When a concussion occurs:

Check list for getting athlete back into the game.

Once an athlete has experienced any type of potential head injury:

1. □ Remove athlete from all activity.

2. □ Activate the enclosed concussion protocol.
   □ Start use of SCORE Card 1 (Athlete’s Symptoms)
   □ Give Education Guides to student athlete to review.

3. □ Refer athlete for evaluation by a Medical Provider at University Health Services:
   1202 W. Farm Rd     Phone:(405) 744-7665

4. □ Medical Provider completes Medical Evaluation Form (SCORE Card 2)
   □ Medical Provider provides recommendation for Return to Classroom (SCORE Card 3)
   and Return to Play (Score Card 4)
   □ Athlete must complete progressive steps of Score Card 4 before given clearance for full activity

Athlete: _____________________________________________________________________

Date________________

Notes: __________________________________________________________________________
_____________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Kansas Sports Concussion Partnership

Game plan for the education, recognition and management of sports related head injuries.
Getting the athlete back in the game
A game plan for the education, recognition and management of sports related head injuries.

A concussion is the most common form of head injury suffered by athletes. It is a form of traumatic brain injury that occurs when the brain is violently jarred back and forth or rotated inside the skull as a result of a blow to the head or body. This can “stun” the brain cells or even result in their death. You do not need to lose consciousness to suffer a concussion.

Any athlete in motion is at risk for a concussion. This may occur in any sport, to boys and girls alike. Symptoms may appear immediately or develop over several days. They may last a few days to several months and interfere with school-work and social life.

Concussion Recognition

Signs Observed by Others
- Appears dazed or stunned
- Is confused about assignment
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or has slurred speech
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Cannot recall events prior to hit
- Cannot recall events after hit

Symptoms Reported by Athlete
- Headache
- Nausea or vomiting
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or drowsy
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

Concussion

Signs & Symptoms of Concussion?
- Yes
  - Remove athlete from play
  - Serious Concerns?
    - No
      - ER and consider CT
    - Yes

Return to Play
- (if no other issues)

Start SCORE Cards
Give Athlete Concussion Guides and SCORE Card
- 1

Athlete’s Symptoms
SCORE Card
Administered by medical professional, coach, athletic trainer, or designated school official. Athlete takes SCORE Card to medical exams.

Medical Assessment
SCORE Card
Administered by physician or medical professional. Copy scores to Athlete’s Symptoms SCORE Card.

Repeat assessments until no symptoms and normal.

Start Warm-up to Play
Physician Release Form
- 4

If any symptoms recur, stop and rest for the day. Repeat step once symptom-free.

STEP 1 Increase heart rate
STEP 2 Add movement
STEP 3 Add coordination and cognitive load
STEP 4 Restore confidence and assess functional skills

Consider referral to concussion specialist

Consider referral to concussion specialist

Warm up completed. Symptom free?
- Yes
  - Release for Practice & Competition
- No

Do active symptoms/problems continue?
- Yes
  - Consider referral to concussion specialist
  - Are school accommodations necessary?
    - Yes
      - Return to Learn
        Classroom Rx
        Activate a Concussion Management Team to help coordinate athlete’s safe return.
    - No
      - Return to Play

Return to Play

Concussion Recognition

Signs Observed by Others
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Symptoms Reported by Athlete
- Headache
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- Balance problems or dizziness
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- Sensitivity to light or noise
- Feeling sluggish or drowsy
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion
1. Headache
2. Pressure in head
3. Neck pain
4. Nausea or vomiting
5. Dizziness
6. Blurred vision
7. Balance problems
8. Sensitivity (light)
9. Sensitivity (noise)
10. Fatigue or low energy
11. Don’t feel right
12. Feeling slowed down
13. Feeling like in a fog
14. Difficulty concentrating
15. Difficulty remembering
16. Confusion
17. More emotional
18. Irritability
19. Sadness
20. Nervous or anxious
21. Drowsiness
22. Trouble falling asleep

If accommodations in school are necessary, go to Classroom Rx Form to direct their Return to Learn progression.

When the student athlete is symptom-free, with normal exams, and attending school without difficulty, consider clearing the athlete to start the Warm-up to Play using Release Form.

