Students

Student Sports – Concussions

The Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or deaths are significant when a concussion or head injury is not properly evaluated and managed.

Each school year thereafter, any coach of intramural or interscholastic athletics employed by the District shall complete an initial training course, approved by the State Board of Education, regarding concussions which are a type of brain injury prior to commencing the coaching assignment for the season. Such training course shall include, but not be limited to (1) the recognition of the signs and symptoms of a concussion; (2) the means of obtaining proper medical treatment for a person suspected of having a concussion; (3) the nature and risk of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion; and (4) the proper method of allowing a student athlete who has sustained a concussion to return to athletic activity.

Each school year any coach who has completed the initial training course regarding concussions shall annually review current and relevant information, developed or approved by the State Board of Education, regarding concussions prior to the start of the coaching assignment. This annual review is not required in any year the coach is required to complete a refresher course. Beginning July 1, 2015, and each school year thereafter, a coach must complete an approved refresher course not later than five years after the initial training course in order to maintain his/her coaching permit and to coach in the District.

Annually the District will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities. The parent/guardian and student must return a signed acknowledgement indicating that they have reviewed and understand the information provided before the student participates in any covered activity. This acknowledgement form must be returned or signed electronically and be on file with the District in order for the student to be allowed to practice or compete in the sports activity.

All coaches will complete training pertaining to the District’s procedures.

The required refresher course regarding concussions shall include, but not be limited to, an overview of key recognition and safety practices, an update of medical developments, current best practices in the field of concussion research, and prevention and treatment. Said refresher course shall also contain an update on new relevant federal, state and local laws and regulations, and for football coaches, current best practices regarding coaching the sport of football, including, but not limited to, frequency of games and full contact practices and scrimmages as identified by the governing authority for intramural and interscholastic athletics (CIAC).
Students

Student Sports – Concussions (continued)

The District, shall implement the “Concussion Education Plan and Guidelines for Connecticut Schools,” developed by the State Board of Education per the stipulations of P.A. 14-66. Written materials, online training or videos, or in person training shall address, at a minimum, the recognition of signs or symptoms of concussion, means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion, proper procedures for return to athletic activity and current best practices in the prevention and treatment of a concussion.

The Board recognizes that commencing July 1, 2015, the CIAC prohibits student athletes from participation in any intramural or interscholastic activity unless the student athlete and his/her parent/guardian completes the concussion education plan of the State Board of Education and its contributing organizations to such plan. Prior to participating in any intramural or interscholastic athletic activity students must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District’s concussion education plan provided by the Board of Education.

Prior to participating in any intramural or interscholastic athletic activity for the school year beginning July 1, 2015 and thereafter, a parent/guardian of each student athlete must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District’s concussion education plan. SPS will use the preseason meetings to educate parents/guardians/athletes on the concussion protocol.
Students

Student Sports – Concussions (continued)

Further, in compliance with applicable state statutes, the coach of any intramural or interscholastic athletics shall immediately remove any student athlete participating in intramural or interscholastic athletics who (1) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body during a practice, game or competition, (2) is diagnosed with a concussion, or (3) is otherwise suspected of having sustained a concussion because such student athlete is observed to exhibit signs, symptoms or behaviors consistent with a concussion regardless of when such concussion or head injury may have occurred. Upon such removal, the coach or other qualified school employee defined in Connecticut General Statutes 10-212a, shall notify the student athlete’s parent/guardian that the student athlete has exhibited such signs, symptoms, or behaviors consistent with a concussion or has been diagnosed with a concussion. Such notification shall be provided not later than twenty-four hours after such removal. However, a reasonable effort shall be made to provide such notification immediately after such removal.

The coach shall not permit such student athlete to participate in any supervised athletic activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised athletic activities involving physical exertion from a licensed health care professional* trained in the evaluation and management of concussions.

Following medical clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised athletic activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions and such student athlete (1) no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion, and (2) receives written clearance to participate in such full, unrestricted supervised athletic activities from a licensed health care professional trained in the evaluation and management of concussions.

*“licensed health care professional” means a physician licensed pursuant to Chapter 370 of the General Statutes, a physician assistant licensed pursuant to Chapter 370 of the General Statutes, an advanced practice registered nurse licensed pursuant to Chapter 378 of the General Statutes or an athletic trainer licensed pursuant to Chapter 375a of the General Statutes.
Students

Student Sports – Concussions (continued)

The Board, as required, for the school year beginning July 1, 2014 and annually thereafter, will collect and report to the State Board of Education all occurrences of concussion. The report shall contain, if known, the nature and extent of the concussion and the circumstances in which it was sustained.

Legal Reference: Connecticut General Statutes

PA 10-62 An Act Concerning Student Athletes and Concussions

P.A. 14-66 An Act Concerning Youth Athletics and Concussions


Policy adopted: May 11, 2017

STONINGTON PUBLIC SCHOOLS
Stonington, Connecticut
STONINGTON PUBLIC SCHOOLS
Procedures for Concussion Management

I. OBJECTIVES

1. To educate faculty, school staff, students, and parents regarding the potential complications of concussion injuries;

2. To promote early recognition of and response to concussion injuries;

3. To facilitate collaboration between all members of the student's care team;

4. To ensure safe and consistent management of students who have sustained a concussion.

5. To comply with requirements of Connecticut law that public school districts provide information to student athletes and their parents/guardians as a means of reducing the incidence of concussion in children.

