



Houston ISD Return to Play Guidelines for Parents

General Information for Parents

Teach it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Houston ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:
 - a. Return to play protocol will begin at least 72 hours after injury. The athlete must be symptom free. A minimum of 7 days before a full practice or competition will begin.
 - b. Physician clearance to begin activity
 - c. Light aerobic exercise with no resistance training 10-15 minutes (e.g., walking, stationary bike)
 - d. Moderate aerobic activity with resistance training 20-25 minutes (e.g., running, light weights – No squat, dead lift or bench press)
 - e. Sport specific activity and non-contact training drills Heavy exertion, at least 30 minutes (e.g., non-contact training or non-contact practice)
 - f. Full practice including light contact activities (e.g., head balls in soccer, sled in football)
 - g. Full Practice – Full Contact
 - h. Return to full participation (pending physician clearance)

Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24-48 hours and start the progressions again at the beginning.

5. **Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician's professional judgment it is safe for the athlete to return to play. This paperwork must be submitted to the stadium athletic trainer.**
6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

Houston ISD: Home Instructions for Concussions

_____ has sustained a concussion during _____ today. To make sure he/she recovers please follow the following important recommendations:

1. If any symptoms develop or get worse, please call 911 or your family physician.
2. Things that are OK to do:
 - a. Take acetaminophen (Tylenol)
 - b. Use ice packs on head or neck as needed for comfort
 - c. Eat a light diet
 - d. Go to sleep (rest is very important)
 - e. No strenuous activity or sports
 - f. Return to school
3. Things that should not be allowed:
 - a. Eat spicy foods
 - b. Watch TV
 - c. Listen to ipod or talk on telephone
 - d. Read
 - e. Use a computer
 - f. Exposure to bright lights
 - g. Exposure to loud noise
 - h. Drink alcohol
4. Please do not do the following:
 - a. Check eyes with a flashlight
 - b. Wake up every hour
 - c. Test reflexes
5. Have student report to clinic or athletic training room at _____ tomorrow for a follow-up exam

Further recommendations:

Instructions provided to: _____

Signature: _____

Instructions provided by: _____

Signature: _____

Date: _____ Time: _____

Contact Number: _____

Houston ISD

Authorization for the Release of Medical Information

The Family Educational Right to Privacy Act Of 1974 (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians.

This authorization permits the athletic trainers and team physicians of the Houston ISD to obtain and disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Houston ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the athletic trainer at the respective HISD stadium. I understand revocation will not have any effect on actions Houston ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Name of School _____

Student ID# _____

Printed Name of Student _____

Student Signature _____

Printed Name of Parent _____

Parent Signature _____

Date _____

Symptoms for Concussion Referral

Day of Injury Referral

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal, dilated or unreactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
20. Seizure activity*

Note: * indicates that the athlete needs to be transported immediately to the nearest emergency department.

Delayed Referral (after the day of the injury)

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (i.e. sleep, cognition, depression, aggression, etc.)

Date _____

Dear Teacher,

_____, is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible, or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury, and you may consult with her at any time. Also his/her counselors and the appropriate administrators are aware of the injury.

You are an important member of the team that is treating _____ for their head injury. The physician and I only get a small snapshot of his daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion.

If you have any further questions, please contact me.

Name _____

Title _____

Phone Number _____

[Email](#) _____

References

1. McCrory, Paul, et al. Summary & Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004; Clinical Journal of Sports Medicine, March 2005
2. Guskiewicz, Kevin M, et al. National Athletic Trainers Association Position Statement: Management of Sport-Related Concussion; Journal of Athletic Training, Sept. 2004
3. www.ImPacttest.com
4. www.healthsystem.virginia.edu/internet/neurogram
5. www.cdc.org
6. www.brainline.org
7. www.momsteam.com./healthsafety/concussion
8. Presbyterian Sports Network, Sports Concussion Management Protocol