Board Policy BP

In compliance with Alaska Statues HB 15 (2011) and SB 22 (2011) the following Policy Components, Procedures, and Forms Relating to the Management of Concussions in Student Athletes are hereby adopted by The Sitka School District. The requirements are based on the recognition that concussions rank among the most commonly reported traumatic brain injuries in children and adolescents who participate in sports and recreational activities and that the risk of prolonged neurological impairment and even death is significantly increased if the injury is not recognized and properly evaluated and managed. It is further recognized that proper management of concussions mandates prompt removal from play and practice after they occur and gradual return to activity, both physical and academic, under supervision.

To achieve the goal of safe and proper management of concussions, mandates particular to student athletes, parent/guardians of athletes, coaches of sports teams, and the Sitka School District are enacted.

Students & Parents/Guardians of Students

1) Each student under 18 years of age will require specific parental/guardian permission to engage in contact sports (football, baseball, softball, soccer, wrestling, track & field, volleyball) on a yearly basis. The permission is required both for team tryout and participation.

2) Each student so participating shall be required to have on file a sports participation physical (http://asaa.org/handbook/pdf/asaa/forms/general-use-forms/Release_Medical_Information_Student_Health_Review.pdf). The form shall specifically note for what level of activity the student is cleared and include a measurement of visual acuity.


4) A student under the age of 18 may not participate in school athletic activities unless the student and the parent/guardian of the student have signed and have on file a verification of receipt of the required information noted in #4 above. “ASAA’s Parent and Student Acknowledgement and Consent Form” (available at http://asaa.org/wp-content/uploads/Parent-Student-Acknowledgement-Consent.pdf) can be used to satisfy the requirements of #1 & #3 above.

Coaches

1) Coaches of Sitka District athletic teams shall undergo training regarding the nature and risks of concussions at least every three years on the same cycle as the
required Sports First Aid certification under The Alaska Coaches Education Program.  

Side Line Decision Making and Follow-up

1) With any injury on the field of play the coach needs to ask whether there is the possibility of a concussion. Signs are: amnesia, headache, pressure in head, neck pain, nausea, vomiting, dizziness, blurred vision, balance problems, light sensitivity, sensitivity to noise, feeling of being in a fog, feeling slowed down, difficulty with memory such as being unable to remember the score or last week’s game, difficulty concentrating, fatigue, confusion, drowsiness, more emotional, irritable, sad, anxious. If any of these exist the player should “sit it out” and not rejoin the game that day. He/she should also be watched and not sent to the bus or the locker room alone and be re-evaluated every 15 minutes until the symptoms completely resolve.

2) If immediately after the injury or during the time of periodic reassessment at the sidelines findings of decreased consciousness, severe drowsiness, irregular breathing, severe or increasing headache or neck pain, persistent vomiting, seizure, loss of consciousness, or inability to get the player’s attention (looking off into space) develop the Emergency Medical Services at 911 should be contacted and the player taken to the hospital. In football, should a player be rendered unconscious or complain of severe neck pain or inability to feel or move arms, legs or fingers the helmet should not be removed pending evacuation to a medical facility.

3) In the case of a player who is removed from the game or practice but whose symptoms do not rise to a level requiring emergency transfer to the hospital, referral to the player’s medical provider, by preference, or to a licensed medical provider should be arranged for that day or as soon as possible. The player should be sent to the referral with a packet containing this protocol and it’s accompanying documents. The medical provider should be asked to do an exam, fill out a Acute Concussion Evaluation (ACE) Form (Physician/Clinician Office Version), and score the results. If the score is 1 (out of 22) or less and no other problems are discovered the player can be dismissed from follow-up. If the score on the evaluation is 2 or higher and no pre-existing condition can explain the finding the player should be seen daily until the score reaches 1 or lower. During this period there should be no physical or academic activity. The protocol in this period may be modified with discretion if the scores are steadily diminishing to permit school up to half day but no physical activity. Provided that the score diminishes to 1 or less over time the player can be started on a six (6) day Return to Play Protocol under the supervision of the medical
provider and his/her staff or a responsible party appointed by the School District. The protocol can be administered telephonically.