II. EDUCATION AND INFORMED CONSENT

A. STUDENTS AND PARENTS

1. The law requires that parents/guardians and student athletes read this information and sign an informed consent authorizing participation in athletics. Given that risk for sustaining a concussion is not limited to athletes, we believe it is important that all members of our community understand the risks associated with concussion. Prior to engaging in any extracurricular activities sponsored by Stonington Public Schools, each student and their parent/guardian must review the concussion material and sign the participation agreement.

2. The informed consent document will be included in the annual online registration process, and will also be available in the Student and Student-Athlete Handbooks. (FORM A - Concussion Information Sheet)

3. In the event of an injury, Parents/guardians will also be expected to authorize exchange of information between all necessary medical professionals and school staff. (FORM B - The Transfer of Confidential Student Information Protected Health Information)

4. Families are encouraged to review the educational links posted on the district websites to access information regarding concussion risk factors, signs and symptoms of concussion, need to obtain proper medical treatment, the importance of accurate self-reporting, the proper procedures for return to athletic activity, and current best practices in prevention.

   Available links to include:
   (http://www.cdc.gov/HeadsUp/index.html) with written handouts here:
   (https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheets_parents-508-a.pdf)
   BRAIN 101 online training here: http://brain101.orcasinc.com/1000/.

B. SCHOOL STAFF

Stonington Public Schools Concussion Management Policy will be distributed to all school employees and may be accessed through the district website. All certified personnel and athletic coaches are encouraged to read the CDC concussion education handouts https://www.cdc.gov/headsup/pdfs/schools/tbi_classroom_tips_for_teachers-a.pdf
III. RECOGNITION AND RESPONSE TO INJURY

A. INJURIES THAT OCCUR OUTSIDE OF SCHOOL

When a student sustains a significant head injury or is diagnosed with a concussion outside of school, the student’s parent/guardian must promptly notify the School Nurse and provide documentation of a medical evaluation. If the student was not seen by a Medical Provider, the nurse will refer the student to a medical provider for written documentation of head injury.

B. INJURIES THAT OCCUR IN SCHOOL

When a student sustains a significant head injury and/or suspected concussion in the school setting, supervising staff must promptly notify the school nurse and escort the student to the clinic. The School Nurse will follow Centers for Disease Control (CDC) guidelines for evaluation of head injuries: (https://www.cdc.gov/concussion/headsup/clinicians/) and will immediately contact the parent/guardian, inform them of the event and the status of the student and the student will be referred to a Medical Provider per CT State Law.

C. INJURIES THAT OCCUR DURING SCHOOL SPONSORED ATHLETIC PRACTICE OR PLAY

When a student sustains a significant head injury or suspected concussion during an athletic practice or competition, the Coach or Certified Athletic Trainer (ATC) will follow CIAC guidelines, which includes removal from activity and assessing status as per the CIAC and CDC guidelines.


and video training program:

1. If the student-athlete has observable signs and symptoms of a concussion, then

- The Coach or ATC will remove the student from physical activities for the remainder of the day and follow CIAC/CDC guidelines for Emergency Triage.

https://www.cdc.gov/traumaticbraininjury/symptoms.html

- If emergency medical services are not warranted, and the activities are off-campus, and the parent/guardian is not present, then the Coach or ATC will assign a supervising adult to observe the student on the sidelines (rest and hydrate) and re-evaluate the student’s status every 10-20 minutes until the student’s return to campus. Upon return to campus, the Coach or ATC will notify the parent/guardian and ensure the student’s transfer to the parent/guardian or appropriate responsible adult, and will then submit a school accident report form to the school nurse within 24 hours.

- If emergency medical services are not warranted, and the activities are on-campus, then the Coach or ATC will notify the parent/guardian and ensure the student’s transfer to the parent/guardian or appropriate responsible adult, and will then submit a school accident report form to the school nurse within 24 hours.
The student-athlete will not be able to return to any physical activities until they are cleared by a medical provider (as per Connecticut State Statute 14-66: https://www.cga.ct.gov/2014/act/pa/pdf/2014PA-00066-R00HB-05113-PA.pdf), and will not be able to initiate a “Return to Play” exercise protocol until they are cleared by a medical provider, cleared by the Concussion Management Team (CMT) (i.e. participating in their pre-injury level of academics), AND evaluated by the ATC.

2. If a student-athlete was observed to take a concerning hit or fall, but denies symptoms and has no observable signs of a concussion injury, then:
   - The Coach or ATC will remove the student-athlete from the activity and evaluate the student with signs, symptoms, and cognitive questions (as per CIAC guidelines, using SCAT 3, FORM F); and when possible obtain a King Devick eye tracking speed. Any abnormalities on testing preclude the student’s return to play and the student will be removed from activities and referred to their medical provider. The Coach or ATC will submit a school accident report within 24 hours to the School Nurse.
   - If the student’s exam is normal (SCAT and when possible King Devick), and he/she continues to show no signs/symptoms, then they will rest and hydrate, and be reassessed within 20 minutes for confirmation of normal status before being allowed to return to activities.