Cognition/Balance Assessment

**ORIENTATION**
Read these questions and check box if answered correctly: ☐ What month is it? ☐ What is today’s date? ☐ What day of the week is it? ☐ What year is it? ☐ What time is it now (within 1 hour)?
Score 1 point for each correct response (checked box). Points possible:
Orientation Score /5 /5 /5 /5 /5

**IMMEDIATE MEMORY**
Read a list of five words and have athlete recite back as many words as can be remembered, in any order. Repeat the same list again for the second and third trials. Have athlete recite back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read the words at a rate of one per second.
Score 1 point for each correct response. 5 points possible for each trial. Total equals sum of all 3 trials. (15 pts. possible)
Immediate Memory Score /15 /15 /15 /15 /15

**CONCENTRATION**
A. Read a string of digits at a rate of one per second. Have athlete repeat back the list of numbers in reverse order. If correct, score one point and go to next trial with one additional digit. If incorrect, score zero for that trial and subsequent trials.
B. Have athlete recite months of year in reverse order: Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-April-March-Feb-Jan
Score 1 pt. if entire sequence per trial is correct. (4 pts. possible)
Total Concentration Score /5 /5 /5 /5 /5

**BALANCE ERRORS**
Remove shoes, roll up your pant legs above the ankle (removing ankle taping). This test will consist of three, 20-second timed tests from different stances.
I. Double Leg Stance: Stand holding dominant leg off the floor a few inches and maintain stability for 20 seconds. Count number of times that person moves out of that position. If they stumble, have them open eyes and return to the start position and continue balancing. Start timing when they are set and have their eyes closed.
II. Single Leg Stance: Stand holding dominant leg off the floor a few inches and maintain stability for 20 seconds with hands on hips and eyes closed. Count number of times athlete moves out of that position. If they stumble, have them use open eyes and return to the start position and continue balancing. Start timing when they are set and have their eyes closed.
III. Tandem Stance: Stand heel-to-toe with non-dominant foot in back. Weight is evenly distributed across both feet. Maintain stability for 20 seconds with hands on hip and eyes closed. Count number of times athlete moves out of that position. If they stumble, have them open eyes and return to the start position and continue balancing. Start time when they are set and eyes are closed.
Begin counting errors only after the athlete has assumed the proper start position. Score each stance test individually by counting the number of accumulated errors with a maximum of 10 errors per stance. If athlete commits multiple errors simultaneously, only one error is recorded but they must quickly return to the testing position, and counting resumes once they are set. If unable to maintain the stance for a minimum of 5 seconds, assign 10 errors.
Transfer total to athlete’s SCORE Card 1. Total # Balance Errors (30 max.)

**FINGER-TO-NOSE COORDINATION TASK**
With athlete seated and either arm outstretched and index finger pointed out, have athlete touch finger to tip of nose and return to starting position. Perform five successive repetitions as quickly and accurately as possible. Score 1 pt. with 5 correct repetitions in < 4 seconds
Transfer total to athlete’s SCORE Card 1. Total F-to-N Coordination Task (1 max.) /1 /1 /1 /1 /1

**DELAYED RECALL**
Repeat back as many words as can be remembered from the group of 5 words from the Immediate Memory question above. Score one point for each word remembered (5 points possible).
Delayed Recall Score /5 /5 /5 /5 /5

**TOTAL COGNITION SCORE**
Add individual (5) scores and transfer total to SCORE Card 1. (30 pts. possible) TOTAL /30 /30 /30 /30 /30
When can the student-athlete return to school? It will depend on the individual. Every student’s injury and recovery is unique and requires careful observation from parents and doctors. Promote recovery and prevent ongoing symptoms by following a Return to Learn plan like the one below. The physician will customize a plan to allow recovery at student’s own pace.

☐ STUDENT MAY NOT ATTEND SCHOOL AT THIS TIME. Student may not attend class and should not work on homework assignments, reading projects, etc. This includes no extracurricular activities, such as all athletic activity, weightlifting, gym class, band, music, debate, etc. Continue to limit at-home activities that can worsen symptoms, such as loud music, television, computer screen time, texting, etc.

☐ PARTIAL SCHEDULE & ACCOMMODATIONS. Student may attend school with a partial class schedule. Work with the student to help determine the most appropriate schedule. Classes should be prioritized and not worsen symptoms. Special accommodations may be required to limit symptoms (e.g., longer time period to take exams, postponing research papers, quiet studying in the library, etc.) Homework should be limited during this time. Participation in all athletic activity, weightlifting, gym class, and extracurricular activities is still fully restricted.