4) The six (6) day protocol calls for gradual increase in school and academic work over the first three days. Physical activity is more restricted but can advance by one day daily provided that there are no setbacks or return of any symptoms in the intervening 24 hours. On Day One - 15 min of light aerobic exercise is permitted (walking, swimming, stationary cycling - no resistance training); Day Two - 30 min light to moderate aerobic activity (walking, swimming, stationary cycling - no resistance training); Day Three - 30 min of moderate to heavy aerobic activity (running drills in football and soccer---no head impact); Day Four - 30 min heavy aerobic activity and 15 min resistance exercise (push-ups, sit-ups, weight lifting); Day Five - Return to practice but with non-contact participation; Day Six - Full practice with contact. Progress from one step to the next can only occur if there is no return of symptoms and thus constitutes the primary question to be asked daily by the individual (either on the medical or school staff) monitoring the six day protocol.

5) After a full six days if there is no recurrence of symptoms a complete physical, neurological and visual acuity exam should be done with a repeat of the Acute Concussion Evaluation (ACE) Form (Physician/Clinician Office Version) scoring. If this is normal the player can be returned to full playing status and a release signed (the proper form can be found on line at: http://asaa.org/wp-content/uploads/return-to-play.pdf)

Who is Qualified to Act

The statutes establishing this requirement - HB15 and SB 22 - were (perhaps intentionally) vague on who would be the qualified individuals able to carry out the mandated medical exams and determine when a player was recovered from a concussion and safe to return to play. It seems generally reasonable to observe that individuals trained and licensed as physicians (MD & DO), advanced nurse practitioners in general practice, physician assistants in general practice and psychologists and physical therapists with advanced training and/or degrees in neurophysiology would likely be qualified to act in this capacity. However strictly speaking the Alaska Legislature sayeth naught.

Attachments


Acute Concussion Evaluation (Physician/Clinician Office Version) Gioria & Collins Childrens National Medical Center & University of Pittsburgh Medical Cener 2006

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION RELATING TO STUDENT HEALTH REVIEW/EXAM

**TO:** Medical Provider

I hereby authorize you to release copies of all medical information in your possession, whether paper or electronic, relating to student health review/exams of the student identified below to the school or school district in which the student is enrolled and to appropriate health care providers.

**Name of school or school district**

This release authorizes disclosure of this information to the school for purposes of the school's determining the fitness of the student to participate in strenuous physical activities, including but not limited to competitive athletic events.

I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators, athletic directors, and coaches of any interscholastic activities in which I seek to participate.

I understand that once the information is disclosed, it may be re-disclosed by the recipient and federal law may not protect the information.

I understand that I may revoke this authorization in writing at any time, except to the extent action has been taken in reliance on this authorization.

I certify that the signatures on this release are voluntary.

Photocopies of this release shall have the same authority as the original. This release will expire one year from the date of signatures on this form, unless revoked earlier by me in writing.

<table>
<thead>
<tr>
<th>Date of signature</th>
<th>Signature of student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed or typed name of student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student's social security number</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONSENT OF PARENT

I am the parent or legal guardian of the above student, and authorize the foregoing release of medical information to the student's school/school district and to appropriate health care providers.

