

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



University Health Services
1202 W. Farm Road
Stillwater, Oklahoma 74078
P 405.744.7665
F 405.744.6556

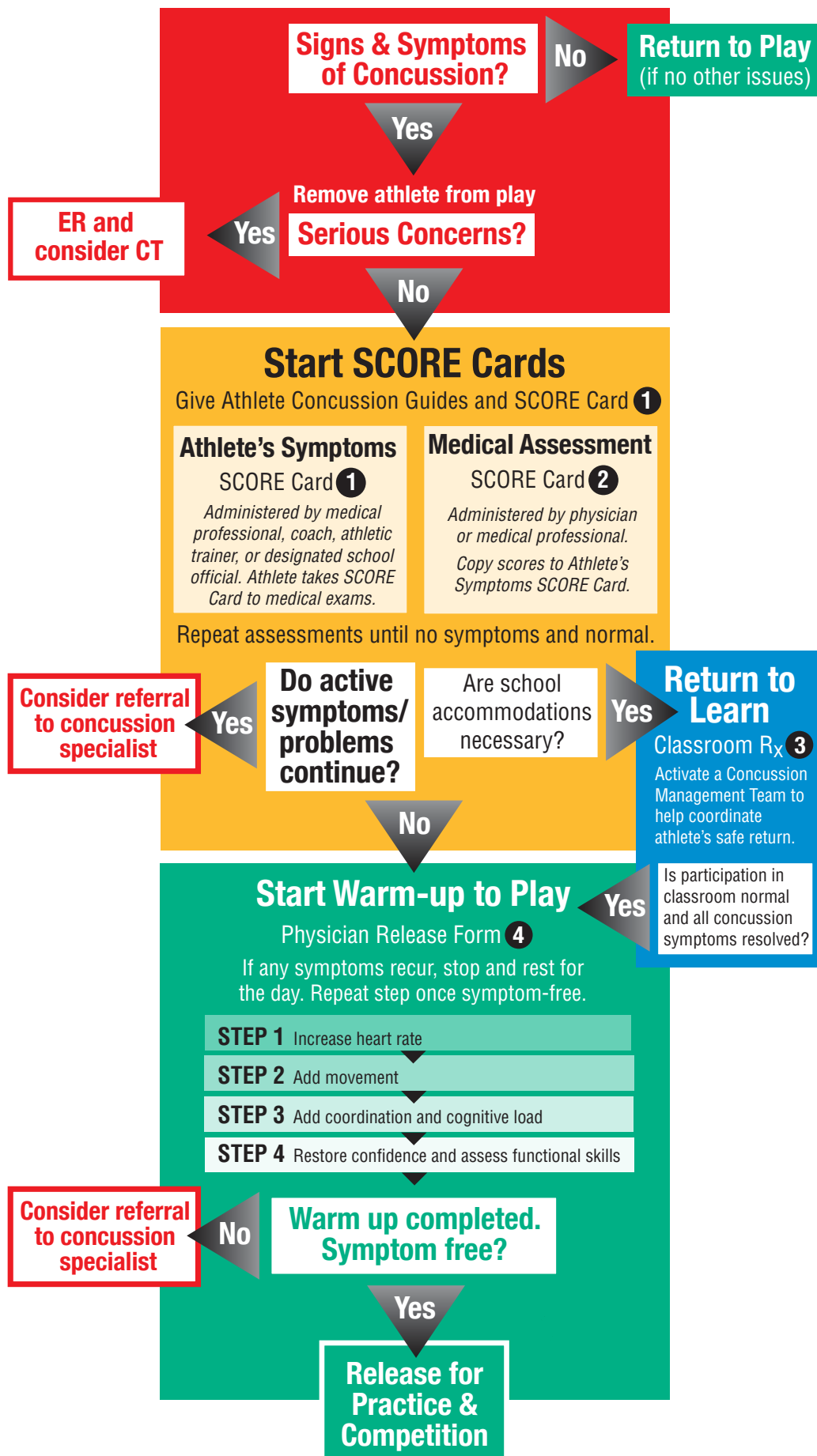
Athlete: _____

Date _____

Notes: _____

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

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Phone _____
 Parent/Guardian Contacted _____ Phone _____
 Initial Examiner _____ Phone _____
 Primary Care Physician _____ Phone _____