D. NOTIFICATION OF AND RETURN TO SCHOOL

1. When returning to school following a significant head injury, suspected or diagnosed concussion, the student and a parent/guardian begin by meeting with the School Nurse to confirm that all required documentation is complete and accurate. This includes:
   - a signed consent for exchange of information between appropriate school personnel and the medical providers evaluating or treating the student for the head injury/concussion
   - and the completed medical evaluation (a completed ACE evaluation form (FORM C); http://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf) and a completed Return to School Guidelines (Form D) if classroom accommodations are needed.

2. The School will have a designated Core Concussion Management Team to address student’s need for academic accommodations or assistance, and monitor progress in the process of recovery. The CCMT will review and implement academic recommendations of a student’s physician and insure that health care providers are aware of the options and of the supports that are available to promote student attendance and academic participation.

3. The School Nurse will notify the Core Concussion Management Team (CCMT) which include:
   - Building Administrators
   - School Counseling Director,
   - School Counselor,
   - School Psychologist
   - Athletic Director.
4. The CCMT members will promptly arrange a “Response to Intervention” meeting with the student’s counselor and will consult with the student’s teachers to initiate prompt and appropriate academic adjustments. The initial accommodations should reflect the recommendations of the student’s medical provider; any may be expanded at the discretion of school personnel relevant to specific signs and symptoms of the individual student.

5. The student will be temporarily withdrawn from all physical activities until advancement is approved by a Medical Provider.

6. The student’s parent/guardian will be provided with materials and recommended resources regarding trigger avoidance, cognitive pacing, as well as resources for recovery management. Possible resources include:


7. As needed, the School Nurse and/or school based-clinicians may work collaboratively with a student’s physician to monitor progress following concussion diagnosis.

Data shall include direct observation and assessment of a child’s visual convergence skills, accuracy and efficiency of visual tracking, physical balance in a timed stance, as well, the student’s self-report of presence and severity of possible physical cognitive, and emotional symptoms typically impacted by a significant head injury. *(Tracking Recovery During a Concussion: School Nurse Form H.)*

- Self-Report of Post-Concussion Symptom Checklist
- Visual convergence measure by confrontation (abnormal is diplopia or observed exotropia > 6 cm from tip of nose to 14 font object)
- King Devick test of visual tracking and efficiency
- Tandem balance (heel to toe, non-dominant foot in back, hands on hips, eyes closed: norm 20 sec age 5y and older)

Normative means from the assessment protocols will be used as guidelines in absence of baseline data.

IV. CONCUSSION MANAGEMENT TEAM

1. After assessing the status of the student, the nurse will contact the other CMT members:
   - Administration
   - Director of Counseling
   - Athletic Director
   - School Psychologist

2. The School Counselor will monitor the student’s academic progress using CMT-Teacher Concussion Academic Monitoring Tool (form I) and consult with CMT members on a weekly basis.

3. The CMT will help monitor the student who has a moderate to severe concussion and meet regularly to discuss the child’s progress.
The School Nurse’s clinical measures and School Counselor’s feedback from the student’s teachers will be reviewed and the CMT will institute measures for trigger avoidance, cognitive pacing, and academic adjustments in collaboration with the physician or medical provider.

A summary of the student’s progress (FORMS G, H, I) will be faxed to the medical provider and with their approval, the student will be advanced through their academic program as tolerated. (Forms G, H, I are CMT Weekly Visit Log, Tracking Recovery During a Concussion: School Nurse Form, and Teacher Concussion Academic Monitoring Tool)

4. The weekly review of progress will occur in the Student Assistance Team meetings.

V. THERAPEUTIC EXERCISE AND ‘RETURN TO PLAY’ PROTOCOLS AND RETURN TO ACTIVITIES PROTOCOL

1. As soon as one-week post-injury, at the medical provider’s discretion, the student may be assessed for tolerance to therapeutic exercise (recommended tests are the treadmill challenge test, or BCTT: (http://head-zone.com/wp-content/uploads/2015/07/Buffalo-Concussion-Treadmill-Test.pdf). The school nurse may fax the form (request for tolerable level of exercise/gym activities) to the medical provider requesting BCTT results and directives for tolerable level of exercise.

When possible an individualized sub-symptom exercise program can be included in the student’s recovery management plan (e.g. walking the track, aerobic gym activities, aerobic non-contact conditioning with team). Note that a student may be prescribed sub-symptom therapeutic aerobic exercise before they have returned to full academics.

2. When the student has received medical agreement of readiness to advance to a ‘Return to Play’ (RTP) protocol, the AD, PE teacher and/or the ATC, will confirm with the Concussion Management Team that the student has returned to their pre-injury level of academic participation before advancing the student to a supervised RTP protocol.

3. Returning to school activities (including but not limited to school dances, play and band practice and sports) may resume following the student’s return to full academic participation.


If the student becomes symptomatic at any level of exertion, then the activity will be discontinued and the student will rest and wait 24 hours. If symptoms have resolved, then the student will return to the previous level of exertion and, if asymptomatic, will advance as tolerated.

5. Should a student experience an exacerbation of symptoms during the return to play protocol, they will be referred to their own Medical Provider for assessment.

6. After the student has successfully completed this five-stage “Return to Play” Protocol then the AD, PE teacher, ATC and/or the Coach will sign off on the form (Return to Play Protocol (form L). This form must be submitted to the Medical Provider.