<table>
<thead>
<tr>
<th>Date of signature</th>
<th>Signature of parent / legal guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed or typed name of parent / legal guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
## SECTION A: To be completed by parent or guardian.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zipcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Emergency Phone</th>
<th>Date of last physical exam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are your immunizations up to date</th>
<th>Last tetanus shot</th>
<th>Last measles shot</th>
<th>Last TB skin test</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Have you ever been hospitalized? [ ] YES [ ] NO
2. Have you ever had surgery? [ ] YES [ ] NO
3. Are you presently taking any medications or pills? [ ] YES [ ] NO
4. Have you ever passed out during or after exercise? [ ] YES [ ] NO
5. Have you ever been dizzy during or after exercise? [ ] YES [ ] NO
6. Have you ever had chest pain during or after exercise? [ ] YES [ ] NO
7. Do you tire more quickly than your friends during exercise? [ ] YES [ ] NO
8. Have you ever had high blood pressure? [ ] YES [ ] NO
9. Have you ever been told that you have a heart murmur? [ ] YES [ ] NO
10. Have you ever had racing of your heart or skipped beats? [ ] YES [ ] NO
11. Has anyone in your family died of heart problems or sudden death before age 50? [ ] YES [ ] NO
12. Do you have any skin problems (itching, rashes, acne)? [ ] YES [ ] NO
13. Have you ever had a head injury? [ ] YES [ ] NO
14. Have you ever had a concussion? If yes, how many? [ ] YES [ ] NO
15. Have you ever been knocked out or unconscious? [ ] YES [ ] NO
16. Do you suffer from migraines? [ ] YES [ ] NO
17. Have you ever had a seizure? [ ] YES [ ] NO
18. Have you ever had a stinger, burn or pinched nerve? [ ] YES [ ] NO
19. Have you ever had heat or muscle cramps? [ ] YES [ ] NO
20. Have you ever been dizzy or passed out in the heat? [ ] YES [ ] NO
21. Do you have trouble breathing or do you cough during or after activity? [ ] YES [ ] NO
22. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? [ ] YES [ ] NO
23. Have you ever had problems with your eyes or vision? [ ] YES [ ] NO
24. Do you wear glasses or contacts or protective eye wear? [ ] YES [ ] NO
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? [ ] YES [ ] NO

- Head
- Shoulder
- Thigh
- Neck
- Elbow
- Knee
- Chest
- Forearm
- Shin/calf
- Back
- Wrist
- Ankle
- Hip
- Hand

26. Have you ever had other medical problems (infectious mononucleosis, diabetes, etc.)? [ ] YES [ ] NO
27. Have you ever had any medical problem or injury since your last evaluation? [ ] YES [ ] NO
28. Are you Diabetic? [ ] YES [ ] NO
29. Are you Asthmatic? [ ] YES [ ] NO
30. Do you have any allergies (medicines, bees or other stinging insects)? [ ] YES [ ] NO

List all allergies:

31. When was your first menstrual period?

32. What was the longest time between your periods last year?

33. Explain all "yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: ___________________________ Date: __________

Parent/Guardian Signature: ___________________________ Date: __________
# Student Health Review/Exam

**SECTION B:** To be completed by physician, physician assistant or advanced nurse practitioner

This form to be sent to the school (do not send to ASAA)

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vision — Right Eye</th>
<th>Vision — Left Eye</th>
<th>Vision Corrected?</th>
<th>Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/</td>
<td>20/</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clearance: □ Cleared  
□ Cleared after completed evaluation/rehabilitations for (Specific Sports): __________________________

□ Not cleared for:  □ Collision □ Contact □ Noncontact □ Strenuous  
□ Moderately Strenuous □ Nonstrenuous

Due to: ____________________________________________________________

Name of M.D., P.A. or ANP (circle which)  

Signature Date ____________________________

Address Phone ____________________________

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.**  
4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org
Thomas Conley
has successfully completed

Concussion in Sports -
What You Need To Know

3/10/2012
Date of completion

Alaska
State of completion

Robert B. Yarbrough
NFHS Executive Director

CONC2FC7416400
Completion code

This course cannot be used for NFHS Coach Certification

This certificate documents course completion, not mastery of the content.
A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHAT IS A CONCUSSION?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. The injury occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

CONCUSSION FACTS

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System).
- Concussions occur most frequently in football, but girl’s soccer, boy’s soccer, and girl’s basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

<table>
<thead>
<tr>
<th>SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
</tr>
<tr>
<td>Is confused about what to do</td>
</tr>
<tr>
<td>Forgets plays</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
</tr>
<tr>
<td>Moves clumsily</td>
</tr>
<tr>
<td>Answers questions slowly</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
</tr>
<tr>
<td>Can’t recall events prior to hit</td>
</tr>
<tr>
<td>Can’t recall events after hit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Double or fuzzy vision</td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Feeling sluggish</td>
</tr>
<tr>
<td>Feeling foggy or groggy</td>
</tr>
<tr>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Confusion</td>
</tr>
</tbody>
</table>

WHAT SHOULD I DO IF I THINK MY CHILD HAS HAD A CONCUSSION?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents, coaches, and officials are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:
A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHEN IN DOUBT, SIT THEM OUT!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician’s instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department.