Athlete's Symptoms
SCORE Card 1



Symptom Evaluation		1	2	3	4	5	6	7	8	9	10	11	12	13	14
How do you feel now? Score the symptoms:															
none mild moderate severe 0 1 2 3 4 5 6															
Exam Date: _____															
By: _____															
PHYSICAL	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														
COGNITIVE	12. Feeling slowed down														
	13. Feeling like in a fog														
	14. Difficulty concentrating														
	15. Difficulty remembering														
	16. Confusion														
EMOTIONAL	17. More emotional														
	18. Irritability														
	19. Sadness														
	20. Nervous or anxious														
SLEEP	21. Drowsiness														
	22. Trouble falling asleep														

SCORE Cards *FOR OFFICE USE ONLY*

1	Total # of Symptoms (22 max.)														
	Symptom Severity Score (132 max.)														
2	Total # of Balance Errors (30 max.)														
	F-to-N Coordination Task (1 max.)														
	Total Cognition Score (30 max.)														

If accommodations in school are necessary, go to **Classroom Rx Form 3** 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 4**.

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Initial Examiner _____



University Health Services
 1202 W. Farm Road
 Stillwater, Oklahoma 74078
 P 405.744.7665
 F 405.744.6556

Prior Concussions: How many? _____ Most Recent: Date _____ Length of Recovery _____

- | | |
|---|---|
| Yes No | Yes No |
| <input type="checkbox"/> <input type="checkbox"/> Ever been hospitalized or had MRI for a head injury? | <input type="checkbox"/> <input type="checkbox"/> Has any family member had a history of depression, migraines or psychiatric disorder? |
| <input type="checkbox"/> <input type="checkbox"/> Ever been diagnosed with headaches or migraines? | <input type="checkbox"/> <input type="checkbox"/> Do you suffer from neck pain? |
| <input type="checkbox"/> <input type="checkbox"/> Ever experience motion sickness? | Range of Motion _____ |
| <input type="checkbox"/> <input type="checkbox"/> Do you have a learning disability or dyslexia? | Tenderness _____ |
| <input type="checkbox"/> <input type="checkbox"/> Ever been diagnosed with ADD/ADHD, depression, anxiety or other psychiatric disorder? | Upper & Lower Limb sensation/strength _____ |
| <input type="checkbox"/> <input type="checkbox"/> Are you taking prescription medication for any of these? | |

Exam Date: _____
 By: _____

Cognition/Balance Assessment 1 2 3 4 5

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). 5 points possible. **Orientation Score**

	1	2	3	4	5
	/5	/5	/5	/5	/5

IMMEDIATE MEMORY Read a list of five words and have athlete repeat back as many words as can be remembered, in any order. Repeat the same list again for the second and third trials. Have athlete repeat 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.

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	
	Elbow	Candle	Baby	Finger	Basket	
	Apple	Paper	Monkey	Penny	Hammer	
	Carpet	Sugar	Perfume	Blanket	Orange	
	Saddle	Sandwich	Sunset	Lemon	Stick	
	Bubble	Wagon	Iron	Insect	Plant	
Trial I	/5	/5	/5	/5	/5	/5
Trial II	/5	/5	/5	/5	/5	/5
Trial III	/5	/5	/5	/5	/5	/5
Immediate Memory Score	/15	/15	/15	/15	/15	/15

Score 1 point for each correct response. 5 points possible for each trial.
 Total equals sum of all 3 trials. (15 pts. possible)

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.

