* Understands the immunity provisions under Section 38.159 of the Texas Education Code.

**What are the risks for playing with a concussion or returning to play too soon?**

Research indicates that student-athletes who return to athletic participation before completely recovering from an initial concussion injury have an increased risk of sustaining a second concussion. This re-injury often results from a seemingly insignificant blow or contact and usually results in a longer recovery period. These athletes are also at risk for “Second Impact Syndrome”. Second Impact Syndrome results in rapid brain swelling, brain damage, and in some cases, death.

By signing this form, I understand the dangers related to returning too soon after a sport-related concussion. Furthermore, I certify that the above athlete has successfully completed the Plano ISD Concussion Return to Play protocols and has been released by a Licensed Healthcare Provider with specific training in the evaluation and management of concussions. I understand that upon my signature and return of this release form to the designated Concussion Oversight official, the above athlete will be allowed to return to full participation in practice and competition.

If you have any questions, please do not hesitate to call a Plano ISD Athletic Trainer and/or refer to the Plano ISD Parent’s Guide to Concussions.

**Parent/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Printed Name)**

**Parent/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature)**