WHEN CAN AN ATHLETE RETURN TO PLAY FOLLOWING A CONCUSSION?

After suffering a concussion, no athlete should return to play or practice on that same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers in both Oregon and Washington to pass laws stating that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play in games or practices. The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by health care professional knowledgeable in the care of sports concussions, the athlete should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step each day. An individual athlete may progress more quickly or more slowly based on their symptoms. Following medical clearance, the return to play schedule should proceed as below:

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.
Step 2: Running in the gym or on the field. No helmet or other equipment.
Step 3: Non-contact training drills in full equipment. Weight-training can begin.
Step 4: Full contact practice or training.
Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

HOW CAN A CONCUSSION AFFECT SCHOOLWORK?

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.
A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHAT CAN I DO?

- Learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Emphasize to administrators, coaches, and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if they suspect that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season’s sports.

OTHER FREQUENTLY ASKED QUESTIONS

- Why is it so important that an athlete not return to play until all they have completely recovered from a concussion?

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other at-risk participation when symptoms of concussion are present and recovery is ongoing.

- Is a “CAT scan” or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are typically normal, even in athletes who have sustained a severe concussion. A concussion is diagnosed based upon the athlete’s story of the injury and a physical examination.

- What is the best treatment to help my child recover more quickly from a concussion?

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased access to computers, video games, etc., but the access must be lessened if symptoms worsen.

- How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within a week of the initial injury. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful
management of all concussions.

- **How many concussions can an athlete have before he or she should stop playing sports?**

  There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as mechanism of injury and length of symptoms following the concussion, are very important and must be considered when assessing an athlete’s risk for further and potentially more serious concussions. The decision to “retire” from sports can only be reached following a thorough review of the athlete’s concussion history, coupled with a thorough and frank discussion between you, your doctor, and your child.

- **I’ve read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?**

  The issue of “chronic encephalopathy” in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate former players. At this time we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

  In the cases of the NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in these cases. Obviously, the average high school athlete does not come close to suffering the total number or shear force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each concussion.

Some of this information has been adapted from the CDC’s “Heads Up: Concussion in High School Sports” materials by the OSAA’s Medical Aspects of Sports Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

If you have any further questions regarding concussions in high school athletes or want to know how to find a concussion specialist please contact Michael C. Koester, MD, ATC at michael.koester@slocum-center.com.

ASAA SMAC rev 7 2010
What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven’t been knocked out.
- Can be serious even if you’ve just been “dinged” or “had your bell rung.”

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?
You can’t see a concussion, but you might notice one or more of the symptoms listed below or that you “don’t feel right” soon after, a few days after, or even weeks after the injury.
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?
- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?
Every sport is different, but there are steps you can take to protect yourself.
- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don’t hide it. Report it. Take time to recover.

It’s better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC
ASAA Parent and Student Acknowledgement and Consent

The ____________ School District requires that each athlete and each athlete’s parent/guardian, receive a copy of its guide entitled “A Parents Guide to Concussion in Sports”. This guide sets forth a description of the nature and risks of Concussion.

Parents and athletes should review the Guide, discuss it at home, and direct any questions to the coach, school nurse, or activities principal.

Parents and athletes need to annually acknowledge receipt of “A Parents Guide to Concussion in Sports”, and understand its contents.

**Student/Parent/Guardian Acknowledgement (required for all athletes)**

I acknowledge that I have received a copy of “A Parents Guide to Concussion in Sports”, and understand its contents.

**Student Signature**

**Print Name**

**Date of Birth**

**Date**

Parent/Guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below consent.