7. The parent will bring the completed Return to Play protocol form to the Medical Provider. If needed, the school will fax forms K and L (CMT Documentation of Academic Performance and RTP protocol) to the Provider. The student’s Medical Provider will use these forms to sign off for final medical clearance for participation in contact/collision activities.
VI. SAFETY MEASURES

1. Include concussion education (per CDC guidelines: [http://www.cdc.gov/headsup/](http://www.cdc.gov/headsup/)) in the student's' curriculum (e.g. health class).

2. Encourage pro-safety measures
   - Check for proper helmet fit ([http://www.cdc.gov/headsup/helmets/index.htm](http://www.cdc.gov/headsup/helmets/index.htm)
   - Consider including neck strengthening exercises in PE class or conditioning programs
   - For children under high school age, consider recommending flag instead of tackle football, no heading in soccer, and no checking in hockey.

3. Avoid repetitive rotational/velocity activities (e.g. amusement park rides) for \( \geq 6 \) months post-recovery from a concussion injury.

4. Encourage good sportsmanship
STONEINGTON PUBLIC SCHOOLS
Concussion Management Policy Forms

FORM A: Informed Consent (can modify the informed consent you have in Student Athlete Handbook or use the following CDC form:

FORM B: authorization for exchange of information (use already existing Stonington form)

FORM C: ACE evaluation form

FORM D: RTS Guidelines

FORM E: Injury report form (use already existing Stonington form)

FORM F: SCAT 3 for ATCs
   http://bjsm.bmj.com/content/47/5/259.full.pdf

FORM G: CMT Weekly Log

FORM H: Nurse’s tracking chart

FORM I: Academic monitor’s chart

FORM J: Request for tolerable level of exercise/gym activities

FORM K: Confirmation of participation in full academics

FORM L: RTP Protocol

CDC Fact sheets:
   http://www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf
CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?
A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?
Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens
- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP
Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If My Child or Teen Has a Possible Concussion?
As a parent, if you think your child or teen may have a concussion, you should:
1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detachment below and keep this information sheet to use at your children’s or teens’ games and practices to help protect them from concussion or other serious brain injury.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.
  
  Athlete Name Printed: ____________________________ Date: ____________
  
  Athlete Signature: ________________________________

- I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.
  
  Parent or Legal Guardian Name Printed: ____________________________ Date: ____________
  
  Parent or Legal Guardian Signature: ________________________________
TRANSFER OF CONFIDENTIAL STUDENT INFORMATION
PROTECTED HEALTH INFORMATION

Name of Child: ___________________________ DOB: ___________________________

Address: ___________________________ Town/State/Zip Code: ___________________________

Parent(s)/Guardians(s): ___________________________ School: ___________________________

Obtain ☒ Release ☒

Health/Medical * ☒ Other (please specify): ☒ Verbal ☒

To/From: ___________________________ Name ___________________________

Address: ___________________________ Street ___________________________ Town ___________________________ State/Zip Code ___________________________

Telephone: ___________________________ Fax: ___________________________

* If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, the following section must also be completed:

I, the undersigned, specifically authorize ___________________________ Name of Physician to disclose my child's medical information, as specified above, to my child's school ___________________________ Name of School at the above address for the purposes described below (i.e., health assessment for school entry, special education evaluation, etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken prior by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

_________________________________________ Date: ___________________________
Signature of Parent/Guardian

Print Name of Parent/Guardian: ___________________________ Form Date: 2/2/2016
A. Injury Characteristics

Date/Time of Injury: ____________________________

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 ______Lft Temporal ______Rt Temporal ______Lft Parietal ______Rt Parietal ______Occipital ______Neck ______Indirect Force

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 ______Severity

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 ______Detail

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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).

**physical (10)**

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**COGNITIVE (4)**

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<tbody>
<tr>
<td>Feeling mentally foggy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COGNITIVE Total (0-4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**emotional (4)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL Total (0-4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SLEEP (4)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling mentally foggy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLEEP Total (0-4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SLEEP (4)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowsiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping less than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping more than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLEEP Total (0-4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>Symptom</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric History</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

* Headaches that worsen
* Seizures
* Focal neurologic signs
* Looks very drowsy/can't be awakened
* Can't recognize people or places
* Increasing confusion or irritability
* Weakness or numbness in arms/legs
* Neck pain
* 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
* Physician: Neurosurgery Neurology Sports Medicine Psychiatrist Other
* Emergency Department

ACE Completed by: ____________________________
A concussion (or mild traumatic brain injury [MTBI]) is a complex pathophysiological 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 different 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. 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
4. Loss of consciousness (LOC) – If occurs, determine length of LOC.
5. 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.
6. 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.3 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 pre-morbidly/at baseline (e.g., inattention, 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 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 cumulative and simultaneous 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).4-6
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.6,7
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.8,9
4. Psychiatric history: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder.10-12

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as possible signs of deteriorating neurological functioning. Any positive report should prompt strong consideration for referral for emergency medical evaluation (e.g. CT Scan to rule out intracranial bleed or other structural pathology).13

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); uncertain/unknown injury details; uncertain 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 (A1b) 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 many factors (e.g., cognitive/physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of 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 local neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.
RETURN TO SCHOOL GUIDELINES

has been diagnosed with a concussion
and is currently under our care. Please excuse him/her from school today due to a medical
appointment. He/she may/may not return to school on ______. Please note the following
symptoms and requested adjustments which will need to be renewed by _________.