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	
	4-9-3	6-2-9	5-2-6	4-1-5	1-7-3	
	3-8-1-4	3-2-7-9	1-7-9-5	4-9-6-8	6-2-9-5	
	6-2-9-7-1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3	4-7-2-6-1	
	7-1-8-4-6-2	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6	6-1-3-7-2-9	
Trial I	/1	/1	/1	/1	/1	/1
Trial II	/1	/1	/1	/1	/1	/1
Trial III	/1	/1	/1	/1	/1	/1
Trial IV	/1	/1	/1	/1	/1	/1
Digits Backward Total	/4	/4	/4	/4	/4	/4
Months in Reverse Order	/1	/1	/1	/1	/1	/1
Total Concentration Score	/5	/5	/5	/5	/5	/5

B. Have athlete recite months of year in reverse order: Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-April-Mar-Feb-Jan

A. Score 1 pt. if entire sequence per trial is correct. (4 pts. possible)
B. Score 1 pt. if entire sequence is correct. (1 pt. possible)

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 feet together, with hands on hips and eyes closed. Maintain stability for 20 seconds. Count number of times that person moves out of that position.

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 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 out of this position, 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.

Dominant Foot: Left Right
Testing Surface: _____

Types of Balance Errors:

- Hands lifted off iliac crest
- Opening eyes
- Step, stumble, or fall
- Moving hip into > 30° abduction
- Lifting forefoot or heel
- Remaining out of test position longer than 5 seconds

Stance I: # of Errors (10 max.)					
Stance II: # of Errors (10 max.)					
Stance III: # of Errors (10 max.)					
Total # Balance Errors (30 max.)					

Transfer total to athlete's SCORE Card 1.

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 (+) scores and transfer total to SCORE Card 1. (30 pts. possible) **TOTAL**

	/30	/30	/30	/30	/30
--	-----	-----	-----	-----	-----

Adapted from SCAT3, McCrory P, et al. Br J Sports Med 2013;47:250-258

Name _____ M F Birthdate _____ Date of Injury _____

Sport/Team/School _____ Phone _____

Primary Care Physician _____ Phone _____

Return to Learn
Classroom 3
 Sports Concussion Observation, Recognition & Evaluation



University Health Services
 1202 W. Farm Road
 Stillwater, Oklahoma 74078
 P 405.744.7665
 F 405.744.6556

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.*

Notes: _____

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.

Please accommodate the student in the classroom by:

- Extending test time
- Allowing quiet work time (in library, for example)
- Creating a planner with assignments, due dates, etc.
- Providing a tutor
- Creating an individualized learning plan
- Other: _____

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 4** 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: _____

Name _____ M F Birthdate _____ Date of Injury _____

Sport/Team _____ Phone _____

Physician _____ Phone _____



University Health Services
1202 W. Farm Road
Stillwater, Oklahoma 74078
P 405.744.7685
F 405.744.6556

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.

Physician Release to Start Warm-up to Play. Proceed to Step 1.

This patient has had an injury to the head. Patient may "Return to Play" after normal classroom full participation is achieved and successfully completing Steps 1 through 4 of the "Warm-up to Play" below. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

Physician Signature _____ Date _____

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 _____

ATHLETE'S CONCUSSION GUIDE



Quick Facts >

1. ALWAYS remove athletes immediately after suspecting a concussion. Do NOT allow return to play the same day with a concussion.
2. Athletes do NOT have to be knocked out to have a concussion. 90% of concussions occur without a loss of consciousness.
3. CT scans don't diagnose concussions. Everyone with a concussion has a normal CT scan.
4. It is OK to let someone fall asleep after being hit in the head. With careful monitoring, rest and sleep will be helpful.
5. "Warm Up for Return" is a graded process that requires a minimum of five days.
6. 9 out of 10 athletes will be back to normal within two weeks. They may miss a few games.
7. Kansas law requires a physician's signature (MD/DO) to "Return to Play."
8. Athletes who return to full contact too early risk Second Impact Syndrome, a rare but devastating brain injury that may result in death.
9. Concussions can affect driving, school work, sleep, emotions, relationships and self worth.
10. The "game plan" is not just about returning an athlete to their sport; it is about returning the person back to their life.

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 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

Definition >

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.

Management >

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, texting, 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.

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.

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 2**, a medical authorization will start your **Warm-up to Play 4**. 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.

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.

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