**Parent/Guardian Signature**

**Print Name**

**Date**
**ACTION PLAN**

**HEADS UP**

[Image of a table or diagram related to concussion management]

**SIGNS AND SYMPTOMS**

- Can't recall events
- Prior to or after hit to head
- Cant recall events
- Concussion
- Common problems
- Concussion or loss of consciousness
- Feeling dizziness, nausea
- Fatigue
- Headache
- Memory issues, slow to think
- Move clumsily
- Not audio or visual
- Not able to concentrate
- Not able to pay attention
- Not able to focus
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrate
- Not able to pay attention
- Not able to concentrat...
**ACUTE CONCUSSION EVALUATION (ACE)**  
**PHYSICIAN/CLINICIAN OFFICE VERSION**

Gerard Gioia, PhD* & Micky Collins, PhD  
*Children's National Medical Center  
3University of Pittsburgh Medical Center

---

**Patient Name:**  
**DOB:**  
**Age:**  
**Date:**  
**ID/MR#**

---

### A. Injury Characteristics

**Date/Time of Injury:**

**Reporter:**  
- Patient  
- Parent  
- Spouse  
- Other

#### 1. Injury Description

1a. Is there evidence of a forcible blow to the head (direct or indirect)?  
- Yes  
- No  
- Unknown

1b. Is there evidence of intracranial injury or skull fracture?  
- Yes  
- No  
- Unknown

1c. Location of Impact:  
- Frontal  
- Lt Temporal  
- Rt Temporal  
- Lt Parietal  
- Rt Parietal  
- Occipital  
- Neck  
- Indirect Force  
- Other

#### 2. Cause:

- MVC  
- Pedestrian-MVC  
- Fall  
- Assault  
- Sports (specify)  
- Other

#### 3. Amnesia Before (Retrograde)

Are there any events just BEFORE the injury that you/ person has no memory of (even brief)?  
- Yes  
- No  
- Duration

#### 4. Amnesia After (Anterograde)

Are there any events just AFTER the injury that you/ person has no memory of (even brief)?  
- Yes  
- No  
- Duration

#### 5. Loss of Consciousness:

Did you/ person lose consciousness?  
- Yes  
- No  
- Duration

#### 6. EARLY SIGNS:

- Appears dazed or stunned  
- Is confused about events  
- Answers questions slowly  
- Repeats Questions  
- Forgetful (recent info)

#### 7. Seizures:

Were seizures observed?  
- No  
- Yes  
- Description

---

### B. Symptom Check List*

Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?  
*Indicate presence of each symptom (0=No, 1=Yes).

*Lovell & Collins, 1998 JHTR

<table>
<thead>
<tr>
<th>PHYSICAL (10)</th>
<th>COGNITIVE (4)</th>
<th>SLEEP (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache 0 1</td>
<td>Feeling mentally foggy 0 1</td>
<td>Drowsiness 0 1</td>
</tr>
<tr>
<td>Nausea 0 1</td>
<td>Feeling slowed down 0 1</td>
<td>Sleeping less than usual 0 1 N/A</td>
</tr>
<tr>
<td>Vomiting 0 1</td>
<td>Difficulty concentrating 0 1</td>
<td>Sleeping more than usual 0 1 N/A</td>
</tr>
<tr>
<td>Balance problems 0 1</td>
<td>Difficulty remembering 0 1</td>
<td>Trouble falling asleep 0 1 N/A</td>
</tr>
<tr>
<td>Dizziness 0 1</td>
<td>COGNITIVE Total (0-4)</td>
<td></td>
</tr>
<tr>
<td>Visual problems 0 1</td>
<td>EMOTIONAL (4)</td>
<td></td>
</tr>
<tr>
<td>Fatigue 0 1</td>
<td>Irritability 0 1</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light 0 1</td>
<td>Sadness 0 1</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to noise 0 1</td>
<td>More emotional 0 1</td>
<td></td>
</tr>
<tr>
<td>Numbness/Tingling 0 1</td>
<td>Nervousness 0 1</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL Total (0-10)</td>
<td>EMOTIONAL Total (0-4)</td>
<td></td>
</tr>
</tbody>
</table>