TODAY THE FOLLOWING SYMPTOMS (Circled) ARE PRESENT:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Sensitivity to Light</td>
<td>Mentally Foggy</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea</td>
<td>Sensitivity to Noise</td>
<td>Decreased Concentration</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/Tingling</td>
<td>Memory Problem</td>
<td>Emotionality</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>Vomiting</td>
<td>Feeling slowed down</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Dizziness</td>
<td></td>
<td>Sleeping less than usual</td>
</tr>
</tbody>
</table>

ATTENDANCE
- No school
- No bus/No student driving
- Partial day school
- Gradual transition to full day
- Full day school
- No after-school lessons
- Tutoring
- Initiate Intervention Plan now

AUDIBLE STIMULUS
- Audible learning (discussions, listening to reading out loud, audio books)
- Early passage in halls
- Lunch in quiet place
- No auditorium participation
- No music/chorus/band class
- Do not sit in noisy gym
- Soft ear plugs

VISUAL STIMULUS
- Self-Limit Smart Board, computers, or other bright screens; dim screens if possible
- Pre-printed notes for class or assigned note-taker (initiate ahead of student’s re-entry)
- Enlarged font when possible
- Sunglasses/hat w brim worn in school

WORKLOAD
- No homework
- Reduced homework load
- Extra time to complete homework (no ‘deadlines’)

- No or reduced math calculations
- Written plan for required make-up work; ‘graded’ assignments indicated

BREAKS
- Allow for break in classroom
- Allow 10-15 min break in nurse’s office
- Allow student to go home if symptoms do not subside
- Allow student to carry water bottle

TESTING
- No testing or quizzes
- Extra time to complete tests, no timed tests
- Only one test (to study ahead for) every other day
- Allow take-home tests
- Oral testing, ‘cued’ testing

PHYSICAL EXERTION
- No PE/gym/sports
- No heavy backpack: leave books at home and share books
- No stairs—use elevator
- May return to aerobic (protected) gym activities (no contact), e.g.:
  - Body-weight exercises
  - Dribble/shoot
  - Soccer footwork
  - Walk/jog track
  - Stationary bike
- May return to full gym activities, cleared for contact sports

Physician’s Stamp
or Contact Info:

_____________________________________
Physician’s Signature

(Printed name and date)
NON-INSURED STUDENT ACCIDENT REPORT

Stonington Public Schools
PO Box 479
Old Mystic, CT 06372

NAME OF SCHOOL ____________________________ DATE OF ACCIDENT ____________

NAME OF PERSON INJURED ____________________ AGE ______ SEX ___ TIME ______

HOME ADDRESS ______________________________ TYPE OF INJURY _______________

PART OF BODY INJURED _______________________

HOW ACCIDENT OCCURRED _____________________

_____________________

WAS FIRST AID GIVEN ___________ BY WHOM ___________________________

NAME OF DOCTOR HANDLING THE CASE _______________

ADDRESS ________________

SCHOOL EMPLOYEE IN CHARGE AT TIME OF ACCIDENT _______________________

WHERE WAS CHILD TAKEN ________________ HOW ________________

BY WHOM ___________________________

PARENT OR GUARDIAN NOTIFIED ________________________________

FULL NAME AND ADDRESS OF PARENT ________________________________

_____________________

HOME PHONE ________________ WORK PHONE _______________________

PERSON IN CHARGE ______________________ SIGNATURE ____________

PRINCIPAL ______________________ SIGNATURE ____________

***ONE COPY OF THIS REPORT MUST BE FILED WITH THE BUSINESS OFFICE
OFFICE WITHIN TWENTY-FOUR HOURS OF THE ACCIDENT***
What is the SCAT3?¹
The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively.² For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?
A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:
- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g., confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT
Indications for Emergency Management
NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:
- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?
If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

Any loss of consciousness? Y N
"If so, how long?" Y N
Balance or motor incoordination (stumbles, slow/laboured movements, etc.)? Y N
Disorientation or confusion (inability to respond appropriately to questions)? Y N
Loss of memory: "If so, how long?" Y N
"Before or after the injury?" Y N
Blank or vacant look: Y N
Visible facial injury in combination with any of the above: Y N

Glasgow coma scale (GCS)

<table>
<thead>
<tr>
<th>Best eye response (E)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No eye opening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye opening in response to pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye opening to speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes opening spontaneously</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best verbal response (V)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>No verbal response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomprehensible sounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate words</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oriented</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best motor response (M)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>No motor response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension to pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal flexion to pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexion/Withdrawal to pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localizes to pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obeyss commands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasgow Coma score (E + V + M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GCS should be recorded for all athletes in case of subsequent deterioration.