☐ FULL SCHEDULE & ACCOMMODATIONS. Student may participate in a normal classroom schedule, but will still require some accommodations, depending on their current symptoms. Continue to work with the student to identify any specific classroom activities that could be worsening symptoms. Student may be able to participate in band and music class if this does not worsen concussions symptoms. All athletic activity, weightlifting and gym class is still not allowed, but the student can start to participate in non-athletic extracurricular activities as tolerated.

Classroom options while student has not achieved 100% cognitive recovery could include:
• Offer a tutor, reader, or a note taker to assist with performance in the classroom.
• Give an extended period of time to complete quizzes, tests, papers, etc.
• Allow classroom attendance but postpone tests, quizzes, papers, etc. until cognitive function has improved.
• Offer accommodations to minimize noisy/stimulating environments or allow them preferential seating in the classroom
Gradually increase school participation and independence as tolerated by the student. Goal is to achieve full return to school without accommodations.

☐ NORMAL CLASSROOM. Student is NOT allowed to participate in any physical activity, such as weights, jogging, drills, practice or games. The athlete is NOT cleared to start “Warm-up to Play” but may fully participate in normal classroom activities. Work with the student to ensure a classroom “catch-up” plan is in place, if necessary.

Once participation in the classroom is normal and all concussion symptoms have resolved, physician should use the Warm-up to Play Release Form if authorization for Warm-up to Play can be safely started. Once the Warm-up to Play progression is fully completed without return of symptoms, the student will be cleared for all athletic activity, weightlifting and gym class without restrictions.

Concussion symptoms may develop within days after a head injury. The patient should continue to be observed for any new symptoms.

Medical Professional Signature: ____________________________ Date ______________

Scheduled Follow-up Date ________________________________

Notes:________________________________________________________________________________________________________
An athlete’s return to his/her sport will be a step-by-step process. Once the athlete has no symptoms or signs of concussion and is doing well in school and daily activities, a physician (MD/DO) will sign this for allowing the athlete to start the progression back to play.

**Athlete should spend a minimum of 30 minutes on each step.** Athlete must wait 24 hours before progressing to the next step and remain completely symptom-free. STOP IMMEDIATELY if there is any return of signs/symptoms and report this right away. Go back to rest for the day, refrain from activities including bike riding, skateboarding, playful wrestling, etc. The following day — only if symptom free— athlete may repeat step that was previously symptom-free and resume progression. If symptoms persist or worsen for more than a day, please notify the physician.

- **Step 1.** Light aerobic exercise, including walking or riding an exercise bike. No weightlifting. *(increase heart rate)*
- **Step 2.** Running in a gym or on the field. No helmet or equipment should be used. *(add movement)*
- **Step 3.** Non-contact training drills and full equipment. Start light resistance training or light weight training. *(add coordination and cognitive load)*
- **Step 4.** Full contact training under the supervision of the coach/athletic trainer. *(restore confidence and assess functional skills)*

**Return to Play**

Student may fully Return to Play if all the above steps were successfully completed without return of any symptoms. This includes full participation in live competition or practice. **Student should return to medical provider 1 week after starting warm up to play for evaluation.**

**Physician Full Release to Play (Above Steps Completed. No Residual Symptoms or Complications)**

Physician Signature ___________________________  Date ___________________
A concussion is the most common form of head injury suffered by athletes. It is a form of traumatic brain injury that occurs when the brain is violently jarred back and forth or rotated inside the skull as a result of a blow to the head or body. This can “stun” the brain cells or even result in their death. You do not need to lose consciousness to suffer a concussion.

Any athlete in motion is at risk for a concussion. This may occur in any sport, to boys and girls alike. Symptoms may appear immediately or develop over several days. They may last a few days to several months and interfere with schoolwork and social life.

**How do I know if I have a concussion?**

If you have any of the signs or symptoms listed under the “Recognition” section of this guide, then you may have a concussion. Don’t ever play through a concussion because it’s not worth the risk to your health and your life.

**What do I do if I think I might have a concussion?**

Stop playing right away! Don’t ignore a bump, blow or jolt to your head. Tell a referee, coach or athletic trainer about your symptoms. You should be immediately removed from practice or the game to avoid further injury. If symptoms develop at home or school, immediately tell a parent/guardian, teacher or coach.