**SLEEP Total (0-4)**

<table>
<thead>
<tr>
<th>Exertion: Do these symptoms worsen with:</th>
</tr>
</thead>
</table>
| Physical Activity  
- Yes  
- No  
- N/A |
| Cognitive Activity  
- Yes  
- No  
- N/A |

**Overall Rating:** How different is the person acting compared to his/her usual self? (circle)  
- Normal 0 1 2 3 4 5 6 Very Different

---

### C. Risk Factors for Protracted Recovery (check all that apply)

<table>
<thead>
<tr>
<th>Concussion History? Y N</th>
<th>Headache History? Y N</th>
<th>Developmental History</th>
<th>Psychiatric History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous # 1 2 3 4 5 6+</td>
<td>Prior treatment for headache</td>
<td>Learning disabilities</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Longest symptom duration</td>
<td>History of migraine headache</td>
<td>Attention-Deficit/ Hyperactivity Disorder</td>
<td>Depression</td>
</tr>
<tr>
<td>Days  Weeks  Months  Years</td>
<td><em>Personal</em></td>
<td>Other developmental disorder</td>
<td>Sleep disorder</td>
</tr>
<tr>
<td>If multiple concussions, less force</td>
<td><em>Family</em></td>
<td>Other psychiatric disorder</td>
<td></td>
</tr>
<tr>
<td>caused reinjury? Yes No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures).

---

### D. RED FLAGS for acute emergency management:

| * Headaches that worsen  |
| * Seizures  |
| * Focal neurologic signs  |
| * Slurred speech  |
| * Can't recognize people or places  |
| * Neck pain  |
| * Increasing confusion or irritability  |
| * Weakness or numbness in arms/legs  |
| * Unusual behavioral change  |
| * Change in state of consciousness  |

---

### E. Diagnosis (ICD):

- Concussion w/o LOC 850.0  
- Concussion w/ LOC 850.1  
- Concussion (Unspecified) 850.9  
- Other (854)  
- No diagnosis

---

### F. Follow-Up Action Plan

Complete ACE Care Plan and provide copy to patient/family.

- No Follow-Up Needed

**Physician/Clinician Office Monitoring:** Date of next follow-up

**Referral:**

- Neuropsychological Testing
- Neurosurgery
- Neurology
- Sports Medicine
- Psychiatrist
- Other

**Emergency Department**

---

ACE Completed by: MD RN NP PhD ATC

© Copyright G. Gioia & M. Collins, 2006
A concussion (or mild traumatic brain injury [MTBI]) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

ACE Instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

A. Injury Characteristics:
1. Obtain description of the injury – how injury occurred, type of force, location on the head or body (if force transmitted to head). Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).
2. Indicate the cause of injury. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.
3/4. Amnesia: Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – before (retrograde) and after (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).¹

5. Loss of consciousness (LOC) – If occurs, determine length of LOC.
6. Early signs. If present, ask the individuals who know the patient (parent, spouse, friend, etc.) about specific signs of the concussion that may have been observed. These signs are typically observed early after the injury.
7. Inquire whether seizures were observed or not.

B. Symptom Checklist:²
1. Ask patient (and/or parent, if child) to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.² Record “1” for Yes or “0” for No for their presence or absence, respectively.
2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present premorbidly/at baseline (e.g., inattentiveness, headaches, sleep, sadness), it is important to assess change from their usual presentation.
3. Scoring: Sum total number of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any score > 0 indicates positive symptom history.
4. Exertion: Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may protract recovery.

5. Overall Rating: Determine how different the person is acting from their usual self. Circle “0” (Normal) to “6” (Very Different).

C. Risk Factors for Protracted Recovery: Assess the following risk factors as possible complicating factors in the recovery process.