Maddocks Score³
"I am going to ask you a few questions, please listen carefully and give your best effort."
Modified Maddocks questions (1 point for each correct answer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>What venue are we at today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which half is it now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who scored last in this match?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What team did you play last week/game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your team win the last game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maddocks score</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened"):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.
**BACKGROUND**

Name: [Name]
Date: [Date]
Examiner: [Examiner]
Sport/team/school: [Sport/team/school]
Date/time of injury: [Date/time of injury]
Age: [Age]
Gender: [Gender]

Years of education completed: [Years of education completed]
Dominant hand: [Dominant hand]

How many concussions do you think you have had in the past? [How many concussions]
When was the most recent concussion? [When was the most recent concussion]
How long was your recovery from the most recent concussion? [How long was your recovery]
Have you ever been hospitalized or had medical imaging done for a head injury? [Have you ever been hospitalized]
Have you ever been diagnosed with headaches or migraines? [Have you ever been diagnosed]
Do you have a learning disability, dyslexia, ADD/ADHD? [Do you have a learning disability]
Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? [Have you ever been diagnosed]
Has anyone in your family ever been diagnosed with any of these problems? [Has anyone in your family]
Are you on any medications? If yes, please list: [Are you on any medications]

SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

**SYMPTOM EVALUATION**

**How do you feel?**

"You should score yourself on the following symptoms, based on how you feel now."

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like &quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms (Maximum possible 22)

Symptom severity score (Maximum possible 133)

Do the symptoms get worse with physical activity? [Do the symptoms get worse with physical activity]
Do the symptoms get worse with mental activity? [Do the symptoms get worse with mental activity]

Self rated: [Self rated]
Clinician interview: [Clinician interview]

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self? [Overall rating]

Please circle one response:

- No different
- Very different
- Unsure
- N/A

**COGNITIVE & PHYSICAL EVALUATION**

**Cognitive assessment**

Standardized Assessment of Concussion (SAC)

**Orientation** (1 point for each correct answer)

- What month is it? [What month is it]
- What is the date today? [What is the date today]
- What is the day of the week? [What is the day of the week]
- What year is it? [What year is it]
- What time is it right now? (within 1 hour) [What time is it right now]

Orientation score [Orientation score]

**Immediate memory**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Alternative word list</th>
</tr>
</thead>
<tbody>
<tr>
<td>elbow</td>
<td>0 1 0 1 0 1</td>
<td>candle</td>
<td>baby</td>
<td>finger</td>
</tr>
<tr>
<td>apple</td>
<td>0 1 0 1 0 1</td>
<td>paper</td>
<td>monkey</td>
<td>penny</td>
</tr>
<tr>
<td>carpet</td>
<td>0 1 0 1 0 1</td>
<td>sugar</td>
<td>perfume</td>
<td>blanket</td>
</tr>
<tr>
<td>saddle</td>
<td>0 1 0 1 0 1</td>
<td>sandwich</td>
<td>sunset</td>
<td>lemon</td>
</tr>
<tr>
<td>bubble</td>
<td>0 1 0 1 0 1</td>
<td>wagon</td>
<td>iron</td>
<td>insect</td>
</tr>
</tbody>
</table>

Immediate memory score total [Immediate memory score total]

**Concentration:**

- Digits Backward
- Month in Reverse Order

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Alternative word list</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>0 1 6-2-9</td>
<td>5-2-6</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>0 1 3-2-7-9</td>
<td>1-7-9-5</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>0 1 1-5-2-8-6</td>
<td>3-8-5-2-7</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td>0 1 5-3-9-1-4-8</td>
<td>8-3-1-9-6-4</td>
</tr>
</tbody>
</table>

Total of 4 [Total of 4]

Concentration: Month in Reverse Order (1 pt. for entire sequence correct) [Concentration: Month in Reverse Order]

Concentration score [Concentration score]

**Neck Examination:**

Range of motion | Tenderness | Upper and lower limb sensation/strength

**Balance examination**

Do one or both of the following tests:

Footwear (shoes, barefoot, braces, tape, etc.)

Modified Balance Error Scoring System (BESS) testing

<table>
<thead>
<tr>
<th>Which foot was tested (i.e. which is the non-dominant foot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
</tr>
</tbody>
</table>

Testing surface (hard floor, field, etc.)

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double leg stance:</td>
</tr>
<tr>
<td>Single leg stance (non-dominant foot):</td>
</tr>
<tr>
<td>Tandem stance (non-dominant foot at back):</td>
</tr>
</tbody>
</table>

And/or

Tandem gait:

Time (best of 4 trials): [Time (best of 4 trials)]

**Coordination examination**

Upper limb coordination

Which arm was tested: [Which arm was tested]

Coordination score [Coordination score]

**SAC Delayed Recall**

Delayed recall score [Delayed recall score]

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INSTRUCTIONS

Words in italics throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now".

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

SAC^4

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

Score 1 pt for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead."

1 pt for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Exam.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)^3. A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). The test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? This will be the dominant foot! Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forehead or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10. If an athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test a best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 4, Issue 5. The outcome papers will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.


ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for
Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they:
- Have a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe. Consult your doctor after a suspected concussion.

Return to play
Athletes should not be returned to play the same day of injury. When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression.