**What happens when I report a possible concussion?**

An athletic trainer, coach, EMT/paramedic or physician will evaluate you as soon as you report your symptoms. If there are not qualified health care professionals available at your practice or game, you need to call your doctor or go to the Emergency Department as soon as possible. If you do have a concussion, you will not be able to play your sport until cleared by a physician.

**What do I need to do while I continue to have symptoms of a concussion?**

- Rest as much as possible. You may need frequent naps during the first few days after your injury.
- Avoid places with bright lights or loud noise and activities that stimulate your brain because mental rest is vital to your recovery. Eliminate or reduce watching television or movies, text messaging, reading, playing video games and browsing on a computer.
- Do not perform any physical activities, such as weightlifting, riding a bike, jogging, practice drills or other types of exercise.
- Stay home or only attend partial days if schoolwork makes your symptoms worse. Talk to your teachers. You may require more time to complete assignments and take tests, need written instructions for homework or need information repeated. Visit the school nurse if you have headaches.
- Do not drive because the symptoms from a concussion can slow your reaction times and lead to an accident.
- The more aggressively you rest your brain, the sooner you should heal from a concussion.
- The “game plan” is not just about returning an athlete to their sport; it is about returning the person back to their life.

**How often do I need to see the doctor?**

This will vary depending on the situation. If your symptoms are severe, the physician may want to see you on a daily basis for a few days. You may only have to go into the physician’s office once a week. A physician must sign a written clearance form that you will take to school that says you are allowed to participate in full contact practice again. This is now a state law in Kansas.

**SIGNS OBSERVED BY OTHERS**
- Appears dazed or stunned
- Is confused about assignment
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or has slurred speech
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Cannot recall events prior to hit
- Cannot recall events after hit

**SYMPTOMS REPORTED BY YOU**
- Headache
- Nausea or vomiting
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or drowsy
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion
**SCORE Card**

The first health care professional that evaluates you will fill out a concussion evaluation tool called a SCORE Card. If this first person is not your physician who you will visit during recovery, make sure you get a copy of SCORE Card 1 to take to your physician appointment. This will contain important information that your physician will use to monitor your progression and return you to the game as soon as possible.

**Return to Play**

*When can I start playing my sport again?*

Only consider starting the Warm-up to Play progression once you are fully participating in school again without any symptoms. Returning to your sport will be a step-by-step process. Once you have no symptoms or signs of concussion and achieve normalized results on SCORE Card 1, a medical authorization will start your Warm-up to Play 1. This process should be monitored by an athletic trainer, coach or designated school official.

Once you successfully complete the progression back to play, you will be authorized to start the “Warm-up to Play.” At any time that you do not feel quite right, tell your doctor, parent, coach or athletic trainer immediately.

*After I am symptom-free, what is the progression back to play?*

Think of this progression as a warm up for return to your sport. Taking at least 24 hours for each step before moving on to the next step is recommended.

If any symptoms recur, report this right away and stop and rest for the day. You must be completely symptom-free before starting the progression again.

**Step 1.** Light aerobic exercise, including walking or riding an exercise bike. No weightlifting.

**Step 2.** Running in a gym or on the field. No helmet or equipment should be used.

**Step 3.** Non-contact training drills and full equipment. Start light resistance training or light weight training.

**Step 4.** Full contact training under supervision of coach/athletic trainer.

**Step 5.** Return to competition or game play.

> You must be seen by a physician (MD/DO) during the warm up progression to be legally released for return to competition or practice.

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**Concerns**

*What are possible complications from a concussion?*

While 90% of athletes are back to their baseline within 7-10 days, there are 10% of athletes who will experience prolonged symptoms or other complications.

This is called Post-Concussive Syndrome and occurs when symptoms from a concussion are prolonged. Difficulty with concentration, memory and persistent headaches are common symptoms.

Talk with the physician if symptoms last longer than a couple of weeks. A referral to a specialist for further evaluation and treatment may be required.

*What might happen if the athlete returns to his/her sport too soon?*

If an athlete receives another blow while still recovering from a first concussion, he/she could develop Second Impact Syndrome. This syndrome can cause serious life-long health difficulties or, in rare situations, even result in death.

This possibility is a major reason why health care professionals are concerned about carefully treating any concussion. While the brain is still healing, it may not be able to compensate and protect itself from a new injury.

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Better to miss a game or two than the whole season or your whole life!