1. Concussion history: Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion (which may indicate incomplete recovery from initial trauma).⁴⁴,⁴⁵
2. Headache history: Assess personal and/or family history of diagnosis/treatment for headaches. Research indicates headache (migraine in particular) can result in protracted recovery from concussion.⁸¹
3. Developmental history: Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Research indicates that there is the possibility of a longer period of recovery with these conditions.⁵²
4. Psychiatric history: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder.¹³,¹⁶

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for serious signs. Red flags are to be assessed as possible signs of deteriorating neurological functioning. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g. CT Scan to rule out intracranial bleed or other structural pathology).³⁷

E. Diagnosis: The following ICD diagnostic codes may be applicable.

850.0 (Concussion, with no loss of consciousness) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).

850.1 (Concussion, with brief loss of consciousness <1 hour) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).

850.9 (Concussion, unspecified) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

Other Diagnoses – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A 1b) such as from neuroimaging, a moderate TBI and the diagnostic category of 854 (Intracranial injury) should be considered.

F. Follow-Up Action Plan: Develop a follow-up plan of action for symptomatic patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon the patient's condition. (Physician/ Clinician should also complete the ACE Care Plan included in this tool kit.)

1. Physician/Clinician serial monitoring – Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 3-5 days. If steady reduction is not evident, referral to a specialist is warranted.

2. Referral to a specialist – Appropriate if symptom reduction is not evident in 3-5 days, or sooner if symptom profile is concerning in type/severity.
   - Neuropsychological Testing can provide valuable information to help assess a patient's brain function and impairment and assist with treatment planning, such as return to play decisions.
   - Physician Evaluation is particularly relevant for medical evaluation and management of concussion. It is also critical for evaluating and managing focal neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.
ASAA Release for Student to Resume Participation Following a Concussion

Only those medical providers, as defined in AS 14.30.142, may determine when an athlete is eligible to return to athletic and academic participation following a concussion or suspected concussion. The medical provider must attest in writing that they meet the minimum qualifications set by law. 1) If an athlete is removed from activity because of suspected concussion, but is found not to have a concussion, then appropriate return to play is determined by the health care provider. 2) National medical organizations recommend and school districts require that ALL Student Athletes with a concussion successfully complete a supervised, progressive, incremental physical and cognitive exertion program prior to resuming full athletic activities. This program does not begin until after all symptoms of the concussion have resolved. It is to take place over a minimum of 6 days, with at least 24 hours between each step. The rate of progression through the steps in the program is individualized. Factors that may slow the rate are history of previous concussions, number/severity/duration of concussive symptoms, young age, and risk of sport. Physical or cognitive activity that provokes recurrence of concussive symptoms may delay recovery and increase risk of future concussion. If symptoms recur at any step, then physical and cognitive activity stop for 24 hours and are then re-initiated at the previous step.

Day 0  - 24 hours without concussion symptoms during physical and cognitive rest.
  - If no return of symptoms, then:

Day 1  - 15 Minutes of Light Aerobic Activity (Walk, Exercise Bike, etc).
  - Trial half day school. No homework. Not tests.
  - If no return of symptoms, then:

Day 2  - 30 Minutes of Light to Moderate Aerobic Activity.
  - Trial full day school. No homework. No tests.
  - If no return of symptoms, then:

Day 3  - 30 Minutes of Moderate to Heavy Aerobic Activity.
  - Full day school. Regular homework assignments. No testing.
  - If no return of symptoms, then:

Day 4  - 30 Minutes of Heavy Aerobic Activity and 15 Minutes of Resistance Exercise (Push-ups, Sit-ups, Weight Lifting).
  - Full day school. Regular homework. Regular testing.
  - If no return of symptoms, then:

Day 5  - Return to Practice for NON CONTACT Limited Participation.
  - If no return of symptoms, then:

Day 6  - Return to Full Practice WITH CONTACT.
  - If no return of symptoms, then:

Day 7  - Return to Competition

<table>
<thead>
<tr>
<th>Student Athlete’s Name</th>
<th>Date of Concussion</th>
<th>Date of Birth</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cleared to return following completion of graduated return to play program  [ ] Cleared  [ ] Not Cleared

I certify that I am a Medical Provider authorized under AS 14.30.142 to evaluate, manage, and determine return to play for an athlete with a concussion. Furthermore, I certify that I have followed ASAA’s concussion return to play criteria.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>