For example:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling.</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport specific exercise</td>
<td>Skating drills in ice hockey, running in soccer.</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills.</td>
<td>Exercise, coordination, cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Return to play</td>
</tr>
<tr>
<td>Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

CONCUSSION INJURY ADVICE
(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:
- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
  - Do not drive until medically cleared
  - Do not train or play sport until medically cleared

Clinic phone number

<table>
<thead>
<tr>
<th>Scoring Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Domain</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Number of Symptoms of 22</td>
</tr>
<tr>
<td>Symptom Severity Score of 132</td>
</tr>
<tr>
<td>Orientation of 5</td>
</tr>
<tr>
<td>Immediate Memory of 15</td>
</tr>
<tr>
<td>Concentration of 5</td>
</tr>
<tr>
<td>Delayed Recall of 5</td>
</tr>
<tr>
<td>SAC Total</td>
</tr>
<tr>
<td>BESS (total errors)</td>
</tr>
<tr>
<td>Tandem Gait (seconds)</td>
</tr>
<tr>
<td>Coordination of 1</td>
</tr>
</tbody>
</table>

Notes:

Patient's name

Date/time of injury

Date/time of medical review

Treating physician

Contact details or stamp
# CMT WEEKLY VISIT LOG

**Student's name** ___________________________ **Date** ______

<table>
<thead>
<tr>
<th>Date:</th>
<th>Attendance (circle one)</th>
<th>Partial Day Full Day</th>
<th>Partial Day Full Day</th>
<th>Partial Day Full Day</th>
<th>Partial Day Full Day</th>
<th>Partial Day Full Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Complaint</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Observed signs</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Treatment (i.e., rest, rx)</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Duration of symptoms</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Result of visit (circle one)</strong></td>
<td>Returned to class Classroom adjustments Sent home</td>
<td>Returned to class Classroom adjustments Sent home</td>
<td>Returned to class Classroom adjustments Sent home</td>
<td>Returned to class Classroom adjustments Sent home</td>
<td>Returned to class Classroom adjustments Sent home</td>
</tr>
</tbody>
</table>

**Guidance Comments:** ___________________________

**Teacher Feedback:** ___________________________

**Teacher Feedback:** ___________________________

**Teacher Feedback:** ___________________________
Tracking Recovery During a Concussion: School Nurse Form

STUDENT'S NAME ___________________________   DATE OF INJURY ___________

1) TOTAL SYMPTOM SCORE

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEEK 5</td>
<td>WEEK 6</td>
<td>WEEK 7</td>
<td>WEEK 8</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2) CONVERGENCE (norm <= 6 cm from tip of nose to 14 font object)

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WEEK 5</td>
<td>WEEK 6</td>
<td>WEEK 7</td>
<td>WEEK 8</td>
</tr>
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</tbody>
</table>

3) TANDEM STANCE BALANCE (heel-to-toe, non-dominant foot in back, hands on hips, eyes closed; norm 20 sec
age 5y and older)

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>WEEK 5</td>
<td>WEEK 6</td>
<td>WEEK 7</td>
<td>WEEK 8</td>
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<td></td>
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</tbody>
</table>

4) KING-DEVICK: Student’s baseline if available: __________, __________ (Date measured ______)

<table>
<thead>
<tr>
<th>DATE</th>
<th># CARDS</th>
<th>TOTAL TIME</th>
<th># ERRORS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

NAME OF EXAMINER: ___________________________
The Concussion Management Team would like each teacher to fill out and return this form on a weekly basis to monitor student concussion symptoms in the classroom. Please return it to your CMT Academic Monitor on this date: ________________

**STUDENT:** ____________________________________________  **DATE:** ______________________

**TEACHER:** ___________________________  **CLASS:** _________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>CLASSWORK, HOMEWORK, PROJECTS</th>
<th>SCORE/GRADE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TESTS and QUIZZES (if student is not under test or quiz restriction)</th>
<th>SCORE/GRADE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Behaviors: Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

<table>
<thead>
<tr>
<th>YES</th>
<th>Anxious or nervous</th>
<th>YES</th>
<th>Slow to respond to instructions/questions</th>
<th>YES</th>
<th>Disorganized</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>YES</th>
<th>Increased irritability</th>
<th>YES</th>
<th>Difficulty concentrating</th>
<th>YES</th>
<th>Explosive behavior</th>
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<table>
<thead>
<tr>
<th>YES</th>
<th>Easily frustrated or angered</th>
<th>YES</th>
<th>Needed more time to complete work</th>
<th>YES</th>
<th>Problems remembering; forgetful</th>
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<table>
<thead>
<tr>
<th>YES</th>
<th>Sad or depressed</th>
<th>YES</th>
<th>Less able to cope in stressful situations</th>
<th>YES</th>
<th>Fatigue</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>YES</th>
<th>Social isolation, loss of friends, lack of interest in peer group</th>
<th>YES</th>
<th>Impulsive or inappropriate behavior</th>
<th>YES</th>
<th>Complaints: (headaches, dizziness, balance, light/noise sensitivity)</th>
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</thead>
<tbody>
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</table>

**ADDITIONAL COMMENTS ABOUT STUDENT:**

This material was created by The BrainSTEPS Program in Pennsylvania which is jointly funded by the PA Department of Health and the PA Department of Education. BrainSTEPS is implemented by the Brain Injury Association of PA. Any use or revision of this material must include this citation.
Stonington Public Schools

Request for Information from Medical Provider Regarding Permitted Level of Physical Activity

DATE__________

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING PERMITTED LEVEL OF PHYSICAL ACTIVITIES FOR:

STUDENT’S NAME______________________________________ DOB__________

- May observe team on sideline
- Should continue to refrain from all aerobic activities until f/u appointment with Medical Provider on ________.
- May participate in low-impact non-contact aerobics (e.g. walk track, protected walk-dribble-shoot or soccer footwork, body weight exercises, stationary bike) as tolerated
- May have aerobic non-contact aerobic conditioning (i.e. therapeutic exercise) advanced by PE Instructor, Coach, AD, or ATC as tolerated
- When participating in pre-injury level of full academics, may start a graduated “Return to Play” protocol supervised by PE Instructor, Coach, AD, or ATC, with final clearance required by:
  - ATC (with standing orders by School Medical Adviser)
  - Student’s Medical Provider (requires exam by Medical Provider before contact game play)

Medical Provider’s Signature ______________________________ Printed Name _______________ Date ____________

*Reference Articles on Therapeutic Exercise in Concussion Injuries:

Baker, J; "Return to Full Functioning after Graded Exercise Assessment and Progressive Exercise Treatment of Post-Concussion Syndrome;" Rehab Research and Practice, January 2012
Ellis, M; "Physiological, Vestibulo-ocular and Cervicogenic Post-Concussion Disorders;" Brain Injury, 2015; 29 (2); 238-248
Leddy, J; "Use of Graded Exercise Testing in Concussion and Return-to-Activity Management;" Current Sports Medicine Reports; Nov/Dec 2013, 12 (6); 370-376
Leddy, J; "Rehabilitation of Concussion and Post-Concussion Syndrome;" Sports Health 2012, 4 (2); 147-154
Majerski, CW; "Concussion in Sports: Post-concussion Activity level, Symptoms, and Neurocognitive Performance;" JAT 2008, 43 (3); 265-274

Concussion CORPS

A Traumatic Brain Injury-Return to Learn Initiative of the Connecticut Chapter of the American Academy of Pediatrics in collaboration with ConcussionCORPS
DATE

STUDENT'S NAME
DOB

The student may not progress to a "Return to Play" protocol, or participate in contact/collision gym activities or sports, until they have returned to their pre-injury level of academic participation.

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE STUDENT'S LEVEL OF ACADEMIC PARTICIPATION:

- Student has NOT returned to pre-injury level of academic participation
- Student has returned to pre-injury level of academic participation

______________________________  ________________________________
CMT Member Signature  Printed Name

Date

Concussion CORPS

More Than a Game  Connecticut Chapter
A Traumatic Brain Injury-Return to Learn Initiative of the Connecticut Chapter of the American Academy of Pediatrics in collaboration with ConcussionCORPS
**RETURN TO PLAY** PROTOCOL

Date ____________________________

[Name] has been diagnosed with a concussion and has been under our care (physician's name ____________________________). The athlete has been asymptomatic at rest and has returned to full academic activities and may now advance to the following supervised “Return to Play” evaluation. Please indicate date of supervised performance and return form to the physician when completed:

<table>
<thead>
<tr>
<th>“Return To Play” Protocol</th>
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| o Day 1: LIGHT AEROBIC EXERCISE for 20-30 minutes (goal: increase HR): low stimulus environment, no impact activities, limit head movement/position change, limit concentration activities | ▪ Light aerobic conditioning (treadmill or surface walking at rate 2.5 mi/h; stationary bike) x 20-30 min  
▪ Sub-max strengthening  
▪ ROM/stretching  
▪ Very low level balance activities  
**DATE COMPLETED:** ____________________________ |
| o Day 2: MODERATE AEROBIC EXERCISE for 20-30 minutes (goal: increase HR): OK to perform in gym areas, use various exercise equipment, allow some positional changes and head movement, low level concentration activities | ▪ Moderate aerobic conditioning (dribble/shoot, soccer footwork, jogging, swimming) x 20-30 min  
▪ Light weight strength exercise  
▪ Stretching (active stretching initiated)  
▪ Low level balance activities  
**DATE COMPLETED:** ____________________________ |
| o Day 3: SPORT-SPECIFIC EXERCISE for 20-30 minutes (goal: add movement): any environment OK for exercise (indoor/outdoor), integrate strength, conditioning and balance proprioceptive exercise, incorporate concentration challenges | ▪ Moderately aggressive aerobic exercise (running, skating, cycling) x 20-30 min  
▪ Active stretching exercise  
▪ Challenging proprio-balance activities  
▪ No contact, no head impact activities  
**DATE COMPLETED:** ____________________________ |
| o Day 4: SPORTS-SPECIFIC PRACTICE DRILLS (goal: add coordination, cognitive load): continue to avoid contact activity, resume aggressive training in all environments | ▪ Non-contact physical training (passing, running, and skating drills)  
▪ Progressive strength and resistance training  
▪ Impact activities, plyometrics  
**DATE COMPLETED:** ____________________________ |
| o Day 5: FULL CONTACT PRACTICE: if ATC (under standing orders from physician) or Medical Provider agrees (no competitive games) | **DATE COMPLETED:** ____________________________ |
| o Day 6: GAME PLAY: Athlete must be examined and cleared by ATC (under standing orders from physician) or by Medical Provider prior to contact/collision game play | **DATE OF CLEARANCE EXAM:** ____________________________ |

If headaches, dizziness, or other symptoms occur during any step, the activity needs to be stopped. The athlete should then wait 24 hours and start at the previous level again.

Signature and Printed Name of Supervisor ____________________________

*Adapted from the “2012 Consensus Statement from the International Conference on Concussion in Sport,” Clin J Sport Med Vol 23 (2), March 2013*